



ADULT CARE SETTINGS

POSITION STATEMENT
for RN and LPN Practice

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Adult Care Settings are facilities, including Assisted Living, licensed by the State of North Carolina (10A NCAC 13F and 13 G) to provide for the personal care needs of residents. In these settings, health care needs of residents are considered incidental to their personal care needs and licensed nursing staff are not required by law. When health care needs exist, supervised nursing care may be indicated. If health care needs become paramount, the resident may be transferred to a health care environment such as an acute care hospital or long-term care/skilled nursing facility.

The [Nursing Practice Act](#) and related Nursing Administrative Rules [[21 NCAC 36.0224](#) and [21 NCAC 36.0225](#)] apply to the practice of nursing by licensed nurses (RNs and LPNs) regardless of the practice setting.

Definitions:

Administrative Supervision may include the management functions of hiring, correcting performance, and providing performance evaluation of UAP.

Adult Care Homes are residences for aged adults and for adult individuals with disabilities who may require 24-hour supervision and assistance with personal care needs.

Nursing Care Activities are those carried out for residents requiring a higher level of assistance with maintenance of health or the delivery of health care. These activities must be taught to UAP by the RN and require quarterly monitoring by the RN consistent with the rules for the Licensing of Adult Care Homes. The RN assures ongoing nursing care activity competency of LPNs and UAP through oversight and supervision. The RN may be an employee or a consultant and must be available, on site if necessary, for nursing care questions and/or changes in client conditions.

Nursing Care Systems operate within healthcare settings where the medical and nursing care needs of clients are primary (for example: acute care hospital, sub-acute facilities, and long-term care/skilled nursing facilities). A Nursing Administrator (e.g., Chief Nursing Officer or Director of Nursing) and licensed nursing staff are required by law.

Nursing Supervision by the RN is the provision of oversight to determine that nursing activities assigned to RNs and LPNs or delegated to UAP are performed as directed and according to established standards of practice. RN nursing supervision may include management level functions such as teaching, validating qualifications and competencies, and evaluating performance of nursing personnel.

Nursing Supervision by the LPN is limited to the validation that tasks have been performed as assigned to LPNs or delegated to UAP and according to established standards of practice.

Personal Care Tasks are carried out by UAP as delegated in Adult Care Settings. Personal Care Tasks include those commonly provided to residents in adult care and needed for daily living such as bathing, feeding, and ambulation. In addition, the rules for the Licensing of Adult Care Homes (10A NCAC 13F .0903)

allow UAP to provide additional Specific Personal Care Tasks, up to and including those usually delegated only to individuals listed as Nurse Aide IIs on the NCBON Registry. These Specific Personal Care Tasks require training by the RN.

UAP - Unlicensed Assistive Personnel is a general term that includes personal care aides in Adult Care Homes and nurse aides (NA I and NA II) in organized health care systems.

RN Role:

- Only an RN is legally authorized to function in a nursing administrator/director/manager position if such a position is designated in the facility.
- Assessment of residents with nursing care needs, significant changes in their condition, or those with specific personal care needs as required by Adult Care Home rules.
- Development of nursing care plans for residents requiring nursing care or specific personal care tasks.
- Competency validation of staff performing nursing and specific personal care functions.
- Management and ongoing supervision of the delivery of nursing care activities.
- Management and supervision of nursing care activities requires on-site availability as determined by resident needs.

LPN in Licensed Role:

- An LPN may not function in a nursing administrator/director/manager position in any practice setting.
- An LPN is required to have an RN continuously available to him/her for supervision, on-site when necessary, when the LPN is involved in the delivery, delegation, and supervision of nursing care and/or when the job description under which the LPN functions requires LPN licensure.

LPN in Unlicensed Role:

- An LPN employed as a facility administrator or supervisor-in-charge in this “non-health care” setting in an “unlicensed” role (without the requirement for an LPN license), may perform all administrative (non-nursing) functions consistent with the rules for the Licensing of Adult Care Homes. This includes making employment, supervisory, and disciplinary decisions regarding the personal care staff under her/his supervision consistent with agency policy.
- An LPN employed as a facility administrator or supervisor-in-charge in this “non-health care” setting in an “unlicensed” role (without the requirement for an LPN license) may delegate to, and supervise unlicensed assistive personnel (UAP) determined competent by an RN in providing the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living.
- An LPN in this “unlicensed” role, and determined competent by an RN, may also directly provide the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living
- An LPN in this “unlicensed” role of providing, delegating and supervising the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living does not require continuous RN supervision. In all other settings, the LPN requires RN supervision to perform, delegate, and provide limited supervision of nursing care and personal care activities.
- An LPN in this “unlicensed” role should not be identified in any way as an LPN when functioning in this “unlicensed” role, either by indicating LPN licensure in their signature, or on their name pin. (NOTE: It is important to recognize that even if not functioning in an LPN role and not identifying oneself as an LPN, the individual remains accountable for their nursing knowledge, particularly if they retain an active LPN license. Position Statement: [Practicing at Level Other Than Highest Licensure/Approval/Recognition](#))

LPN in a Dual Licensed and Unlicensed Role:

- If an LPN is functioning in the “unlicensed” facility administrator or supervisor-in-charge role and is also involved in providing, delegating, and supervising nursing care for residents, the LPN must comply with nursing law and rules and must have continuous RN supervision available, on-site when necessary, as determined by resident needs.

