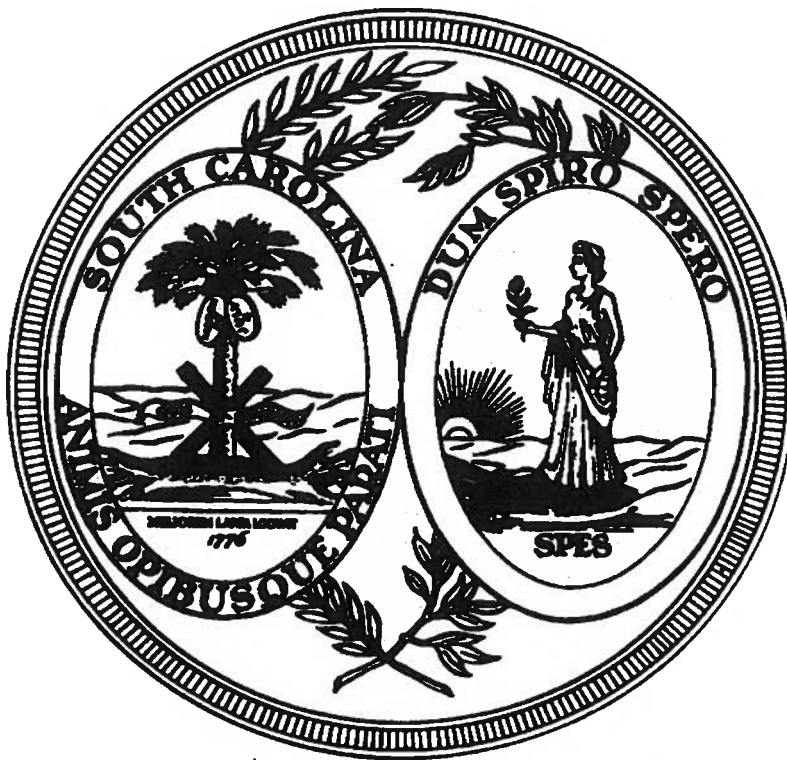




# Regulation Number 61-84

## Standards for Licensing Community Residential Care Facilities



**Promulgated by the Board of Health and Environmental Control**

**Administered by the Division of Health Licensing**

Including Changes

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REGULATION 61- 84

STANDARDS FOR LICENSING  
COMMUNITY RESIDENTIAL CARE FACILITIES

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**REGULATION 61-84**

**STANDARDS FOR LICENSING  
COMMUNITY RESIDENTIAL CARE FACILITIES**

**SECTION 100 - DEFINITIONS AND LICENSE REQUIREMENTS**

**101. Definitions**

For the purpose of this regulation, the following definitions shall apply:

A. **Activities of Daily Living (ADL).** Those personal functions performed by an individual in the course of a day that include, but are not limited to, walking; bathing; shaving; brushing teeth; combing hair; dressing; eating; getting in or getting out of bed; toileting; ambulating; doing laundry; cleaning room; managing money; shopping; using public transportation; writing letters; making telephone calls; obtaining appointments; administration of medication; and other similar activities.

B. **Administering Medication.** The direct application of a single dose of a medication to the body of a resident by injection, ingestion, or any other means.

C. **Administrator.** The individual designated by the licensee to have the authority and responsibility to manage the facility, is in charge of all functions and activities of the facility, and is appropriately licensed as a community residential care facility administrator by the S.C. State Board of Long Term Health Care Administrators.

D. **Adult.** A person 18 years of age or older.

E. **Advanced Practice Registered Nurse.** An individual who has Official Recognition as such by the S.C. Board of Nursing.

F. **Airborne Infection Isolation (All).** A room designed to maintain Airborne Infection Isolation, formerly called a negative pressure isolation room. An Airborne Infection Isolation room is a single-occupancy resident care room used to isolate persons with suspected or confirmed infectious tuberculosis (TB) disease. Environmental factors are controlled in Airborne Infection Isolation rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. Airborne Infection Isolation rooms may provide negative pressure in the room (so that air flows under the door gap into the room), an air flow rate of six to twelve (6 to 12) air changes per hour (ACH), and direct exhaust of air from the room to the outside of the building or recirculation of air through a high efficiency particulate air (HEPA) filter.

G. **Alzheimer's Special Care Unit or Program.** A facility or area within a facility providing a secure, segregated special program or unit for residents with a diagnosis of probable Alzheimer's disease and/or related dementia to prevent or limit access by a resident outside the designated or separated areas, and that advertises, markets, or

otherwise promotes the facility as providing specialized care/services for persons with Alzheimer's disease and/or related dementia or both.

H. Annual. A time period that requires an activity to be performed at least every twelve to thirteen (12 to 13) months.

I. Architect. An individual currently registered as such by the S.C. State Board of Architectural Examiners.

J. Assessment. A procedure for determining the nature and extent of the problem(s) and needs of a potential resident/resident to ascertain if the facility can adequately address those problems, meet those needs, and to secure information for use in the development of the individual care plan. Included in the process are an evaluation of the physical, emotional, behavioral, social, spiritual, nutritional, recreational, and, when appropriate, vocational, educational, legal status/needs of a potential resident/resident. Consideration of each resident's needs, strengths, and weaknesses shall be included in the assessment.

K. Authorized Healthcare Provider. An individual authorized by law and currently licensed in S.C. to provide specific treatments, care, or services to residents. Examples of individuals who may be authorized by law to provide the aforementioned treatment/care/ services may include, but are not limited to, advanced practice registered nurses, physician's assistants.

