

1 10A NCAC 13B .1902 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .1902 DEFINITIONS**

4 The following definitions shall apply throughout this Section, unless text otherwise **clearly** indicates to the contrary:

- 5 (1) "Accident" means something occurring by chance or without intention ~~which~~ that has caused
6 physical or mental harm to a patient, ~~resident~~ resident, or employee.
- 7 (2) "Administer" means ~~the direct application of a drug to the body of a patient by injection, inhalation,~~
8 ~~ingestion or other means. as defined in G.S. 90-87.~~
- 9 (3) "Administrator" means the person who has authority for and is responsible to the governing board
10 for the overall operation of a facility.
- 11 (4) "Brain injury long-term care" is defined as an interdisciplinary, intensive maintenance program for
12 patients who have incurred brain damage caused by external physical trauma and who have
13 completed a primary course of rehabilitative treatment and have reached a point of no gain or
14 progress for more than three consecutive months. Services are provided through a medically
15 supervised interdisciplinary process and are directed toward maintaining the individual at the
16 optimal level of physical, ~~eognitive~~ cognitive, and behavioral functioning.
- 17 ~~(5) "Capacity" means the maximum number of patient or resident beds which the facility is licensed to~~
18 ~~maintain at any given time. This number shall be determined as follows:~~
- 19 ~~(a) Bedrooms shall have minimum square footage of 100 square feet for a single bedroom and~~
20 ~~80 square feet per patient or resident in multi-bedded rooms. This minimum square footage~~
21 ~~shall not include space in toilet rooms, washrooms, closets, vestibules, corridors, and~~
22 ~~built-in furniture.~~
- 23 ~~(b) Dining, recreation and common use areas available shall total no less than 25 square feet~~
24 ~~per bed for skilled nursing and intermediate care beds and no less than 30 square feet per~~
25 ~~bed for adult care home beds. Such space must be contiguous to patient and resident~~
26 ~~bedrooms.~~
- 27 ~~(6)(5)~~ "Combination Facility" means any hospital with nursing home beds ~~which~~ that is licensed to provide
28 more than one level of care such as a combination of intermediate care ~~and/or~~ and skilled nursing
29 care and adult care home care.
- 30 ~~(7) "Convalescent Care" means care given for the purpose of assisting the patient or resident to regain~~
31 ~~health or strength.~~
- 32 ~~(8)(6)~~ "Department" means the North Carolina Department of Health and Human Services.
- 33 ~~(9)(7)~~ "Director of Nursing" means the nurse who has authority and ~~direct~~ responsibility for all nursing
34 services and nursing care.
- 35 ~~(10)(8)~~ "Dispense" means ~~preparing and packaging a prescription drug or device in a container and labeling~~
36 ~~the container with information required by state and federal law. Filling or refilling drug containers~~

1 with prescription drugs for subsequent use by a patient is "dispensing". Providing quantities of unit
 2 dose prescription drugs for subsequent administration is "dispensing", as defined in G.S. 90-87.

3 ~~(11)~~(9) "Drug" means substances:

4 (a) ~~recognized in the official United States Pharmacopoeia, official National Formulary, or~~
 5 ~~any supplement to any of them;~~

6 (b) ~~intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in~~
 7 ~~man or other animals;~~

8 (c) ~~intended to affect the structure or any function of the body of man or other animals, i.e.,~~
 9 ~~substances other than food; and~~

10 (d) ~~intended for use as a component of any article specified in (a), (b), or (c) of this~~
 11 ~~Subparagraph; but does not include devices or their components, parts, or accessories. as~~
 12 ~~defined in G.S. 90-87.~~

13 ~~(12)~~(10) "Duly Licensed" means holding a current and valid license as required under the General Statutes of
 14 North Carolina.

15 ~~(13)~~ "Existing Facility" means a licensed facility; or a proposed facility, proposed addition to a licensed
 16 facility or proposed remodeled licensed facility that will be built according to plans and
 17 specifications which have been approved by the department through the preliminary working
 18 drawings stage prior to the effective date of this Rule.

19 ~~(14)~~ "Exit Conference" means the conference held at the end of a survey, inspection or investigation, but
 20 prior to finalizing the same, between the department's representatives who conducted the survey,
 21 inspection or investigation and the facility administration representative(s).

22 ~~(15)~~(11) "Incident" means an intentional or unintentional action, occurrence or happening which that is likely
 23 to cause or lead to physical or mental harm to a patient, ~~resident~~ resident, or employee.

24 ~~(16)~~(12) "Licensed Practical Nurse" means a nurse who is duly licensed as a practical nurse under G.S. 90,
 25 Article 9A, as defined in G.S. 90-171.30 or G.S. 90-171.32.

26 ~~(17)~~ "Licensee" means the person, firm, partnership, association, corporation or organization to whom a
 27 license has been issued.

28 ~~(18)~~(13) "Medication" means drug "drug" as defined in ~~(12)~~ Item (9) of this Rule.

29 ~~(19)~~ "New Facility" means a proposed facility, a proposed addition to an existing facility or a proposed
 30 remodeled portion of an existing facility that is constructed according to plans and specifications
 31 approved by the department subsequent to the effective date of this Rule. If determined by the
 32 department that more than one half of an existing facility is remodeled, the entire existing facility
 33 shall be considered a new facility.

