#### GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2007

S

#### SENATE BILL 915 Health Care Committee Substitute Adopted 7/26/07

	Short Title: Assisted Living Facility Amendments. (Public)
	Sponsors:
	Referred to:
	March 20, 2007
1	A BILL TO BE ENTITLED
2	AN ACT TO MAKE TECHNICAL AND ORGANIZATIONAL CHANGES TO THE
3	LAW REGARDING THE LICENSURE AND INSPECTION OF FACILITIES
4	FOR AGED AND DISABLED INDIVIDUALS.
5	The General Assembly of North Carolina enacts:
6	SECTION 1.(a) Chapter 131D of the General Statutes is amended by adding
7	the following new Article to read:
8	" <u>Article 1B.</u>
9	"Licensing of Maternity Homes."
10	SECTION 1.(b) G.S. 131D-1 is recodified as G.S. 131D-10.10 under
11	Article 1B of Chapter 131D of the General Statutes.
12	<b>SECTION 1.(c)</b> The title of Article 1 of Chapter 131D reads as rewritten:
13	"Article 1.
14	Licensing of Facilities.
15	Adult Care Homes."
16	SECTION 1.(d) G.S. 131D-2 is repealed.
17	<b>SECTION 1.(e)</b> Article 1 of Chapter 131D of the General Statutes, as
18	amended by Section 1(c) of this act, is amended by adding the following new Parts to
19	read:
20	"Part 1. Licensing.
21	" <u>§ 131D-2.1. Definitions.</u>
22 23	<u>As used in this Article:</u>
23 24	(1) <u>"Abuse." – The willful or grossly negligent infliction of physical pain,</u> injury, or mental anguish, unreasonable confinement, or the willful or
24 25	grossly negligent deprivation by the administrator or staff of an adult
23 26	care home of services which are necessary to maintain mental and
20 27	physical health.
<i>∠</i> /	physical licalul.

2

1 2	<u>(2)</u>	<u>"Administrator." – A person approved by the Department of Health</u> and Human Services who has the responsibility for the total operation
$\frac{2}{3}$		of a licensed domiciliary home.
4	<u>(3)</u>	"Adult care home." – An assisted living residence in which the
5	<u>(J)</u>	housing management provides 24-hour scheduled and unscheduled
6		personal care services to two or more residents, either directly or, for
7		scheduled needs, through formal written agreement with licensed
8		home care or hospice agencies. Some licensed adult care homes
9		provide supervision to persons with cognitive impairments whose
10		decisions, if made independently, may jeopardize the safety or
10		well-being of themselves or others and therefore require supervision.
11		Medication in an adult care home may be administered by designated,
12		trained staff. Adult care homes that provide care to two to six unrelated
13 14		-
14	(A)	residents are commonly called family care homes.
15 16	<u>(4)</u>	<u>"Amenities." – Services such as meals, housekeeping, transportation,</u>
10 17	(5)	and grocery shopping that do not involve hands-on personal care.
	<u>(5)</u>	"Assisted living residence." – Any group housing and services
18		program for two or more unrelated adults, by whatever name it is
19 20		called, that makes available, at a minimum, one meal a day and
20		housekeeping services and provides personal care services directly or
21		through a formal written agreement with one or more licensed home
22		care or hospice agencies. The Department may allow nursing service
23		exceptions on a case-by-case basis. Settings in which services are
24		delivered may include self-contained apartment units or single or
25		shared room units with private or area baths. Assisted living residences
26		are to be distinguished from nursing homes subject to provisions of
27		G.S. 131E-102. Housing programs for two or more unrelated adults
28		that target their services to elderly or disabled persons in which the
29		only services provided by the housing management, either directly or
30		through an agreement or other arrangements, are amenities that
31		include, at a minimum, one meal a day and housekeeping services, are
32		exempt from licensure, but are required to be listed with the Division
33		of Aging and Adult Services, providing information on their location
34		and number of units operated. This type of housing is not considered
35		assisted living. There are three types of assisted living residences:
36		adult care homes, adult care homes that serve only elderly persons, and
37		multiunit assisted housing with services. As used in this section,
38		"elderly person" means:
39		<u>a.</u> Any person who has attained the age of 55 years or older and
40		requires assistance with activities of daily living, housing, and
41		services, or
42		b. Any adult who has a primary diagnosis of Alzheimer's disease
43		or other form of dementia who requires assistance with