L. Blood Assay for *Mycobacterium tuberculosis* (BAMT). A general term to refer to *in vitro* diagnostic tests that assess for the presence of tuberculosis (TB) infection with *M. tuberculosis*. This term includes, but is not limited to, IFN- $\gamma$  release assays (IGRA).

M. Boarding House. A business/entity which provides room and board to an individual(s) and which does not provide a degree of personal care to more than one individual.

N. Community Residential Care Facility (CRCF). A facility which offers room and board and which, unlike a boarding house, provides/coordinates a degree of personal care for a period of time in excess of 24 consecutive hours for two or more persons, 18 years old or older, not related to the licensee within the third degree of consanguinity. It is designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community involvement. Included in this definition is any facility (other than a hospital), which offers or represents to the public that it offers a beneficial or protected environment specifically for individuals who have mental illness or disabilities. These facilities may be referred to as "assisted living" provided they meet the above definition of community residential care facility.

O. Contact Investigation. Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection (LTBI) or TB disease, and treatment of these persons, as indicated.

P. **Controlled Substance.** A medication or other substance included in Schedule I, II, III, IV, and V of the Federal Controlled Substances Act and the South Carolina Controlled Substances Act.

Q. **Consultation.** A visit to a licensed facility by individuals authorized by the Department to provide information to facilities to enable/encourage facilities to better comply with the regulations.

R. **Dentist.** An individual currently licensed to practice dentistry by the S.C. Board of Dentistry.

S. **Dietitian.** A person who is registered by the Commission on Dietetic Registration.

T. **Department.** The S.C. Department of Health and Environmental Control (DHEC).

U. **Designee.** A staff member designated by the administrator to act on his/her behalf.

V. **Direct Care Staff Member/Direct Care Volunteer.** Those individuals who provide assistance with activities of daily living to residents.

W. **Discharge.** The point at which residence in a facility is terminated and the facility no longer maintains active responsibility for the care of the resident.

X. **Dispensing Medication.** The transfer of possession of one or more doses of a drug or device by a licensed pharmacist or person as permitted by law, to the ultimate consumer or his/her agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by a resident.

Y. **Existing Facility.** A facility which was in operation and/or one which, as approved by the Department, began the construction or renovation of a building, for the purpose of operating the facility, prior to the promulgation of this regulation. The licensing standards governing new facilities apply if and when an existing facility is not continuously operated and licensed under this regulation.

Z. **Facility.** A community residential care facility licensed by the Department.

AA. **Health Assessment.** An evaluation of the health status of a staff member/volunteer by a physician, other authorized healthcare provider, or registered nurse, pursuant to written standing orders and/or protocol approved by a physician's signature. The standing orders/ protocol shall be reviewed annually by the physician, with a copy maintained at the facility.

BB. Incident. An unusual unexpected adverse event resulting in harm, injury, or death of staff or residents, accidents, e.g., medication errors, adverse medication reactions, elopement of a resident.

CC. Individual Care Plan (ICP). A documented regimen of appropriate care/ services or written action plan prepared by the facility for each resident based on assessment data and which is to be implemented for the benefit of the resident.

DD. Initial License. A license granted to a new facility.

EE. Inspection. A visit by authorized individuals to a facility or to a proposed facility for the purpose of determining compliance with this regulation.

FF. Investigation. A visit by authorized individuals to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to this regulation.

GG. Latent TB Infection (LTBI). Infection with *M. tuberculosis*. Persons with Latent TB Infection carry the organism that causes TB but do not have TB disease, are asymptomatic, and are noninfectious. Such persons usually have a positive reaction to the tuberculin skin test and/or positive BAMT.

HH. Legend Drug.

1. A drug when, under federal law, is required, prior to being dispensed or delivered, to be labeled with any of the following statements:

a. "Caution: Federal law prohibits dispensing without prescription";

b. "Rx only" or;

2. A drug which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any drug products considered to be a public health threat, after notice and public hearing as designated by the S.C. Board of Pharmacy; or

4. Any prescribed compounded prescription drug within the meaning of the Pharmacy Act.

II. License. The authorization to operate a facility as defined in this regulation and as evidenced by a current certificate issued by the Department to a facility.

JJ. Licensed Nurse. A person to whom the S.C. Board of Nursing has issued a license as a registered nurse or licensed practical nurse.

**KK. Licensee.** The individual, corporation, organization, or public entity that has received a license to provide care/services at a facility and with whom rests the ultimate responsibility for compliance with this regulation.

**LL. Local Transportation.** The maximum travel distance the facility shall undertake, at no cost to the resident, as addressed by the resident written agreement, to secure/provide health care for residents. Local transportation shall be based on a reasonable assessment of the proximity of customary health care resources in the region, e.g., nearest hospitals, physicians and other health care providers, and appropriate consideration of resident preferences.

**MM. Medication.** A substance that has therapeutic effects, including, but not limited to, legend, nonlegend, herbal products, over-the counter, nonprescription, vitamins, and nutritional supplements, etc.

**NN. New Facility.** All buildings or portions of buildings, new and existing building(s), that are:

1. Being licensed for the first time;
2. Providing a different service that requires a change in the type of license;
3. Being licensed after the previous licensee's license has been revoked, suspended, or after the previous licensee has voluntarily surrendered the license and the facility has not continuously operated.

**OO. Nonlegend Drug.** A drug which may be sold without a prescription and which is labeled for use by the consumer in accordance with the requirements of the laws of this State and the federal government.

**PP. Peak Hours.** Those hours from 7 a.m. to 7 p.m., or as otherwise approved in writing by the Department.

**QQ. Personal Care.** The provision by the staff members/direct care volunteers of the facility of one or more of the following services, as required by the individual care plan or orders by the physician or other authorized healthcare provider or as reasonably requested by the resident, including:

1. Assisting and/or directing the resident with activities of daily living;
2. Being aware of the resident's general whereabouts, although the resident may travel independently in the community;
3. Monitoring of the activities of the resident while on the premises of the residence to ensure his/her health, safety, and well-being.