34 ~~(20)~~(14) "Nurse Aide" means any individual providing nursing or nursing-related services to patients in a
 35 facility, and is not a licensed health professional, a qualified dietitian or someone who volunteers to
 36 provide such services without pay, and who is listed in a nurse aide registry approved by the
 37 Department, Nurse Aide Registry pursuant to G.S. 131E-255.

- 1 ~~(21)~~(15) "Nurse Aide Trainee" means an individual who has not completed an approved nurse aide training
 2 course by the Department in accordance with 10A NCAC 13O .0301, herein incorporated by
 3 reference including subsequent amendments and editions, and competency evaluation and is
 4 demonstrating knowledge, while performing tasks ~~for which~~ that they have been found proficient in
 5 by an instructor. These tasks shall be performed under the ~~direct~~ supervision of a registered nurse.
 6 The term does not apply to volunteers.
- 7 ~~(22)~~(16) "Nursing Facility" means that portion of a nursing home certified under Title XIX of the Social
 8 Security Act (Medicaid) as in compliance with federal program standards for nursing facilities. It
 9 is often used ~~as~~ synonymous with the term "nursing ~~home~~" home. ~~which is~~ the usual prerequisite
 10 level for state licensure for nursing facility (NF) certification and Medicare skilled nursing facility
 11 (SNF) certification.
- 12 ~~(23)~~(17) "Nurse in Charge" means the nurse to whom duties for a specified number of patients and staff for
 13 a specified period of time have been delegated, such as for Unit A on the 7-3 or 3-11 shift.
- 14 ~~(24)~~(18) "On Duty" means personnel who are awake, dressed, and responsive to patient needs and ~~physically~~
 15 present in the facility performing assigned duties.
- 16 ~~(25)~~(19) "Patient" means any person admitted for care to a skilled nursing or intermediate care facility.
- 17 ~~(26)~~(20) "Physician" means ~~a person licensed under G.S. Chapter 90, Article 1 to practice medicine in North~~
 18 ~~Carolina. as defined in G.S. 90-9.1 or G.S. 90-9.2.~~
- 19 ~~(27)~~(21) "Qualified Dietitian" means ~~a person who meets the standards and qualifications established by the~~
 20 ~~Committee on Professional Registration of the American Dietetic Association included in~~
 21 ~~"Standards of Practice" seven dollars and twenty five cents (\$7.25) or "Code of Ethics for the~~
 22 ~~Profession of Dietetics" two dollars and fifteen cents (\$2.15), American Dietetic Association, 216~~
 23 ~~W. Jackson Blvd., Chicago, IL 60606-6995, as defined in 42 CFR 483.60(a)(1), herein incorporated~~
 24 ~~by reference including subsequent amendments and editions. Electronic copies of 42 CFR 483.60~~
 25 ~~can be obtained free of charge at [https://www.ecfr.gov/cgi-bin/text-](https://www.ecfr.gov/cgi-bin/text-idx?SID=1260800a39929487f0ca55b0ab5e710b&mc=true&tpl=/ecfrbrowse/Title42/42cfrv5_02.tpl#0)~~
 26 ~~[idx?SID=1260800a39929487f0ca55b0ab5e710b&mc=true&tpl=/ecfrbrowse/Title42/42cfrv5_02.t](https://www.ecfr.gov/cgi-bin/text-idx?SID=1260800a39929487f0ca55b0ab5e710b&mc=true&tpl=/ecfrbrowse/Title42/42cfrv5_02.tpl#0)~~
 27 ~~[pl#0.](https://www.ecfr.gov/cgi-bin/text-idx?SID=1260800a39929487f0ca55b0ab5e710b&mc=true&tpl=/ecfrbrowse/Title42/42cfrv5_02.tpl#0)~~
- 28 ~~(28)~~(22) "Registered Nurse" means ~~a nurse who is duly licensed as a registered nurse under~~ as defined in
 29 G.S. 90, Article 9A.
- 30 ~~(29)~~(23) "Resident" means ~~any person admitted for care to an adult care home. as defined in G.S.131D-2.1.~~
- 31 ~~(30)~~—"Sitter" means ~~an individual employed to provide companionship and social interaction to a~~
 32 ~~particular resident or patient, usually on a private duty basis.~~
- 33 ~~(31)~~(24) "Supervisor-in-Charge" means a duly licensed nurse to whom supervisory duties have been
 34 delegated by the Director of Nursing.
- 35 ~~(32)~~(25) "Ventilator dependence" means physiological dependency by a patient on the use of a ventilator for
 36 more than eight hours a day.

37

1 *History Note: Filed as a Temporary Amendment Eff. October 1, 1990 For a Period of 142 Days to Expire on*
2 *February 28, 1991;*
3 *Authority G.S. 131E-79;*
4 *Eff. February 1, 1986;*
5 *Amended Eff. February 1, 1993; December 1, 1991; March 1, 1991; March 1, ~~1990~~ 1990;*
6 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .1918 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .1918 TRAINING**

4 (a) A licensed facility shall provide ~~for all~~ patient or resident care employees a planned orientation and continuing
5 education program emphasizing patient or resident assessment and planning, activities of daily living, personal
6 grooming, rehabilitative nursing or restorative care, other patient or resident care policies and procedures, patients'
7 rights, and staff performance expectations. Attendance and subject matter covered shall be documented for each
8 ~~session~~ session, retained in accordance with policy established by the facility, and available for licensure inspections.