General Assem	bly of North Carolina	Session 2007
	activities of daily living, housing, and ser	vices provided by a
	licensed Alzheimer's and dementia care uni	
<u>(6)</u>	"Compensatory agent." – A spouse, relative, or	
	lives with a resident and provides care to a residen	
<u>(7)</u>	"Department." – The Department of Health a	
	unless some other meaning is clearly indicated fro	
<u>(8)</u>	"Exploitation." - The illegal or improper use of	an aged or disabled
	resident or the aged or disabled resident's resource	es for another's profit
	or advantage.	
<u>(9)</u>	"Family care home." – An adult care home having	two to six residents.
	The structure of a family care home may be no n	nore than two stories
	high, and none of the aged or physically disabled	persons being served
	there may be housed in the upper story without	<u>at provision for two</u>
	direct exterior ground-level accesses to the upper s	story.
<u>(10)</u>	"Multiunit assisted housing with services." -	An assisted living
	residence in which hands-on personal care se	ervices and nursing
	services which are arranged by housing management	ent are provided by a
	licensed home care or hospice agency throug	<u>h an individualized</u>
	written care plan. The housing management has a	n financial interest or
	financial affiliation or formal written agreement w	hich makes personal
	care services accessible and available through a	at least one licensed
	home care or hospice agency. The resident h	as a choice of any
	provider, and the housing management may not	combine charges for
	housing and personal care services. All	residents, or their
	compensatory agents, must be capable, through	informed consent, of
	entering into a contract and must not be i	n need of 24-hour
	supervision. Assistance with self-administration	of medications may
	be provided by appropriately trained staff wh	nen delegated by a
	licensed nurse according to the home care agency	's established plan of
	care. Multiunit assisted housing with services prog	grams are required to
	register with the Division of Health Service Regu	lation and to provide
	a disclosure statement. The disclosure statement is	required to be a part
	of the annual rental contract that includes a	description of the
	following requirements:	
	<u>a.</u> <u>Emergency response system;</u>	
	b. Charges for services offered;	
	<u>c.</u> <u>Limitations of tenancy;</u>	
	<ul> <li><u>Limitations of tenancy;</u></li> <li><u>Limitations of services;</u></li> <li><u>Resident responsibilities;</u></li> <li>Financial/legal relationship between housi</li> </ul>	
	e. <u>Resident responsibilities;</u>	
	f. Financial/legal relationship between housi	ng management and
	home care or hospice agencies;	
	g. A listing of all home care or hospice	agencies and other
	• • •	
	<u>community services in the area;</u>	

	General Assem	bly of North Carolina	Session 2007
1		i. Procedures for required initial and ann	ual resident screening
		and referrals for services.	<u>au restaent sereening</u>
		<u>Continuing care retirement communities, subje</u>	ct to regulation by the
		Department of Insurance under Chapter 58 of th	•
		exempt from the regulatory requirements f	
		housing with services programs.	tor mattraint usbisted
	(11)	"Neglect." – The failure to provide the services i	necessary to maintain a
	<u>(11)</u>	resident's physical or mental health.	<u>neeessary to maintain a</u>
	(12)	"Personal care services." – Any hands-on se	ervices allowed to be
	<u></u>	performed by In-Home Aides II or III as outlined	
	(13)	"Registration." – The submission by a multiunit	-
	<u>(10)</u>	services provider of a disclosure statement	•
		information as outlined in subdivision (10) of the	•
	(14)	"Resident." – A person living in an assisted li	
		purpose of obtaining access to housing and serv	-
		available by housing management.	<u>1</u>
	(15)	"Secretary." - The Secretary of Health and H	Iuman Services unless
		some other meaning is clearly indicated from the	
	" <u>§ 131D-2.2. P</u>	ersons not to be cared for in adult care homes a	
	housi	ing with services; hospice care.	
	(a) Adult	Care Homes Except when a physician certifie	es that appropriate care
	can be provide	ed on a temporary basis to meet the resident	t's needs and prevent
	unnecessary rel	ocation, adult care homes shall not care for indiv	viduals with any of the
	following condi	tions or care needs:	
	<u>(1)</u>	Ventilator dependency;	
	<u>(2)</u>	Individuals requiring continuous licensed nursin	-
	<u>(3)</u>	Individuals whose physician certifies that pla	acement is no longer
		<u>appropriate;</u>	
	<u>(4)</u>	Individuals whose health needs cannot be met in	the specific adult care
		home as determined by the residence; and	
	<u>(5)</u>	Such other medical and functional care needs	
	<b>.</b> .	Commission determines cannot be properly met	•
		unit Assisted Housing With Services Exce	
		ppropriate care can be provided on a tempora	•
		and prevent unnecessary relocation, multiunit	-
		not care for individuals with any of the following	ing conditions or care
	needs:		
	<u>(1)</u>	Ventilator dependency;	
	<u>(2)</u>	Dermal ulcers III and IV, except those stage	
		determined by an independent physician to be he	
	<u>(3)</u>	Intravenous therapy or injections directly into	
		intermittent intravenous therapy managed by a	home care or hospice
		agency licensed in this State;	