**RR. Personal Monies.** All monies which are available to the resident for his/her personal use, including family donations.

**SS. Pharmacist.** An individual currently registered as such by the S.C. Board of Pharmacy.

**TT. Physical Examination.** An examination of a resident by a physician or other authorized healthcare provider which addresses those issues identified in Section 1101 of this regulation.

**UU. Physician.** An individual currently licensed to practice medicine by the S.C. Board of Medical Examiners.

**VV. Physician's Assistant.** An individual currently licensed as such by the S.C. Board of Medical Examiners.

**WW. Private Sitter.** A private contractor not associated with or employed by the facility with whom the resident or the resident's responsible party contracts to provide sitter or companion services.

**XX. Quality Improvement Program.** The process used by a facility to examine its methods and practices of providing care/services, identify the ways to improve its performance, and take actions that result in higher quality of care/services for the facility's residents.

**YY. Quarterly.** A time period that requires an activity to be performed at least four (4) times a year within intervals ranging from eighty-one to ninety-nine (81 to 99) days.

**ZZ. Ramp.** An inclined accessible route that facilitates entrance to or egress from or within a facility.

**AAA. Related/Relative.** This degree of kinship is considered "within the third degree of consanguinity," *e.g.*, a spouse, son, daughter, sister, brother, parent, aunt, uncle, niece, nephew, grandparent, great-grandparent, grandchild, or great-grandchild.

**BBB. Repeat Violation.** The recurrence of a violation cited under the same section of the regulation within a 36-month period. The time-period determinant of repeat violation status is applicable in instances when there are ownership changes.

**CCC. Resident.** Any individual, other than staff members/volunteers or owner and their family members, who resides in a facility.

**DDD. Resident Room.** An area enclosed by four ceiling high walls that can house one or more residents of the facility.

**EEE. Respite Care.** Short-term care (a period of six weeks or less) provided to an individual to relieve the family members or other persons caring for the individual.

**FFF. Responsible Party.** A person who is authorized by law to make decisions on behalf of a resident, to include, but not be limited to, a court-appointed guardian (or

legal guardian as referred to in the Resident's Bill of Rights) or conservator, or health care or other durable power of attorney.

GGG. Restraint. A device which inhibits the movement of a resident, e.g., posey vest, geri-chair.

HHH. Revocation of License. An action by the Department to cancel or annul a facility license by recalling, withdrawing, or rescinding its authority to operate.

III. Risk Assessment. An initial and ongoing evaluation of the risk for transmission of *M. tuberculosis* in a particular healthcare setting. To perform a risk assessment, the following factors shall be considered: the community rate of TB, number of TB patients encountered in the setting, and the speed with which patients with TB disease are suspected, isolated, and evaluated. The TB risk assessment determines the types of administrative and environmental controls and respiratory protection needed for a setting.

JJJ. Sponsor. The public agency or individual involved in one or more of the following: protective custody authorized by law, placement, providing ongoing services, or assisting in providing services to a resident(s) consistent with the wishes of the resident or responsible party or specific administrative or court order.

KKK. Staff Member. An adult, to include the administrator, who is a compensated employee of the facility on either a full or part-time basis.

LLL. Suspend License. An action by the Department requiring a facility to cease operations for a period of time or to require a facility to cease admitting residents, until such time as the Department rescinds that restriction.

MMM. Volunteer. An adult who performs tasks at the facility at the direction of the administrator without compensation.

## 102. References

A. The following Departmental publications are referenced in these regulations:

1. R.61-20, Communicable Diseases;
2. R.61-25, Retail Food Establishments;
3. R.61-51, Public Swimming Pools;
4. R.61-58, State Primary Drinking Water Regulations;
5. R.61-67, Standards for Wastewater Facility Construction;
6. R.61-105, S.C. Infectious Waste Management Regulations;

7. S.C. Guidelines for Prevention and Control of Antibiotic Resistant Organisms.

B. The following non-Departmental publications are referenced within this regulation:

1. Standard Building Code;
2. National Fire Protection Association (NFPA) 101, Life Safety Code, and other NFPA standards, as applicable;
3. National Electrical Code;
4. Standard Plumbing Code;
5. Standard Mechanical Code;
6. Standard Gas Code;
7. State Fire Marshal Regulations;
8. American National Standards Institute (ANSI) 117.1, Specifications for Making Building and Facilities Accessible to and Useable by the Physically Handicapped;
9. Underwriters Laboratories - Fire Resistance Directory;
10. Underwriters Laboratories - Building Materials List;
11. Occupational Safety and Health Act of 1970 (OSHA);
12. Omnibus Adult Protection Act;
13. Alzheimer's Special Care Disclosure Act;
14. Food and Nutrition Board of the National Research Council, National Academy of Sciences;
15. National Sanitation Federation;
16. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, December 30, 2005;
17. U.S. Pharmacopoeia.

C. The Department shall enforce new laws that may change the above-noted standards and at its discretion adopt revisions to the above noted references.