9 (b) The administrator shall assure that ~~each employee is~~ employees are oriented within the first week of employment
10 to the facility's philosophy and goals.

11 (c) ~~Each employee~~ Employees shall have specific on-the-job training as necessary ~~for the employee to properly~~
12 perform ~~his~~ their individual job assignment.

13 (d) Unless otherwise prohibited, a A nurse aide trainee may be employed to perform the duties of a nurse aide for a
14 period of time not to exceed four months. During this period of time the nurse aide trainee shall be permitted to
15 perform only those tasks ~~for which minimum acceptable~~ that competence has been demonstrated and documented on
16 a skills check-off the record. ~~Job applicants for nurse aide positions who were formerly qualified nurse aides but have~~
17 ~~not been gainfully employed as such for a period of 24 consecutive months or more shall be employed only as nurse~~
18 ~~aide trainees and must re-qualify as nurse aides within four months of hire by successfully passing an approved~~
19 ~~competency evaluation. Any individual, nursing home, or education facility may offer Department approved~~
20 ~~vocational education for nursing home nurse aides. An accurate record~~ Nurse aide I shall meet the training and
21 competency evaluation standards in 10A NCAC 130 .0301, incorporated herein by reference including subsequent
22 amendments and editions. A record of nurse aide qualifications shall be maintained for each nurse aide used by a
23 facility and shall be retained in the general personnel files of the ~~facility.~~ facility in accordance with policy established
24 by the facility.

25 (e) ~~The curriculum content required for nurse aide education programs shall be subject to approval by the Division~~
26 ~~of Health Service Regulation and shall include, as a minimum, basic nursing skills, personal care skills, cognitive,~~
27 ~~behavioral and social care, basic restorative services, and patients' rights. Successful course completion shall be~~
28 ~~determined by passing a competency evaluation test. The minimum number of course hours shall be 75 of which at~~
29 ~~least 20 hours shall be classroom and at least 40 hours of supervised practical experience. The initial orientation to the~~
30 facility shall be exclusive of the 75 hour Nurse Aide I training program. Competency evaluation shall be conducted
31 in each of the following areas:

- 32 (1) Observation and documentation,
- 33 (2) Basic nursing skills,
- 34 (3) Personal care skills,
- 35 (4) Mental health and social service needs,
- 36 (5) Basic restorative services, and
- 37 (6) Residents' Rights.

1 ~~(f) Successful course completion and skill competency shall be determined by competency evaluation approved by~~
2 ~~the Department. Commencing July 1, 1989, nurse aides who had formerly been fully qualified under nurse aide~~
3 ~~training requirements may re-establish their qualifications by successfully passing a competency evaluation test.~~

4
5 *History Note: Filed as a Temporary Rule Eff. October 1, 1990 For a Period of 142 Days to Expire on February*
6 *28, 1991;*

7 *Authority G.S. 131E-79; 42 U.S.C. 1396 r (b)(5);*

8 *Eff. February 1, 1986;*

9 *Amended Eff. March 1, 1991; March 1, ~~1990~~ 1990;*

10 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .3001 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .3001 DEFINITIONS**

4 Notwithstanding Section .1900 of this Subchapter, The the following definitions shall apply throughout this Section
5 Subchapter unless the context clearly indicates to the contrary:

- 6 (1) "Appropriate" means suitable or fitting, or conforming to standards of care as established by
7 professional ~~organizations.~~ organizations, including Association of Professionals in Infection
8 Control and Epidemiology (APIC), American Medical Association (AMA) and American Nurses
9 Association (ANA).
- 10 (2) "Authority having jurisdiction" means the Division of Health Service Regulation.
- 11 (3) "Certified Dietary Manager" or "CDM" means an individual who is certified by the Certifying Board
12 of the Dietary Managers and meets the standards and qualification as referenced in the "Dietary
13 Manager Training Program Requirements." These standards include any subsequent amendments
14 and editions of the referenced manual. Copies of the "Dietary Manager Training Program
15 Requirements" may be ~~purchased for fifteen dollars (\$15.00) from the Dietary Managers~~
16 ~~Association, 406 Surry Woods Dr., St. Charles, IL 60174.~~ obtained free of charge at
17 <https://www.cbdomonline.org/>.
- 18 (4) "Competence" means the state or quality of being able to perform specific functions well; skill; and
19 ability.
- 20 ~~(5) "Comprehensive" means covering completely, inclusive; large in scope or content.~~
- 21 ~~(6)~~ (5) "Construction documents" means final building plans and specifications for the construction of a
22 facility that a governing body submits to the Construction Section for approval as specified in Rule
23 .3102 of this Subchapter.
- 24 ~~(7)~~ (6) "Construction Section" means the Construction Section of the Division of Health Service
25 Regulation.
- 26 ~~(6)~~ ~~(8)~~ (7) "Continuous" means ongoing or uninterrupted, 24 hours per day.
- 27 ~~(7)~~ ~~(9)~~ (8) "CRNA" means a Certified Registered Nurse Anesthetist as ~~eredentialed by the Council on~~
28 ~~Certification of Nurse Anesthetists and recognized by the Board of Nursing in 21 NCAC 36 .0226.~~
29 [defined] who meets the criteria set forth in G.S. 90-171.21(d)(4).
- 30 ~~(8)~~ ~~(10)~~ (9) "Credentialed" means that the individual having a given title or position has been credited with
31 the right to exercise official responsibilities to provide specific patient care and treatment services,
32 within defined limits, based primarily upon the individual's license, education, training, experience,
33 competence, and judgment.
- 34 ~~(9)~~ ~~(11)~~ (10) "Department" means the Department of Health and Human Services.
- 35 ~~(10)~~ ~~(12)~~ (11) "Dietetics" means ~~the integration and application of principles derived from the science of~~
36 ~~nutrition, biochemistry, physiology, food and management and from behavioral and social sciences~~
37 ~~to achieve and maintain optimal nutritional status.~~ as defined in G.S. 90-352.