1	(4)	Airborne infectious disease in a communicable state that requires
2	<u>(+)</u>	isolation of the individual or requires special precautions by the
$\frac{2}{3}$		caretaker to prevent transmission of the disease, including diseases
4		such as tuberculosis and excluding infections such as the common
5		cold;
6	(5)	Psychotropic medications without appropriate diagnosis and treatment
7	<u> </u>	plans;
8	<u>(6)</u>	Nasogastric tubes;
9	<u>(7)</u>	Gastric tubes except when the individual is capable of independently
10		feeding himself or herself and caring for the tube, or as managed by a
11		home care or hospice agency licensed in this State;
12	<u>(8)</u>	Individuals requiring continuous licensed nursing care;
13	<u>(9)</u>	Individuals whose physician certifies that placement is no longer
14		appropriate;
15	<u>(10)</u>	Unless the individual's independent physician determines otherwise,
16		individuals who require maximum physical assistance as documented
17		by a uniform assessment instrument and who meet Medicaid nursing
18		facility level-of-care criteria as defined in the State Plan for Medical
19		Assistance. Maximum physical assistance means that an individual has
20		a rating of total dependence in four or more of the seven activities of
21		daily living as documented on a uniform assessment instrument;
22	<u>(11)</u>	Individuals whose health needs cannot be met in the specific multiunit
23		assisted housing with services as determined by the residence; and
24	<u>(12)</u>	Such other medical and functional care needs as the Medical Care
25		Commission determines cannot be properly met in multiunit assisted
26		housing with services.
27	<u>(c)</u> Hosp	bice Care At the request of the resident, hospice care may be provided
28	in an assisted	living residence under the same requirements for hospice programs as
29		ticle 10 of Chapter 131E of the General Statutes.
30	(d) Obta	ining Services. – The resident of an assisted living facility has the right
31		ces at the resident's own expense from providers other than the housing
32	management. '	This subsection shall not be construed to relieve the resident of the
33		ractual obligation to pay the housing management for any services
34	covered by the	contract between the resident and housing management.
35		xemptions from licensure.
36		following are excluded from this Article and are not required to be
37	registered or ob	otain licensure under this Article:
38	<u>(1)</u>	Facilities licensed under Chapter 122C or Chapter 131E of the General
39		<u>Statutes;</u>
40	<u>(2)</u>	Persons subject to rules of the Division of Vocational Rehabilitation
41		<u>Services;</u>
42	<u>(3)</u>	Facilities that care for no more than four persons, all of whom are
43		under the supervision of the United States Veterans Administration;