The attached table provides a Comparison of the LPN Role in Organized Nursing Systems (Health Care Settings) and in Adult Care Home Settings.

UAP Role:

- UAP who have completed specified training and competency testing may provide nursing care activities, rule-specific and other personal care tasks, and administer medications to residents as allowed by Adult Care Home rules.
- UAP activities and tasks must be carried out and supervised consistent with the Adult Care Home rules.
- Listing on the state Medication Aide Registry maintained by the NC DHSR Adult Care Licensure Section is required for UAP administering medications in the Adult Care Home setting. (Listing on the NC DHSR Medication Aide Registry maintained by the Healthcare Personnel Registry/Center for Aide Regulation and Education Branch is not acceptable in the Adult Care setting.)

References:

G.S. 90-171.20 (7) & (8)

21 NCAC 36.0224 – Components of Practice for the Registered Nurse (RN Rules)

21 NCAC 36.0225 – Components of Practice for the Licensed Practical Nurse (LPN Rules)

10A NCAC Subchapters of the Adult Care Home Rules

13F – Licensing of Homes for the Aged and Infirm

13G – Licensing of Family Care Homes

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**COMPARISON OF THE LPN ROLE IN
ORGANIZED NURSING SYSTEMS
AND ADULT CARE SETTINGS**

FUNCTION	NURSING CARE SYSTEMS UNDER NURSING DIRECTION <u>21 NCAC Chapter 36 – Nursing Rules</u>	ADULT CARE SETTINGS <u>10A NCAC Subchapters</u> <u>13F – Licensing of Homes for the Aged and Infirm</u> <u>13G – Licensing of Family Care Homes</u>
Care Planning	<ul style="list-style-type: none"> Nursing, multidisciplinary, and/or health care focused plan of care is developed by the RN with participation by the LPN. 	<ul style="list-style-type: none"> Resident Care Plan developed by person designated by the administrator. At a minimum the RN must assess residents with significant changes, or rule-specified personal care needs, or health care needs, and assess quarterly thereafter.
Delegation	<ul style="list-style-type: none"> LPN may delegate nursing care to UAP who have been determined competent by an RN. Under RN supervision, UAP must complete an NAI training and competency evaluation program and be listed on the Division of Health Service Regulation NAI Registry. They may additionally complete an NAI training and competency program and be listed as an NAI on the NC Board of Nursing Registry. 	<ul style="list-style-type: none"> In order to perform personal care tasks as specified in Adult Care Rules or nursing care activities, UAP must meet minimum training of 80 hours including competency evaluation by an RN. LPN in an “unlicensed” supervisor-in-charge role (without the requirement for an LPN license) may delegate the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes, including medication administration, and other personal care tasks necessary for common activities of daily living to UAP determined competent by an RN. An LPN in this “unlicensed” role does not require continuous RN supervision. LPN may <u>not</u> function in a nursing administrator/director position in any practice setting. LPN is required to have an RN continuously available to him/her for supervision, on-site when necessary, when the LPN is involved in the delivery or delegation of <u>nursing care</u> and/or when the job description under which the LPN functions requires LPN licensure. <p>If an LPN is in the “dual role” of facility administrator or supervisor-in-charge <u>and</u> is also involved in providing and/or delegating <u>nursing care</u> for residents, the LPN must comply with nursing law and rules and must have continuous RN supervision available, on-site when necessary, as determined by resident needs.</p>
Supervision	<ul style="list-style-type: none"> RN manages the delivery of care and provides on-going supervision of the LPN and UAP. Supervision by LPN is limited to assuring that tasks have been completed as assigned or delegated and according to established 	<ul style="list-style-type: none"> LPN in an “unlicensed” supervisor-in-charge role (without the requirement for an LPN license) may supervise UAP determined competent by an RN in providing the specific personal care tasks delineated in the rules for the Licensing of Adult Care Homes,

	<p>standards of practice and <u>does not include management of the delivery of nursing care.</u></p>	<p>including medication administration, and other personal care tasks necessary for common activities of daily living. If also performing these personal care tasks for residents, the LPN must be validated competent by an RN.</p> <ul style="list-style-type: none"> • LPN in an “unlicensed” role does not require continuous RN supervision. • LPN in an “unlicensed” role may provide administrative supervision to UAP. Such supervision may include hiring, disciplinary actions, and job performance evaluation of both non-clinical and personal care tasks, but performance evaluation of clinical nursing care activities must be done by an RN. • LPN in the “licensed” role may provide limited supervision of UAP (as delineated in nursing law and rules) in the delivery of nursing care activities only when there is the <u>continuous availability</u>, on site when necessary, of the RN who provides supervision to the LPN. • LPN in the “dual role” of facility administrator or supervisor-in-charge <u>and</u> also involved in providing limited supervision of UAP (as delineated in nursing law and rules) in the delivery of nursing care for residents, must have continuous RN supervision available, on-site when necessary, as determined by resident needs. <p>Performance evaluation of clinical nursing care activities by LPN in the “licensed” or “dual” role and of UAP nursing care activities must be done by an RN.</p>
<p>RN Continuous Availability</p>	<ul style="list-style-type: none"> • RN must be continuously available to the LPN, on site if necessary. 	<p>LPN must be assigned nursing activities by the RN and be supervised by the RN, on site if necessary. This supervision may be accomplished in part by written policies and procedures for the more routine activities and tasks.</p>