### **103. License Requirements (II)**

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise/market) as a community residential care facility/assisted living facility in S.C. without first obtaining a license from the Department. Admission of residents prior to the effective date of licensure is a violation of Section 44-7-260(A)(6) of the S.C. Code of Laws, 1976, as amended. When it has been determined by the Department that room, board, and a degree of personal care to two or more adults unrelated to the owner is being provided at a location, and the owner has not been issued a license from the Department to provide such care, the owner shall cease operation immediately and ensure the safety, health, and well-being of the occupants. Current/previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the facility or the licensing of any other facility, or addition to an existing facility which is owned/operated by the licensee. The facility shall provide only the care/services it is licensed to provide pursuant to the definitions in Sections 101. N and 101.QQ of this regulation. (I)

B. Compliance. An initial license shall not be issued to a proposed facility that has not been previously and continuously licensed under Department regulations until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing standards. In the event a licensee who already has a facility/activity licensed by the Department makes application for another facility or increase in licensed bed capacity, the currently licensed facility/activity shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility or amended license to the existing facility. A copy of the licensing standards shall be maintained at the facility and accessible to all staff members/volunteers. Facilities shall comply with applicable local, state, and federal laws, codes, and regulations.

C. Compliance with Structural Standards. Facilities licensed at the time of promulgation of this regulation (existing facilities), and proposed facilities for which the licensee has received written approval from the Department to construct the proposed facility:

1. Shall be allowed to continue utilizing the previously-licensed structure without modification. Facilities are not required to modify square footage of resident rooms, sitting areas, and maximum number of beds in resident rooms, or provide a private resident room except that facilities that have resident rooms with five or more licensed beds shall reduce the maximum number of beds per room to no more than four within 12 months from the date of promulgation of this regulation.

2. Shall comply with the remainder of the standards within this regulation.

D. Licensed Bed Capacity. No facility that has been authorized to provide a set number of licensed beds, as identified on the face of the license, shall exceed the bed capacity. No facility shall establish new care/services or occupy additional beds or renovated space without first obtaining authorization from the Department. Beds for use

of staff members/volunteers are not included in the licensed bed capacity number, provided such beds and locations are so identified and used exclusively by staff members/volunteers. (l)

E. Persons Received in Excess of Licensed Bed Capacity. No facility shall receive for care or services persons in excess of the licensed bed capacity, except in cases of justified emergencies. (l)

**EXCEPTION:** In the event that the facility temporarily provides shelter for evacuees who have been displaced due to a disaster, then for the duration of that emergency, provided the health, safety, and well-being of all residents are not compromised, it is permissible to temporarily exceed the licensed capacity for the facility in order to accommodate these individuals (See Section 606).

F. Living Quarters for Staff Members. In addition to residents, only staff members, volunteers, or owners of the facility and members of the owner's immediate family may reside in facilities licensed under this regulation. Resident rooms shall not be utilized by any individuals other than facility residents, nor shall bedrooms of staff members/family members of the owner or the licensee be utilized by residents. Staff members/family members of the owner or licensee/volunteers shall not use resident living rooms, recreational areas or dining rooms unless they are on duty.

#### G. Issuance and Terms of License.

1. A license is issued by the Department and shall be posted in a conspicuous place in a public area within the facility.

2. The issuance of a license does not guarantee adequacy of individual care, services, personal safety, fire safety, or the well-being of any resident or occupant of a facility.

3. A license is not assignable or transferable and is subject to revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this State.

4. A license shall be effective for a specified facility, at a specific location(s), for a specified period following the date of issue as determined by the Department. A license shall remain in effect until the Department notifies the licensee of a change in that status.

5. Facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, *e.g.*, interstate highways, shall not be considered as dividing otherwise adjoining or contiguous property.

6. Separate licenses are not required, but may be issued, for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

7. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity.

8. Facilities may furnish respite care provided compliance with the standards of this regulation is met.

H. Facility Name. No proposed facility shall be named nor shall any existing facility have its name changed to the same or similar name as any other facility licensed in S.C. The Department shall determine if names are similar. If the facility is part of a "chain operation" it shall then have the geographic area in which it is located as part of its name.

I. Application. Applicants for a license shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application includes both the applicant's oath assuring that the contents of the application are accurate/true, and that the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; in the case of a corporation, by two of its officers; or in the case of a governmental unit, by the head of the governmental department having jurisdiction. The application shall set forth the full name and address of the facility for which the license is sought and of the owner in the event his/her address is different from that of the facility, the names of the persons in control of the facility. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Corporations or limited partnerships, limited liability companies or any other organized business entity must be registered with the S. C. Office of the Secretary of State if required to do so by S. C. state law.

J. Licensing Fees. The annual license fee shall be \$10.00 per licensed bed, or \$75.00 whichever is greater. Such fee shall be made payable by check or credit card to the Department and is not refundable. Fees for additional beds shall be prorated based upon the remaining months of the licensure year. If the application is denied, a portion of the fee may be refunded based upon the remaining months of the licensure year, or \$75.00 whichever is lesser.

K. Late Fee. Failure to submit a renewal application or fee 30 days or more after the license expiration date may result in a late fee of \$75.00 or 25% of the licensing fee amount, whichever is greater, in addition to the licensing fee. Continual failure to submit completed and accurate renewal applications and/or fees by the time-period specified by the Department may result in an enforcement action.

L. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a license fee, and shall not be undergoing enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license shall be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable.

**M. Change of License.**

1. A facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

- a. Change of ownership;
- b. Change of licensed bed capacity;
- c. Change of facility location from one geographic site to another.

2. Changes in facility name or address (as notified by the post office) shall be accomplished by application or by letter from the licensee.

N. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where it is determined that the health, safety, and wellbeing of the residents are not compromised, and provided the standard is not specifically required by statute.

**SECTION 200 - ENFORCING REGULATIONS**

**201. General**

The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding a proposed or licensed facility in order to enforce this regulation.