	General Assen	ubly of North Carolina	Session 2007
1	<u>(4)</u>	Facilities that make no charges for housing, amenities	, or personal care
2		service, either directly or indirectly; and	<u> </u>
3	<u>(5)</u>	Institutions that are maintained or operated by a un	it of government
4		and that were established, maintained, or operate	ed by a unit of
5		government and exempt from licensure by the	Department on
6		<u>September 30, 1995.</u>	
7		Licensure of adult care homes for aged and disab	
8		ct of prior violations on licensure; compliance	history review;
9		se renewal.	
0		nsure. – Except for those facilities exempt under G.	
1	<b>^</b>	Health and Human Services shall inspect and licen	
2		partment shall issue a license for a facility not current	-
3		the for a period of six months. If the licensee demons	
1		th Articles 1 and 3 of this Chapter and rules adopted	<u>d thereunder, the</u>
5		<u>Ill issue a license for the balance of the calendar year.</u>	
6		pliance History Review. – Prior to issuing a new licens	-
7 8	-	e, the Department shall conduct a compliance histor	-
8 9	•	principals and affiliates. The Department may refuse to liance history review shows a pattern of noncompliance	•
9	-	or its principals or affiliates, or otherwise demonstrates	
1	• •	and welfare of residents in current or past facilities. The	-
2	•	-	-
3	require compliance history information and make its determination according to rules adopted by the Medical Care Commission.		
4		Violations. – No new license shall be issued for any ad	dult care home to
5	an applicant for	•	
5	(1)	Was the owner, principal, or affiliate of a licensat	ole facility under
7	<u></u>	Chapter 122C, Chapter 131D, or Article 7 of Cha	-
8		General Statutes that had its license revoked until or	*
9		the date of revocation;	
)	(2)	Is the owner, principal, or affiliate of an adult care	e home that was
1		assessed a penalty for a Type A or Type B violation u	
2		one year from the date the penalty was assessed or up	ntil the home has
3		substantially complied with the correction plan establ	ished pursuant to
4		G.S. 131D-34 and substantial compliance has been	certified by the
5		Department;	
6	<u>(3)</u>	Is the owner, principal, or affiliate of an adult care h	nome that had its
7		license summarily suspended or downgraded to provi	isional status as a
8		result of Type A or Type B violations until six months	
9		reinstatement of the license, restoration from pro-	
0		licensure, or termination of the provisional license, as	
1	<u>(4)</u>	Is the owner, principal, or affiliate of a licensable fa	•
2		license summarily suspended or downgraded to provi	
3		result of violations under Chapter 122C or Article 1	<u>^</u>
4		of the General Statutes or had its license summar	ity suspended or

1	denied under Article 7 of Chapter 110 of the General Statutes until six
2	months from the date of the reinstatement of the license, restoration
3	from provisional to full licensure, or termination of the provisional
4	license, as applicable.
5	An applicant for new licensure may appeal a denial of certification of substantial
6	compliance under subdivision (2) of this subsection by filing with the Department a
7	request for review by the Secretary within 10 days of the date of denial of the
8	certification. Within 10 days of receipt of the request for review, the Secretary shall
9	issue to the applicant a written determination that either denies certification of
10	substantial compliance or certifies substantial compliance. The decision of the Secretary
11	<u>is final.</u>
12	(d) License Renewals. – License renewals shall be valid for one year from the
13	date of renewal unless revoked earlier by the Secretary for failure to comply with any
14	part of this section or any rules adopted hereunder. Licenses shall be renewed annually
15	upon filing and the Department's approval of the renewal application. The Department
16	shall not renew a license if outstanding fees, fines, and penalties imposed by the State
17	against the home have not been paid. Fines and penalties for which an appeal is pending
18	are exempt from consideration. The renewal application shall contain all necessary and
19	reasonable information that the Department may require.
20	(e) In order for an adult care home to maintain its license, it shall not hinder or
21	interfere with the proper performance of duty of a lawfully appointed community
22	advisory committee, as defined by G.S. 131D-31 and G.S. 131D-32.
23	" <u>§ 131D-2.5. License fees.</u>
24	The Department shall charge each adult care home with six or fewer beds a
25	nonrefundable annual license fee in the amount of two hundred fifty dollars (\$250.00).
26	The Department shall charge each adult care home with more than six beds a
27	nonrefundable annual license fee in the amount of three hundred fifty dollars (\$350.00)
28	plus a nonrefundable annual per-bed fee of twelve dollars and fifty cents (\$12.50).
29	" <u>§ 131D-2.6. Legal action by Department.</u>
30	(a) Notwithstanding the existence or pursuit of any other remedy, the Department
31	may, in the manner provided by law, maintain an action in the name of the State for
32	injunction or other process against any person to restrain or prevent the establishment,
33	conduct, management, or operation of an adult care home without a license. Such action
34	shall be instituted in the superior court of the county in which any unlicensed activity
35	has occurred or is occurring.
36	(b) If any person shall hinder the proper performance of duty of the Secretary or
37	his representative in carrying out this section, the Secretary may institute an action in
38	the superior court of the county in which the hindrance has occurred for injunctive relief
39	against the continued hindrance, irrespective of all other remedies at law.
40	(c) Actions under this section shall be in accordance with Article 37 of Chapter 1
41	of the General Statutes and Rule 65 of the Rules of Civil Procedure.
42	" <u>§ 131D-2.7. Provisional license; license revocation.</u>