- 1 (11) ~~[(13)]~~ (12) "Dietitian" means an individual who is licensed according to ~~[as defined]~~ a person who meets
 2 the criteria set forth in G.S. 90, Article 25, or is registered by the Commission on Dietetic
 3 Registration (CDR) of the American Dietetic Association (ADA) according to the standards and
 4 qualifications as referenced in the second edition of the "Accreditation/Approval Manual for
 5 Dietetic Education Programs", "The Registration Eligibility Application for Dietitians" and the
 6 "Continuing Professional Education" and subsequent amendments or editions of the reference
 7 material. Copies of the "Accreditation/Approval Manual for Dietetic Education Programs" may be
 8 purchased for twenty one dollars and ninety five cents (\$21.95) plus three dollars (\$3.00) minimum
 9 shipping and handling from ADA 216 W. Jackson Blvd., Chicago, IL 60606 9 6995. Article 25.
- 10 (12) ~~[(14)]~~ "Dietetic Technician Registered" or "DTR" means an individual who is registered by the
 11 Commission on Dietetic Registration (CDR) of the American Dietetic Association (ADA) according
 12 to the standards and qualifications as referenced in the second edition of the
 13 "Accreditation/Approval Manual for Dietetic Education Programs" which is incorporated by
 14 reference including any subsequent amendments and editions. Copies of the
 15 "Accreditation/Approval Manual for Dietetic Education Programs" may be purchased for twenty
 16 one dollars and ninety five cents (\$21.95) plus three dollars (\$3.00) minimum for shipping and
 17 handling from the ADA 216 W. Jackson Blvd., Chicago, IL 60606 9 6995. ~~[as defined in G.S. 90-~~
 18 ~~352.]~~
- 19 (13) ~~[(15)]~~ (13) "Direct Supervision" means the state of being under the immediate control of a supervisor,
 20 manager, or other person of authority.
- 21 (14) ~~[(16)]~~ (14) "Division" means the Division of Health Service Regulation.
- 22 (15) ~~[(17)]~~ (15) "Facility" means a hospital as defined in G.S. 131E-76.
- 23 (16) ~~[(18)]~~ "Free standing facility" means a facility that is physically separated from the primary hospital
 24 building or separated by a three hour fire containment wall.
- 25 (17) ~~[(19)]~~ (16) "Full-time equivalent" means a unit of measure of employee work time that is equal to the
 26 number of hours that one full-time employee would work during one calendar year if the employee
 27 worked eight hours a day, five days a week, and 52 weeks a year; i.e. 2,080 hours per year.
- 28 (18) ~~[(20)]~~ (17) "Governing body" means the authority as defined in G.S. 131E-76.
- 29 (19) ~~[(21)]~~ (18) "Imaging" means a reproduction or representation of a body or body part for diagnostic
 30 purposes by radiologic intervention that may include conventional fluoroscopic exam, magnetic
 31 resonance, nuclear or radio-isotope scan.
- 32 (20) ~~[(22)]~~ (19) "Invasive procedure" means a procedure involving puncture or incision of the skin, insertion
 33 of an instrument or foreign material into the body (excluding venipuncture and intravenous therapy).
- 34 (21) ~~[(23)]~~ "LDRP" (labor, delivery, recovery, post partum) means a specific single occupancy obstetrical
 35 use room counted as a licensed bed.
- 36 (22) ~~[(24)]~~ (20) "License" means formal permission to provide services as granted by the State.