**202. Inspections/Investigations**

A. Inspections by the Department shall be conducted prior to initial licensing of a facility and subsequent inspections conducted as deemed appropriate by the Department. (l)

B. All facilities are subject to inspection/investigation at any time without prior notice by individuals authorized by S.C. Code of Laws. When staff members/volunteers/residents are absent, the facility shall provide information to those seeking legitimate access to the facility, including visitors, as to the expected return of staff members/volunteers/residents. (l)

C. Individuals authorized by S.C. law shall be granted access to all properties and areas, objects, and records in a timely manner, and have the authority to require the facility to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings. Physical area of inspections shall be determined by the extent to which there is potential impact/affect upon residents as determined by the inspector, e.g., flammable liquids unsecured in a staff member's bedroom, attic, or basement. (l)

D. When there is noncompliance with the licensing standards, the facility shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection/ investigation. The written plan of correction shall describe: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar);
3. The actual or expected completion dates of those actions.

E. A copy of the most recent report of the resident care focused inspection and the most recent general inspection conducted by the Department, including the facility response, shall be available in a conspicuous place in a public area within the facility with the redaction of the names of those individuals in the report as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.

### **203. Consultations**

Consultations shall be provided by the Department as requested by the facility or as deemed appropriate by the Department.

## **SECTION 300 - ENFORCEMENT ACTIONS**

### **301. General**

When the Department determines that a facility is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such facility, the Department, upon proper notice to the licensee, may impose a monetary penalty, deny, suspend, or revoke licenses.

### **302. Violation Classifications**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety or well-being of persons in

the facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

D. The notations, "(I)" or "(II)" placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In determining an enforcement action the Department shall consider the following factors:

1. Specific conditions and their impact or potential impact on health, safety or well-being of the residents including: deficiencies in medication management, such as evidence that residents are not routinely receiving their prescribed medications; serious waste water problems, such as toilets not operating or open sewage covering the grounds; housekeeping/maintenance/fire and life safety-related problems that pose a health threat to the residents; power/water/gas or other utility and/or service outages; residents exposed to air temperature extremes that jeopardize their health; unsafe condition of the building/structure such as a roof in danger of collapse; indictment of an administrator for malfeasance or a felony, which by its nature, such as drug dealing, indicates a threat to the residents; direct evidence of abuse, neglect, or exploitation; lack of food or evidence that the residents are not being fed properly; no staff available at the facility with residents present; unsafe procedures/treatment being practiced by staff; (I)

2. Repeated failure of the licensee/facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services. (II)

3. Efforts by the facility to correct cited violations;

4. Overall conditions of the facility;

5. History of compliance; and

6. Any other pertinent conditions that may be applicable to current statutes and regulations.

F. When imposing a monetary penalty, the Department may invoke S.C. Code Ann. Section 44-7-320 (C) (1976, as amended) to determine the dollar amount or may utilize the following schedule:

**Frequency of violation  
of standard within a  
36-month period:**

**MONETARY PENALTY RANGES**

<b>FREQUENCY</b>	<b>CLASS I</b>	<b>CLASS II</b>	<b>CLASS III</b>
1 <sup>st</sup>	\$ 500 - 1500	\$ 300 - 800	\$100 - 300
2 <sup>nd</sup>	1000 - 3000	500 - 1500	300 - 800
3 <sup>rd</sup>	2000 - 5000	1000 - 3000	500 - 1500
4 <sup>th</sup>	5000	2000 - 5000	1000 - 3000
5 <sup>th</sup>	5000	5000	2000 - 5000
6 <sup>th</sup>	5000	5000	5000

G. Any Department decision involving the issuance, denial, renewal, suspension, or revocation of a license and/or the imposition of monetary penalties where an enforcement order has been issued may be appealed by an affected person with standing pursuant to applicable law, including S.C. Code Title 44, Chapter 1 and Title 1, Chapter 23.

**SECTION 400 - POLICIES AND PROCEDURES**

**401. General (II)**

A. Written policies and procedures addressing each section of this regulation regarding resident care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. The policies and procedures shall address the provision of any special care offered by the facility which would include how the facility shall meet the specialized needs of the affected residents such as Alzheimer's disease and/or related dementia, physically/developmentally disabled, in accordance with any laws which pertain to that service offered, e.g., Alzheimer's Special Care Disclosure Act. Facilities shall establish a time-period for review of all policies and procedures. These policies and procedures shall be accessible at all times and a hard copy shall be available or be readily accessible.

B. The policies and procedures shall describe the means by which the facility shall assure that the standards described in this regulation, which the licensee has agreed to meet, as confirmed by application for licensing, are met.

**SECTION 500 - STAFF/TRAINING**

**501. General (II)**

A. Appropriate staff members/volunteers in numbers and training shall be provided to perform those duties that result in compliance to the regulation, to suit the needs and condition of the residents, and meet the demands of effective emergency on-site action that might arise. The facility may elect to not allow volunteers to work in the facility. Training requirements/qualifications for the tasks each performs shall be in compliance with all local, state, and federal laws, and current professional organizational standards. (l)

B. Staff members/direct care volunteers/private sitters of the facility shall not have a prior conviction or pled no contest (*nolo contendere*) to abuse, neglect, or exploitation of a child or a vulnerable adult as defined in S.C. Code Ann. Section 43-35-10, *et seq.* (1976, as amended). (l)

C. Staff members/volunteers shall be provided the necessary training to perform the duties for which they are responsible in an effective manner. (l)

D. No supervision/care/services shall be provided to individuals who are not residents of the facility other than children of owners of the facility who are residing in the facility. Minimum staffing requirements shall be applied in instances where children of owners reside in the facility, *i.e.*, children of owners shall be considered as residents in the staff/resident ratio. (l)

E. Staff members/volunteers shall have at least the following qualifications: (l)

1. Capable of rendering care/services to residents in an understanding and sympathetic manner;

2. Sufficient education to be able to perform their duties, and to speak, read, and write English;

3. Demonstrate a working knowledge of regulations.

F. There shall be accurate information maintained regarding all staff members/volunteers of the facility, to include at least current address, phone number, and health and personal/work/training background, as well as current information. All staff members/volunteers shall be assigned certain duties and responsibilities which shall be in writing and in accordance with the individual's capability.