1	(a) Prov	visional	License Except as otherwise provided in this section, the
2	Department m	ay ame	nd a license by reducing it from a full license to a provisional
3	license for a pe	eriod of	not more than 90 days whenever the Department finds that:
4	<u>(1)</u>	The 1	icensee has substantially failed to comply with the provisions of
5		Artic	les 1 and 3 of Chapter 131D of the General Statutes and the rules
6		<u>adopt</u>	ed pursuant to these Articles;
7	<u>(2)</u>	There	e is a reasonable probability that the licensee can remedy the
8		licens	sure deficiencies within a reasonable length of time; and
9	<u>(3)</u>	There	e is a reasonable probability that the licensee will be able
10		therea	after to remain in compliance with the licensure rules for the
11		fores	eeable future.
12	The Depart	tment m	ay extend a provisional license for not more than one additional
13			inding that the licensee has made substantial progress toward
14	remedying the	licensu	re deficiencies that caused the license to be reduced to provisional
15	<u>status.</u>		
16	The Depart	tment m	ay also issue a provisional license to a facility, pursuant to rules
17	adopted by the	e Medic	al Care Commission, for substantial failure to comply with the
18	provisions of t	his secti	on or rules adopted pursuant to this section. Any facility wishing
19	to contest the	issuanc	e of a provisional license shall be entitled to an administrative
20	hearing as pro-	vided in	the Administrative Procedure Act, Chapter 150B of the General
21	Statutes. A p	etition 1	for a contested case shall be filed within 30 days after the
22	Department ma	ails writ	ten notice of the issuance of the provisional license.
23	<u>(b)</u> <u>Lice</u>	nse Rev	ocation. – The Department may revoke a license whenever:
24	<u>(1)</u>	The I	Department finds that:
25		<u>a.</u>	The licensee has substantially failed to comply with the
26			provisions of Articles 1 and 3 of Chapter 131D of the General
27			Statutes and the rules adopted pursuant to these Articles; and
28		<u>b.</u>	It is not reasonably probable that the licensee can remedy the
29			licensure deficiencies within a reasonable length of time; or
30	<u>(2)</u>	The I	Department finds that:
31		<u>a.</u>	The licensee has substantially failed to comply with the
32			provisions of Articles 1 and 3 of Chapter 131D of the General
33			Statutes and the rules adopted pursuant to these Articles; and
34		<u>b.</u>	Although the licensee may be able to remedy the deficiencies
35			within a reasonable time, it is not reasonably probable that the
36			licensee will be able to remain in compliance with licensure
37			rules for the foreseeable future; or
38		<u>c.</u>	The licensee has failed to comply with the provisions of
39			Articles 1 and 3 of Chapter 131D of the General Statutes and
40			the rules adopted pursuant to these Articles, and the failure to
41			comply endangered the health, safety, or welfare of the patients
42			in the facility.
43	" <u>§ 131D-2.8. F</u>	Penalties	<u>5.</u>