- 1 (23) [(25)] (21) "Medical staff" means the formal organization that is comprised of all of those individuals
 2 who have sought and obtained clinical privileges in a facility. ~~Those~~ As defined by the facility's
 3 medical staff bylaws, rules and regulations, those members of the medical staff who regularly and
 4 routinely admit patients to a facility constitute the active medical staff.
- 5 (24) [(26)] (22) "Mission statement" means a written statement of the philosophy and beliefs of the
 6 organization or hospital as approved by the governing body.
- 7 (25) [(27)] (23) "Neonate" means the newborn from birth to one month.
- 8 (26) [(28)] "NP" means a Nurse Practitioner as defined in G.S. 90-6; [G.S. 90-8.2;] 90-18(14) [90-18(14);]
 9 and 90-18.2.
- 10 (27) [(29)] (24) "Nurse executive" means a registered nurse who is the director of nursing services or a
 11 representative of decentralized nursing management staff. [as defined in Rule 21 NCAC 36 .0109;]
- 12 (28) [(30)] (25) "Nurse midwife" means a Certified Nurse Midwife as defined in G.S. 90, Article 10. a person
 13 who meets the criteria as set forth in [G.S.90-171.21(4);] G.S. 90-171.21(d)(4).
- 14 (29) [(31)] (26) "Nursing facility" means that portion of a hospital that is approved to provide skilled nursing
 15 care. as defined in G.S. 131E-116 (2).
- 16 (30) [(32)] (27) "Nursing staff" means the registered nurses, licensed practical nurses, nurse aides, and others
 17 under nurse supervision, who provide direct patient care. The term also includes clerical personnel
 18 who work in clinical areas under nurse supervision.
- 19 [(33)] (28) "Nutrition and Dietetic Technician Registered" means as defined by the Academy of Nutrition
 20 and Dietetics. A copy of the requirements can be obtained at [https://www.eatrightpro.org/about-](https://www.eatrightpro.org/about-us/what-is-an-rdn-and-dtr/what-is-a-nutrition-and-dietetics-technician-registered)
 21 [us/what-is-an-rdn-and-dtr/what-is-a-nutrition-and-dietetics-technician-registered](https://www.eatrightpro.org/about-us/what-is-an-rdn-and-dtr/what-is-a-nutrition-and-dietetics-technician-registered) at no cost.
- 22 (31) [(34)] (29) "Nutrition therapy" ranges from intervention and counseling on diet modification to
 23 administration of specialized nutrition therapies as determined necessary to manage a condition or
 24 treat illness or injury. Specialized nutrition therapies include supplementation with medical foods,
 25 enteral and parenteral nutrition. Nutrition therapy integrates information from the nutrition
 26 assessment with information on food and other sources of nutrients and meal preparation consistent
 27 with cultural background and socioeconomic status.
- 28 (32) [(35)] (30) "Observation bed" means a bed used for no more than 24-hours, to evaluate and determine
 29 the condition and disposition of a patient and is not considered a part of the hospital's licensed bed
 30 capacity.
- 31 (33) [(36)] (31) "Patient" means any person receiving diagnostic or medical services at a hospital.
- 32 (34) [(37)] (32) "Pharmacist" means a person licensed according to G.S. 90, Article 4A, by the N.C. Board
 33 of Pharmacy to practice pharmacy. as defined in G.S. 90-85.3.
- 34 (35) [(38)] (33) "Physical Rehabilitation Services" means any combination of physical therapy, occupational
 35 therapy, speech therapy therapy, or vocational rehabilitation.

- 1 (36) [(39)] (34) "Physician" means a person licensed according to G.S. 90, Article 1, by the N.C. Board of
 2 Medical Examiners to practice medicine. [as defined] who meets the criteria set forth in G.S.90-9.1
 3 or G.S. 90-9.2.
- 4 (37) [(40)] (35) "Provisional license" means a hospital license recognizing significantly less than full
 5 compliance with the licensure rules.
- 6 (38) [(41)] (36) "Qualified" means having complied with the specific conditions for employment or the
 7 performance of a function.
- 8 (39) [(42)] (37) "Reference" means to use in consultation to obtain information.
- 9 (40) [(43)] (38) "Special Care Unit" means a designated unit or area of a hospital with a concentration of
 10 qualified professional staff and support services that provide intensive or extra-ordinary care on a
 11 24 hour basis to critically ill patients; these units may include but are not limited to Cardiac Care,
 12 Medical or Surgical Intensive Care Unit, Cardiothoracic Intensive Care Unit, Burn Intensive Care
 13 Unit, Neurologic Intensive Care Unit or Pediatric Intensive Care Unit. that includes a critical care
 14 unit, an intermediate care unit, or a pediatric care unit.
- 15 (41) [(44)] (39) "Unit" means a designated area of the hospital for the delivery of patient care services.

16

17 *History Note: Authority G.S. 131E-79;*
 18 *RRC Objection due to lack of Statutory Authority Eff. July 13, 1995;*
 19 *Eff. January 1, 1996. 1996;*
 20 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .3110 is readopted with changes as published in 34:06 NCR 473-481 as follows:

2

3 **10A NCAC 13B .3110 ITEMIZED CHARGES**

4 (a) The facility shall ~~either present~~ **provide** an itemized list of charges to ~~all~~ discharged patients or the facility shall
5 include on patients' bills that are not itemized, notification of the right to request an itemized bill within three years of
6 receipt of the non-itemized bill or so long as the hospital, a collections agency, or other assignee asserts the patient
7 has an obligation to pay the bill.

8 (b) If requested, the facility shall ~~present~~ **provide** an itemized list of charges to ~~each the~~ patient or the patient's
9 representative. This list shall detail in language comprehensible to an ordinary layperson the specific nature of the
10 charges or expenses incurred by the patient.

11 (c) The itemized listing shall include each specific chargeable item or service in the following service areas:

- 12 (1) room ~~rate~~ rate;
- 13 (2) laboratory;
- 14 (3) radiology and nuclear medicine;
- 15 (4) surgery;
- 16 (5) anesthesiology;
- 17 (6) pharmacy;
- 18 (7) emergency services;
- 19 (8) outpatient services;
- 20 (9) specialized care;
- 21 (10) extended care;
- 22 (11) prosthetic and orthopedic appliances; and
- 23 (12) professional services provided by the facility.