G. When a facility engages a source other than the facility to provide services, normally provided by the facility, *e.g.*, staffing, training, recreation, food service, professional consultant, maintenance, transportation, there shall be a written agreement with the source that describes how and when the services are to be provided, the exact services to be provided, and that these services are to be provided by qualified individuals. The source shall comply with this regulation in regard to resident care, services, and rights.

## **502. Administrator (II)**

A. The facility administrator shall be licensed as a CRCF administrator in accordance with S.C. Code Ann. Section 40-35-30 (1976, as amended). In addition, all other applicable provisions of Title 40, Chapter 35, S.C. Code of Laws 1976, as amended, shall be followed.

B. The administrator shall exercise judgement that reflects that s/he is mentally and emotionally capable of meeting the responsibilities involved in operating a facility to ensure that it is in compliance with these regulations, and shall demonstrate adequate knowledge of these regulations.

C. A staff member shall be designated in writing to act in the absence of the administrator, *e.g.*, a listing of the lines of authority by position title, including the names of the persons filling these positions.

### **503. Staffing (I)**

A. There shall be a staff member actively on duty at all times that the facility is occupied by residents and immediately accessible to all residents to whom the residents can report injuries, symptoms of illness, or emergencies, and who is responsible for assuring that appropriate action is taken promptly. This responsible staff member is defined as an adult, who through training or work experience, is capable of recognizing and reporting significant changes in the physical or mental condition of each resident.

B. The number and qualifications of staff members/volunteers shall be determined by the number and condition of the residents. There shall be sufficient staff members/volunteers to provide supervision, direct care and basic services for residents, *e.g.*, those with Alzheimer's disease and/or related dementia or in an Alzheimer's special care unit or program. The minimum number of staff members/volunteers that shall be maintained in all facilities:

1. In each building, there shall be at least one staff member/volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.

2. In each building, during nighttime (non-peak) hours, there shall be at least one staff member/volunteer on duty for each 30 residents or fraction thereof. In buildings housing more than eight residents, a staff member/volunteer shall be awake and dressed. Staff member(s)/volunteer(s) shall be able to appropriately respond to resident needs during nighttime hours. Should there be any residents whose cognitive/physical impairments prevent them from safely evacuating the facility independently, a staff member/volunteer shall be awake and dressed during nighttime hours, regardless of the resident number.

3. In facilities that are licensed for more than 10 beds, and the facility is of multi-floor design, there shall be a staff member available on the floor at all times residents are present on that floor.

C. Additional staff members shall be provided if it is determined by the Department that the minimum staff requirements are inadequate to provide appropriate care,

services and supervision to the residents of a facility, *e.g.*, to ensure a resident's personal safety when safety precautions are needed until the resident is assessed by a physician or other authorized healthcare provider for relocation to a higher level of care and subsequently relocated to an appropriate facility.

#### **504. Inservice Training (I)**

A. Documentation of all inservice training shall be signed and dated by both the individual providing the training and the individual receiving the training. The following training shall be provided by appropriate resources, *e.g.*, licensed/registered persons, video tapes, books, *etc.*, to all staff members/direct care volunteers and private sitters in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, *e.g.*, cardiopulmonary resuscitation (CPR):

1. Basic first-aid to include emergency procedures as well as procedures to manage/care for minor accidents or injuries;
2. Procedures for checking and recording vital signs (for designated staff members only);
3. Management/care of persons with contagious and/or communicable disease, *e.g.*, hepatitis, tuberculosis, HIV infection;
4. Medication management including storage, administration, receiving orders, securing medications, interactions, and adverse reactions;
5. Depending on the type of residents, care of persons specific to the physical/mental condition being cared for in the facility, *e.g.*, Alzheimer's Disease and/or related dementia, cognitive disability, *etc.*, to include communication techniques (cueing and mirroring), understanding and coping with behaviors, safety, activities, *etc.*;
6. Use of restraints in accordance with the provisions of Section 905 (for designated staff members only);
7. OSHA standards regarding blood-borne pathogens;
8. Cardiopulmonary resuscitation for designated staff members/volunteers to insure that there is a certified staff member/volunteer present whenever residents are in the facility;
9. Confidentiality of resident information and records and the protecting of resident rights (review of Bill of Rights for Long-Term Care Facilities (Resident's Bill of Rights), *etc.*);
10. Fire response training within 24 hours of their first day on the job in the facility (See Section 1503);

11. Emergency procedures/disaster preparedness within 24 hours of their first day on the job in the facility (See Section 1400).

B. At least one staff person shall be trained and responsible for providing/ coordinating recreational activities for the residents and shall receive appropriate training prior to contact with residents and at least annually thereafter. Documentation of staff training for providing/coordinating recreational activities shall be maintained.

C. Job Orientation. All new staff members/volunteers shall be oriented to acquaint them with the organization and environment of the facility, specific duties and responsibilities of staff members/ volunteers, and residents' needs.

#### **505. Health Status (I)**

A. All staff members/direct care volunteers who have contact with residents, including food service staff members/volunteers, shall have a health assessment within 12 months prior to initial resident contact. The health assessment shall include tuberculin skin testing as described in Section 1702.