1	(a) Any individual or corporation that establishes, conducts, manages, or operates				
2	a facility subject to licensure under this section without a license is guilty of a Class 3				
3	misdemeanor, and, upon conviction, shall be punishable only by a fine of not more than				
4	fifty dollars (\$50.00) for the first offense and not more than five hundred dollars				
5	(\$500.00) for each subsequent offense. Each day of a continuing violation after				
6	conviction shall be considered a separate offense.				
7	(b) In addition, the Department may summarily suspend a license pursuant to				
8	G.S. 150B-3(c) whenever it finds substantial evidence of abuse, neglect, exploitation, or				
9	any condition which presents an imminent danger to the health and safety of any				
10	resident of the home. Any facility wishing to contest summary suspension of a license				
11	shall be entitled to an administrative hearing as provided in the Administrative				
12	Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case				
13	shall be filed within 20 days after the Department mails a notice of summary suspension				
14	to the licensee.				
15	" <u>§§ 131D-2.9 and 2.10:</u> Reserved for future codification purposes.				
16	"Part 2. Other Laws Pertaining to the Inspection				
17	and Operation of Adult Care Homes.				
18	"§ 131D-2.11. Inspections, monitoring, and review by State agency and county				
19	departments of social services.				
20	(a) State Inspection and Monitoring. – The Department shall ensure that adult				
21	care homes required to be licensed by this Article are monitored for licensure				
22	compliance on a regular basis. All facilities licensed under this Article and adult care				
23	units in nursing homes are subject to inspections at all times by the Secretary. The				
24	Division of Health Service Regulations shall inspect all adult care homes and adult care				
25	units in nursing homes on an annual basis. In addition, the Department shall ensure that				
26	adult care homes are inspected every two years to determine compliance with physical				
27	plant and life-safety requirements.				
28	(b) Monitoring by County. – The Department shall work with county				
29 20	departments of social services to do the routine monitoring in adult care homes to				
30	ensure compliance with State and federal laws, rules, and regulations in accordance with				
31 32	policy and procedures established by the Division of Health Service Regulation and to				
52 33	have the Division of Health Service Regulation oversee this monitoring and perform				
55 34	any required follow-up inspection. The county departments of social services shall				
54 35	document in a written report all on-site visits, including monitoring visits, revisits, and				
35 36	complaint investigations. The county departments of social services shall submit to the Division of Health Service Regulation written reports of each facility visit within 20				
30 37	working days of the visit.				
38	(c) State Review of County Compliance. – The Division of Health Service				
38 39	Regulation shall conduct and document annual reviews of the county departments of				
40	social services' performance. When monitoring is not done timely or there is failure to				
40	identify or document noncompliance, the Department may intervene in the particular				
42	service in question. Department intervention shall include one or more of the following				
43	activities:				
15					

General Ass	sembly of North Carolina	Session 2007
(1	) Sending staff of the Department to the county dep	partments of social
<u></u>	services to provide technical assistance and to me	
	being provided by the facility.	<u>onitor the services</u>
(2		and procedures
(3		
	retary may determine that the Department shall ass	
	esponsibility for the county's adult care homes.	
	2. Training requirements; county departments of socia	al services.
	ne county departments of social services' adult home sp	
	shall complete:	
<u>(1</u>	*	nployment;
(2		
(3	•	
	training program;	
(4	) A minimum of eight hours of complaint investigation	ion training within
	six months of employment; and	-
<u>(5</u>	<u>A minimum of 16 hours of statewide training annua</u>	lly by the Division
	of Health Service Regulation.	
<u>(b)</u> <u>Th</u>	ne joint training requirements by the Department shall	be as provided in
<u>G.S. 143B-1</u>	<u>39.5B.</u>	_
" <u>§ 131D-2.1</u>	<u>3. Departmental duties.</u>	
	nforcement of Room Ventilation and Temperature. – The	
monitor regu	alarly the enforcement of rules pertaining to air circulation	on, ventilation, and
room temper	rature in resident living quarters. These rules shall inclue	de the requirement
that air cond	itioning or at least one fan per resident bedroom and livir	ng and dining areas
be provided	when the temperature in the main center corridor ex	xceeds 80 degrees
Fahrenheit.		
	dministrator Directory. – The Department shall keep an u	p-to-date directory
	s who are administrators as defined in G.S. 131D-2.1.	
	epartmental Complaint Hotline. – Adult care homes shal	
	ervice Regulation's complaint hotline number conspicu	uously in a public
place in the	• • • • • • • • • • • • • • • • • • •	
	ovider File The Department of Health and Hum	
	d maintain a provider file to record and monitor comp	
	vners, operators, and affiliates of nursing homes and adult	
	eport on Use of Restraint. – The Department shall r	
October 1		
-	tal Disabilities, and Substance Abuse Services the	tollowing for the
	preceding fiscal year:	
<u>(1</u>	· · · · · · · · · · · · · · · · · · ·	* *
	law and rules governing the use of physical restraint	
	of residents. The information shall indicate areas of	nignest and lowest
	levels of compliance.	