24

25 *History Note: Authority G.S. 131E-79; 131E-91; ~~S.L. 2013-382, s. 13.1;~~*

26 *Eff. January 1, 1996;*

27 *Temporary Amendment Eff. May 1, 2014;*

28 *Amended Eff. November 1, ~~2014.~~ 2014;*

29 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .3205 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .3205 DISCHARGE OF MINOR OR INCOMPETENT**

4 ~~Any individual~~ Individuals who cannot legally consent to his or her own care shall be discharged ~~only~~ to the custody
5 of parents, legal guardian, person standing in loco parentis, or ~~another competent adult~~ patient representative pursuant
6 to 42 CFR 483.12(a)(1) herein incorporated by reference with subsequent amendments and editions, unless otherwise
7 directed by the parent or ~~guardian~~ guardian, or court of competent jurisdiction. This regulation may be accessed at
8 <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals> at no
9 cost. If the parent or guardian directs that discharge be made otherwise, ~~he~~ [they] ~~or she~~ shall so state in writing, and
10 the statement shall become a part of the permanent medical record of the patient.

11

12 *History Note: Authority G.S. 131E-79;*
13 *Eff. January 1, ~~1996.~~ 1996;*
14 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .3302 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .3302 MINIMUM PROVISIONS OF PATIENT'S BILL OF RIGHTS**

4 This Rule does not apply to patients in licensed nursing facility beds since these individuals are granted rights pursuant
5 to G.S. 131E-117. A patient in a hospital facility subject to this Rule has the following ~~rights:~~ rights pursuant to 42
6 CFR 482.13, which is hereby incorporated by reference including subsequent amendments and editions. This
7 regulation can be accessed at [https://www.ecfr.gov/cgi-bin/text-](https://www.ecfr.gov/cgi-bin/text-idx?SID=e867c7c6cbfeb689406afea7d88e8a80&mc=true&node=pt42.5.482&rgn=div5#se42.5.482_113)
8 idx?SID=e867c7c6cbfeb689406afea7d88e8a80&mc=true&node=pt42.5.482&rgn=div5#se42.5.482_113 at no cost:

- 9 (1) A patient has the right to ~~respectful care given by competent personnel.~~ respect, dignity, and
10 comfort.
- 11 (2) A patient has the right, upon request, to be given the name of his or her attending physician, the
12 names of all other physicians directly participating in his or her care, and the names and functions
13 of other health care persons having direct contact with the patient.
- 14 (3) A patient has the right to privacy concerning his or her own medical care program. Case discussion,
15 consultation, examination, and treatment are considered confidential and shall be conducted
16 ~~discreetly.~~ privately pursuant to 42 CFR 482.13(c)(1):
- 17 (4) ~~A patient has the right to have all records pertaining to his medical care treated as confidential except~~
18 ~~as otherwise provided by law or third party contractual arrangements.~~
- 19 (5)(4) A patient has the right to know what facility rules and regulations apply to his or her conduct as a
20 patient.
- 21 (6)(5) A patient has the right to expect emergency procedures to be implemented without ~~unnecessary~~
22 delay.
- 23 (7)(6) A patient has the right to ~~good~~ quality care and ~~high~~ professional standards that are ~~continually~~
24 maintained and reviewed.
- 25 (8)(7) A patient has the right to full information in laymen's terms, concerning his or her diagnosis,
26 treatment and prognosis, including information about alternative treatments and possible
27 complications. When it is not possible or medically advisable to give such information to the
28 patient, the information shall be given on his or her behalf to the patient's designee.
- 29 (9) (8) Except for emergencies, a physician must obtain ~~necessary~~ informed consent prior to the start of
30 any procedure or ~~treatment, or both.~~ treatment.
- 31 (10) (9) A patient has the right to be advised when a physician is considering the patient as a part of a medical
32 care research program or donor program. Informed consent ~~must~~ shall be obtained prior to ~~actual~~
33 participation in such a ~~program and the program.~~ The patient or legally responsible party, may, at
34 ~~any time, party may~~ refuse to continue in any such program to which that he or she has previously
35 given informed consent. An Institutional Review Board (IRB) may waive or alter the informed
36 consent requirement if it reviews and approves a research study in ~~accord~~ accordance with federal
37 regulations for the protection of human research subjects including U.S. Department of Health and

Human Services (HHS) regulations under 45 CFR Part 46 and U.S. Food and Drug Administration (FDA) regulations under 21 CFR Parts 50 and 56. 45 CFR Part 46 and 21 CFR Parts 50 and 56 are incorporated by reference, including subsequent amendments and editions. These regulations may be accessed at <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html> at no cost. For any research study proposed for conduct under an FDA "Exception from Informed Consent Requirements for Emergency Research" or an HHS "Emergency Research Consent Waiver" ~~in which that waives informed consent is waived~~ but community consultation and public disclosure about the research are required, any facility proposing to be engaged in the research study shall ~~also must~~ verify that the proposed research study has been registered with the North Carolina Medical Care Commission. When the IRB ~~reviewing the research study~~ has authorized the start of the community consultation process required ~~by the federal regulations~~ for emergency research, but before the beginning of that process, notice of the proposed research study ~~by the facility~~ shall be provided to the North Carolina Medical Care Commission. The notice shall include:

- (a) the title of the research study;
- (b) a description of the research study, including a description of the population to be enrolled;
- (c) a description of the planned community consultation process, including ~~currently~~ proposed meeting dates and times;
- (d) ~~an explanation of the way that people choosing not to participate in~~ instructions for opting out of the research study may opt out; study; and
- (e) contact information including mailing address and phone number for the IRB and the principal investigator.