B. If a staff member/direct care volunteer is working at multiple facilities operated by the same licensee, copies of records for tuberculin skin testing and the pre-employment health assessment shall be acceptable at each facility. For any other staff member/direct care volunteer, a copy of the tuberculin skin testing shall be acceptable provided the test had been completed within three months prior to resident contact.

#### **Section 506. Private Sitters (II)**

A. Unless the written agreement (See Section 901.A) between a resident and the facility prohibits the use of private sitters, the facility shall establish a formalized private sitter program directed by a facility staff member so that residents or their responsible party may contract for sitter services.

1. The facility shall assure that private sitters have been chosen in accordance with the Residents Bill of Rights.

2. Facilities allowing the use of private sitters shall establish written policies and procedures for private sitters that include an orientation to the facility consisting, at least, of the following:

- a. Residents' rights;
- b. Confidentiality;
- c. Disaster preparedness;
- d. Emergency response procedures;
- e. Safety procedures and precautions; and

f. Infection control.

3. There shall be accurate current information maintained regarding private sitters including:

a. Name, address and telephone number;

b. Documentation of orientation to the facility, including residents' rights, regulation compliance, policies and procedures, training, and duties;

c. Date of initial resident contact may be maintained by the facility, if applicable.

B. The facility shall maintain the following documentation regarding private sitters:

1. A health assessment (in accordance with Section 505.A) within twelve (12) months prior to initial resident contact or his or her first day working as a private sitter;

2. A criminal record check (See Section 501.B.) completed prior to working as a private sitter;

3. Determination of TB status (See Section 1702.D.) prior to initial resident contact or his or her first day working as a private sitter.

C. Private sitters shall not be included in the minimum staffing requirements of Section 503.B.

D. Private sitters shall sign in and sign out with facility staff upon entering or leaving the facility. Private sitters shall display identification in accordance with facility policies and procedures that is visible at all times while on duty.

## **SECTION 600 - REPORTING**

### **601. Incidents**

A. A record of each incident and/or accident, including usage of mechanical/physical restraints, involving residents, staff members, or volunteers, occurring in the facility or on the facility grounds, shall be documented, reviewed, investigated, and if necessary, evaluated in accordance with facility policies and procedures, and retained.

B. Serious incidents and/or medical conditions as defined in Section 601.C and any sudden or unexpected illness or medication administration error resulting in death or inpatient hospitalization shall be reported immediately via telephone to the attending physician, the resident's next-of-kin or responsible party, and the sponsoring agency.

C. A serious incident is one that results in death or a significant loss of function or damage to a body structure, not related to the natural course of a resident's illness or

underlying condition or normal course of treatment, and resulting from an incident occurring within the facility or on the facility grounds. A serious incident shall be considered as, but is not limited to:

1. Falls or trauma resulting in fractures of major limbs or joints;
2. Resident suicides;
3. Medication errors;
4. Criminal events or assaults against residents;
5. Medical equipment errors; or,
6. Resident neglect or exploitation, suspected or confirmed resident abuse.

D. The Department's Division of Health Licensing shall be notified in writing within ten (10) days of the occurrence of a serious incident.

E. Reports submitted to the Department shall contain at a minimum: facility name, resident age and sex, date of incident, location, witness names, extent and type of injury and how treated, *e.g.*, hospitalization, identified cause of incident, internal investigation results if cause unknown, identity of other agencies notified of incident and the date of the report.

F. Incidents where residents have left the premises without notice to staff members of intent to leave and have not returned to the facility within twenty-four (24) hours shall be reported to the administrator or his or her designee, local law enforcement, and the resident's responsible party, when appropriate. The Division of Health Licensing shall be notified in writing not later than ten (10) days of the occurrence. When residents who are cognitively impaired leave the premises without notice to staff members, regardless of the time-period of departure, the administrator or his or her designee, local law enforcement, next-of-kin, and sponsoring agency shall be contacted immediately by telephone or facsimile. DHL shall be notified not later than ten (10) days of the occurrence.

G. Medication errors and adverse medication reactions shall be reported immediately after discovery to the prescriber and other staff in accordance with facility policies and procedures.

H. Changes in a resident's condition, to the extent that serious health concerns, *e.g.*, heart attack, are evident, shall be reported to the attending physician and the next-of-kin or responsible party in a timely manner, consistent with the severity or urgency of the condition in accordance with facility policies and procedures. (I)

I. Abuse and suspected abuse, neglect, or exploitation of residents shall be reported to the South Carolina Long-Term Care Ombudsman Program in accordance with S.C. Code of Law Section 43-35-25 (1976, as amended).

## **602. Fire/Disasters (II)**

A. DHL shall be notified immediately via telephone or fax regarding any fire in the facility, and followed by a complete written report to include fire department reports, if any, to be submitted within a time-period determined by the facility, but not to exceed 72 hours from the occurrence of the fire.

B. Any natural disaster or fire, which requires displacement of the residents, or jeopardizes or potentially jeopardizes the safety of the residents, shall be reported to DHL via telephone/fax immediately, with a complete written report which includes the fire department report from the local fire department, if appropriate, submitted within a time-period as determined by the facility, but not to exceed 72 hours.

## **603. Communicable Diseases and Animal Bites (I)**

All cases of diseases and animal bites which are required to be reported to the appropriate county health department shall be accomplished in accordance with R.61-20.

## **604. Administrator Change**

DHL shall be notified in writing by the licensee within ten (10) days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual, the effective date of the appointment, and a copy of the administrator's license and the hours each day that the newly-appointed individual will be working as the administrator of the facility.

## **605. Accounting of Controlled Substances (II)**

Any facility registered with the Department's Bureau of Drug Control and the United States Drug Enforcement Agency shall report any theft or loss of controlled substances to local law enforcement and to the Department's Bureau of Drug Control upon discovery of the loss/theft.