	General Assen	ıbly of North Carolina	Session 2007
1 2 3 4	<u>(2)</u>	The total number of adult care homes that reported by number of deaths investigated pursuant to G.S. 1 number found by the investigation to be related	y each facility, the 31D-34.1, and the
5		home's use of physical restraint or physical hold.	
6	" <u>§ 131D-2.14.</u>	Confidentiality.	
7	Notwithstar	ding G.S. 8-53 or any other law relating to	confidentiality of
8	communication	s between physician and patient, in the course	of an inspection
9	conducted under	er G.S. 131D-2.11:	_
10	<u>(1)</u>	Department representatives may review any writi	ng or other record
11		concerning the admission, discharge, medication	-
12		condition, or history of any person who is or has be	en a resident of the
3		facility being inspected, and	
14	<u>(2)</u>	Any person involved in giving care or treatment	at or through the
15		facility may disclose information to Department rep	presentatives unless
16		the resident objects in writing to review of his reco	rds or disclosure of
17		such information.	
18	<u>(3)</u>	The facility, its employees, and any other person	interviewed in the
9		course of an inspection shall be immune from lia	
20		resulting from disclosure of any information to th	• •
21		Department shall not disclose:	*
22		a. Any confidential or privileged information	obtained under this
23		section unless the resident or his legal repres	
24		disclosure in writing or unless a court of cor	
5		orders disclosure, or	* *
6		b. The name of anyone who has furnished infor	rmation concerning
7		a facility without that person's consent.	
8		The Department shall institute appropriate polic	ties and procedures
9		to ensure that unauthorized disclosure does not occ	
0		or privileged information obtained under this sectio	
1		persons providing such information shall be exemp	
2		of the General Statutes.	<u>.</u>
3	<u>(4)</u>	Notwithstanding any law to the contrary, Chapter	132 of the General
4		Statutes, the Public Records Law, applies to all re-	
35		Division of Social Services of the Department of	
36		Services and of any county department of social	
37		inspections of domiciliary care facilities except for	
38		records that is confidential or privileged, including	
<b>19</b>		that contains the names of residents or complainants	
0	"§ 131D-2.15.	Resident assessments.	-
-1		Department shall ensure that facilities conduct	and complete an
2		each resident within 72 hours of admitting the res	_
3		onducting the assessment, the facility shall use an ass	•
14		e Secretary upon the advice of the Director of the Div	· · · · · · · · · · · · · · · · · · ·