The Medical Care Commission may publish all or part of the above information in the North Carolina Register, in accordance with 26 NCAC 02C .0307, and may require the institution proposing to conduct the research study to attend a public meeting convened by a Medical Care Commission member in the community where the proposed research study is to take place to present and discuss the study or the community consultation process proposed.

~~(14)~~ (10) A patient has the right to refuse any drugs, treatment or procedure offered by the facility, to the extent permitted by law, and a physician shall inform the patient of his or her right to refuse any drugs, treatment or procedures and of the medical consequences of the patient's refusal of any drugs, treatment or procedure.

~~(12)~~ (11) A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.

~~(13)~~ (12) A patient has the right to medical and nursing services without discrimination based upon race, color, religion, sex, sexual orientation, gender identity, national origin or source of payment.

~~(14)~~ (13) A patient who does not speak English shall have ~~access, when possible,~~ access to an interpreter.

1 ~~(15)~~ (14) ~~A facility shall provide a patient, or patient designee, upon request, access to all information~~
 2 ~~contained in the patient's medical records. A patient or his or her designee has the right to have all~~
 3 ~~records pertaining to his or her medical care treated as confidential except as otherwise provided by~~
 4 ~~law or third party contractual arrangements.~~ A patient's access to medical records may be restricted
 5 by the patient's attending physician. If the physician restricts the patient's access to information in
 6 the patient's medical record, the physician shall record the reasons on the patient's medical record.
 7 Access shall be restricted only for **sound** medical reason. A patient's designee ~~may~~ **shall** have access
 8 to the information in the patient's medical records even if the attending physician restricts the
 9 patient's access to those records.

10 ~~(16)~~ (15) A patient has the right not to be awakened by hospital staff unless it is medically necessary.

11 ~~(17)~~ (16) The patient has the right to be free from duplication of medical and nursing procedures as determined
 12 by the attending physician.

13 ~~(18)~~ (17) The patient has the right to medical and nursing treatment that avoids unnecessary physical and
 14 mental discomfort.

15 ~~(19)~~ (18) When medically permissible, a patient may be transferred to another facility only after he or his next
 16 of kin or other legally responsible representative has received complete information and an
 17 explanation concerning the needs for and alternatives to such a transfer. The facility ~~to which that~~
 18 the patient is to be transferred must first have accepted the patient for transfer.

19 ~~(20)~~ (19) The patient has the right to examine and receive a detailed explanation of his bill.

20 ~~(21)~~ (20) The patient has a right to **full** information and counseling on the availability of known financial
 21 resources for his health care.

22 ~~(22)~~ (21) A patient has the right to be informed upon discharge of his or her continuing health care
 23 requirements following discharge and the means for meeting them.

24 ~~(23)~~ (22) A patient shall not be denied the right of access to an individual or agency who is authorized to act
 25 on his or her behalf to assert or protect the rights set out in this Section.

26 ~~(24)~~ (23) A patient has the right to be informed of his rights at the earliest possible time in the course of his
 27 or her hospitalization.

28 ~~(25)~~ (24) A patient has the right to designate visitors who shall receive the same visitation privileges as the
 29 patient's immediate family members, regardless of whether the visitors are legally related to the
 30 patient.

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 32 *History Note: Authority G.S. 131E-75; 131E-79; 143B-165;*
 33 *RRC Objection due to ambiguity Eff. July 13, 1995;*
 34 *Eff. January 1, 1996;*
 35 *Temporary Amendment Eff. April 1, 2005;*
 36 *Amended Eff. January 1, 2011; May 1, 2008; November 1, 2005, 2005;*
 37 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .3303 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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10A NCAC 13B .3303 PROCEDURE

(a) The facility shall develop and implement procedures to inform ~~each patient~~ patients of his or her rights. Copies of the facilities' Patient's Bill of Rights shall be made available through one of the following ways:

- (1) ~~[displayed in] prominent displays in appropriate locations~~ posted in a public place in the facility in addition to copies available upon request; or
- (2) ~~provision of~~ provided a copy to each patient or responsible party upon admission or as soon after admission as is feasible.

(b) The address and telephone number of the ~~section~~ Acute and Home Care Licensure and Certification Section in the Department responsible for the enforcement of the provisions of this ~~part~~ Rule shall be posted.

(c) The facility shall adopt procedures to ensure ~~effective and fair~~ a comprehensive investigation of violations of patients' rights and to ensure their ~~enforcement.~~ enforcement pursuant to 42 CFR 483.12(a)(2) herein incorporated by reference including subsequent amendments and editions. This regulation may be accessed at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals> at no cost. These procedures shall ensure that:

- (1) a system is established to identify formal written complaints;
- (2) ~~formal~~ written complaints are recorded and investigated;
- (3) investigation and resolution of ~~formal~~ complaints shall be conducted; and
- (4) disciplinary and education procedures shall be developed for members of the hospital and medical staff who are noncompliant with facility policies.