1	Adult Services. The Department shall provide ongoing training for facility personnel in
2	the use of the approved assessment instrument.
3	The facility shall use the assessment to develop appropriate and comprehensive
4	service plans and care plans and to determine the level and type of facility staff that is
5	needed to meet the needs of residents. The assessment shall determine a resident's level
6	of functioning and shall include, but not be limited to, cognitive status and physical
7	functioning in activities of daily living. Activities of daily living are personal functions
8	essential for the health and well-being of the resident. The assessment shall not serve as
9	the basis for medical care. The assessment shall indicate if the resident requires referral
10	to the resident's physician or other appropriate licensed health care professional or
11	community resource.
12	(b) The Department, as part of its inspection and licensing of adult care homes,
13	shall review assessments and related service plans and care plans for a selected number
14	of residents. In conducting this review, the Department shall determine:
15	(1) Whether the appropriate assessment instrument was administered and
16	interpreted correctly;
17	(2) Whether the facility is capable of providing the necessary services;
18	(3) Whether the service plan or care plan conforms to the results of an
19	appropriately administered and interpreted assessment; and
20	(4) Whether the service plans or care plans are being implemented fully
21	and in accordance with an appropriately administered and interpreted
22	assessment.
23	(c) If the Department finds that the facility is not carrying out its assessment
24	responsibilities in accordance with this section, the Department shall notify the facility
25	and require the facility to implement a corrective action plan. The Department shall also
26	notify the resident of the results of its review of the assessment, service plans, and care
27	plans developed for the resident. In addition to administrative penalties, the Secretary
28	may suspend the admission of any new residents to the facility. The suspension shall be
29	for the period determined by the Secretary and shall remain in effect until the Secretary
30	is satisfied that conditions or circumstances merit removing the suspension.
31	" <u>§ 131D-2.16. Suspension of admissions.</u>
32	(a) In addition to the administrative penalties described in G.S. 131D-2.8, the
33	Secretary may suspend the admission of any new residents to an adult care home where
34	the conditions of the adult care home are detrimental to the health or safety of the
35	residents. This suspension shall be for the period determined by the Secretary and shall
36	remain in effect until the Secretary is satisfied that conditions or circumstances merit
37	removing the suspension.
38	(b) In imposing a suspension under this section, the Secretary shall consider the
39	following factors:
40	(1) The degree of sanctions necessary to ensure compliance with this
41	section and rules adopted hereunder; and
42	(2) <u>The character and degree of impact of the conditions at the home on</u>
43	the health or safety of its residents.

1	(c) The Secretary of Health and Human Services shall adopt rules to implement
2	this section.
3	(d) Any facility wishing to contest a suspension of admissions shall be entitled to
4	an administrative hearing as provided in the Administrative Procedure Act, Chapter
5	150B of the General Statutes. A petition for a contested case shall be filed within 20
6	days after the Department mails a notice of suspension of admissions to the licensee.
7	"§ 131D-2.17. Rules.
8	Except as otherwise provided in this Article, the Medical Care Commission shall
9	adopt rules necessary to carry out this Article. The Commission has the authority, in
10	adopting rules, to specify the limitation of nursing services provided by assisted living
11	residences. In developing rules, the Commission shall consider the need to ensure
12	comparable quality of services provided to residents, whether these services are
13	provided directly by a licensed assisted living provider, licensed home care agency, or
14	hospice. In adult care homes, living arrangements where residents require supervision
15	due to cognitive impairments, rules shall be adopted to ensure that supervision is
16	appropriate and adequate to meet the special needs of these residents. Rule-making
17	authority under this section is in addition to that conferred under G.S. 131D-4.3 and
18	G.S. 131D-4.5.
19	" <u>§ 131D-2.18. Impact on other laws; severability.</u>
20	(a) Nothing in this section shall be construed to supersede any federal or State
21	antitrust, antikickback, or safe harbor laws or regulations.
22	(b) If any provisions of this section or the application of it to any person or
23	circumstance is held invalid, the invalidity does not affect other provisions or
24	applications of the section which can be given effect without the invalid provision or
25	application, and to this end the provisions of this section are severable.
26	" <u>§ 131D-2.19. Application of other laws.</u>
27	(a) <u>Certification of assisted living administrators shall be as provided under</u>
28	Article 20A of Chapter 90 of the General Statutes.
29	(b) Compliance with the Health Care Personnel Registry shall be as provided
30	<u>under G.S. 131E-256.</u>
31	(c) <u>Rules for the operation of the adult care portion of a combination home, as</u>
32	defined in G.S. 131E-101, shall be as provided in G.S. 131E-104."
33	SECTION 2. G.S. 131D-41 and G.S. 131D-42 are repealed.
34	<b>SECTION 3.</b> This act becomes effective October 1, 2007. Licenses issued
35	pursuant to G.S. 131D-2 remain effective until the date of annual renewal at which time
36	Part 1 of Article 1 of Chapter 131D of the General Statutes shall apply. In all other
37	respects, beginning October 1, 2007, Part 1 of Article 1 of Chapter 131D shall apply to
38	the operation of facilities currently licensed under $G = 131D-2$

the operation of facilities currently licensed under G.S. 131D-2.