(d) The Division shall investigate or refer to ~~appropriate~~ other State agencies all complaints within the jurisdiction of the rules in this Subchapter.

*History Note: Authority G.S. 131E-79;
Eff. January 1, 1996. 1996;
Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .5412 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .5412 ADDITIONAL REQUIREMENTS FOR TRAUMATIC BRAIN INJURY**
4 **PATIENTS**

5 **(a)** Inpatient rehabilitation facilities providing services to persons patients with traumatic brain injuries shall ~~meet the~~
6 ~~requirements in this Rule in addition to those identified in this Section.~~ provide staff to meet the needs of patients in
7 accordance with the patient assessment, treatment plan, and physician orders.

8 (1) ~~Direct care nursing personnel staffing ratios established in Rule .5408 of this Section shall not be~~
9 ~~applied to nursing services for traumatic brain injury patients in the inpatient, rehabilitation facility~~
10 ~~or unit. The minimum nursing hours per traumatic brain injury patient in the unit shall be 6.5 nursing~~
11 ~~hours per patient day. At no time shall direct care nursing staff be less than two full time~~
12 ~~equivalents, one of which shall be a registered nurse.~~

13 (2) ~~The inpatient rehabilitation facility or unit shall employ or provide by contractual agreements~~
14 ~~physical, occupational or speech therapists in order to provide a minimum of 4.5 hours of specific~~
15 ~~or combined rehabilitation therapy services per traumatic brain injury patient day.~~

16 (3) ~~(1)~~

17 **(b)** The facility shall provide special facility or [have access to] special equipment to meet the needs for patients of
18 patients with traumatic brain injury, including specially designed wheelchairs, tilt tables and standing tables. [injury.]

19 (4) ~~The medical director of an inpatient traumatic brain injury program shall have two years~~
20 ~~management in a brain injury program, one of which may be in a clinical fellowship program and~~
21 ~~board eligibility or certification in the medical specialty of the physician's training.~~

22 (5) ~~(2)~~

23 **(c)** The facility shall provide the consulting services of a neuropsychologist.

24 (6) ~~(3)~~

25 **(d)** The facility shall provide continuing education in the care and treatment of brain injury patients for all staff.

26 (7) ~~(4)~~ The size of the brain injury program shall be adequate to support a comprehensive, dedicated
27 ongoing brain injury program.

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29 *History Note: Authority G.S. 131E-79;*
30 *RRC Objection due to lack of statutory authority Eff. January 18, 1996;*
31 *Eff. May 1, 1996. 1996;*
32 *Readopted Eff. April 1, 2020.*

1 10A NCAC 13B .5413 is readopted with changes as published in 34:06 NCR 473-481 as follows:

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3 **10A NCAC 13B .5413 ADDITIONAL REQUIREMENTS FOR SPINAL CORD INJURY PATIENTS**

4 **(a)** Inpatient rehabilitation facilities providing services to ~~persons~~ patients with spinal cord injuries shall ~~meet the~~
5 ~~requirements in this Rule in addition to those identified in this Section.~~ provide staff to meet the needs of patients in
6 accordance with the patient assessment, treatment plan, and physician orders.

7 (1) ~~Direct care nursing personnel staffing ratios established in Rule .5408 of this Section shall not be~~
8 ~~applied to nursing services for spinal cord injury patients in the inpatient rehabilitation facility or~~
9 ~~unit. The minimum nursing hours per spinal cord injury patient in the unit shall be 6.0 nursing hours~~
10 ~~per patient day. At no time shall direct care nursing staff be less than two full-time equivalents, one~~
11 ~~of which shall be a registered nurse.~~

12 (2) ~~The inpatient rehabilitation facility or unit shall employ or provide by contractual agreements~~
13 ~~physical, occupational or speech therapists in order to provide a minimum of 4.0 hours of specific~~
14 ~~or combined rehabilitation therapy services per spinal cord injury patient day.~~

15 (3) (1)

16 **(b)** The facility shall provide special facility or [have access to] special equipment to meet the needs of patients with
17 spinal cord injury, including specially designed wheelchairs, tilt tables and standing tables. ~~[injury].~~

18 (4) ~~The medical director of an inpatient spinal cord injury program shall have either two years~~
19 ~~experience in the medical care of persons with spinal cord injuries or six months minimum in a~~
20 ~~spinal cord injury fellowship.~~

21 (5) ~~(2)~~

22 **(c)** The facility shall provide continuing education in the care and treatment of spinal cord injury patients for all staff.

23 (6) ~~(3)~~

24 **(d)** The facility shall provide specific staff training and education in the care and treatment of spinal cord injury.

25 (7) ~~(4)~~ The size of the spinal cord injury program shall be adequate to support a comprehensive, dedicated
26 ongoing spinal cord injury program.

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28 *History Note: Authority G.S. 131E-79;*
29 *RRC Objection due to lack of statutory authority Eff. January 18, 1996;*
30 *Eff. May 1, 1996. 1996;*
31 *Readopted Eff. April 1, 2020.*