## **606. Emergency Placements**

In instances where evacuees have been relocated to the facility, DHL shall be notified not later than the following workday of the names of the individuals received.

## **607. Facility Closure**

A. Prior to the permanent closure of a facility, DHL shall be notified in writing of the intent to close and the effective closure date. Within 10 days of the closure, the facility shall notify DHL of the provisions for the maintenance of the records, the identification of those residents displaced, the relocated site, and the dates and amounts of resident refunds. On the date of closure, the license shall be returned to DHL.

B. In instances where a facility temporarily closes, DHL shall be given written notice within a reasonable time in advance of closure. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the location where the residents have been/will be transferred, the manner in which the records are being stored, and the anticipated date for reopening. The Department shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards of the facility prior to its reopening. If the facility is closed for a period longer than one year, and there is a desire to re-open, the facility shall re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

### **608. Zero Census**

In instances when there have been no residents in a facility for any reason for a period of 90 days or more, the facility shall notify DHL in writing that there have been no admissions, no later than the 100<sup>th</sup> day following the date of departure of the last active resident. At the time of that notification, DHL shall consider, upon appropriate review of the situation, the necessity of inspecting the facility prior to any new and/or re-admissions to the facility. If the facility has no residents for a period longer than one year, and there is a desire to admit a resident, the facility shall re-apply to the DHL for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

## **SECTION 700 - RESIDENT RECORDS**

### **701. Content (II)**

A. The facility shall initiate and maintain an organized record for each resident. The record shall contain sufficient documented information to identify the resident and the agency and/or person responsible for each resident; support the diagnosis, secure the appropriate care/services (as needed); justify the care/services provided to include the course-of-action taken and results; the symptoms or other indications of sickness or injury; changes in physical/mental condition; the response/reaction to care, medication, and diet provided; and promote continuity of care among providers, consistent with acceptable standards of practice. All entries shall be written legibly in ink or typed, and signed, and dated.

B. Specific entries/documentation shall include at a minimum:

1. Consultations by physicians or other authorized healthcare providers;
2. Orders and recommendations for all medication, care, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted. Verbal orders received shall include the time of receipt of the order, description of the order, and identification of the individual receiving the order;

3. Care/services provided;

4. Medications administered and procedures followed if an error is made;

5. Special procedures and preventive measures performed;

6. Notes of observation. In instances that involve significant changes in a resident's medical condition and/or the occurrence of a serious incident, notes of observation shall be documented at least daily until the condition is stabilized and/or the incident is resolved. In all other instances, notes of observation for residents shall be documented at least monthly;

7. Time and circumstances of discharge or transfer, including condition at discharge or transfer, or death;

8. Provisions for routine and emergency medical care, to include the name and telephone number of the resident's physician, plan for payment, and plan for securing medications;

9. Special information, *e.g.*, do-not-resuscitate orders, allergies, etc.;

10. Photograph of resident. Resident photographs shall be at a minimum two and one half inches by three and one half inches (2 ½ by 3 ½ inches) in size, dated and no more than twenty-four (24) months old unless significant changes in appearance have occurred necessitating a more recent photograph.

## **702. Assessment (II)**

A written assessment of the resident in accordance with Section 101.J. shall be conducted by a direct care staff member as evidenced by his or her signature within a time-period determined by the facility, but no later than 72 hours after admission.

## **703. Individual Care Plan (II)**

A. The facility shall develop an ICP with participation by, as evidenced by their signatures, the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, within seven days of admission. The ICP shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually by the above-appropriate individuals.

B. The ICP shall describe:

1. The needs of the resident, including the activities of daily living for which the resident requires assistance, *i.e.*, what assistance, how much, who will provide the assistance, how often, and when;

2. Requirements and arrangements for visits by or to physicians or other authorized health providers;

3. Advanced care directives/healthcare power-of-attorney, as applicable;
4. Recreational and social activities which are suitable, desirable, and important to the well-being of the resident;
5. Dietary needs.

C. The ICP shall delineate the responsibilities of the sponsor and of the facility in meeting the needs of the resident, including provisions for the sponsor to monitor the care and the effectiveness of the facility in meeting those needs. Included shall be specific goal-related objectives based on the needs of the resident as identified during the assessment phase, including adjunct support service needs, other special needs, and the methods for achieving objectives and meeting needs in measurable terms with expected achievement dates.

#### **704. Record Maintenance**

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the protection and storage of resident records.

B. When a resident is transferred from one facility to another, a transfer summary to include at a minimum, a copy of the ICP and medication administration record (MAR), shall be forwarded to the receiving facility at the time of transfer or immediately after the transfer if the transfer is of an emergency nature. (I)

C. The resident record is confidential and shall be made available only to individuals authorized by the facility and/or the S.C. Code of Laws. (II)

D. Records generated by organizations/individuals contracted by the facility for care/services shall be maintained by the facility that has admitted the resident.

E. The facility shall determine the medium in which information is stored.

F. Upon discharge of a resident, the record shall be completed within 30 days, and filed in an inactive/closed file maintained by the licensee. Prior to the closing of a facility for any reason, the licensee shall arrange for preservation of records to ensure compliance with these regulations. The licensee shall notify DHL, in writing, describing these arrangements and the location of the records.

G. Records of residents shall be maintained for at least six years following the discharge of the resident. Other regulation-required documents, *e.g.*, fire drills, activity schedules, etc., shall be retained at least 12 months or since the last DHL general inspection, whichever is the longer period.

H. Records of residents are the property of the facility and shall not be removed without court order.

**EXCEPTION:** When a resident moves from one licensed facility to another within the same provider network (same licensee), the original record may follow the resident; the sending facility shall maintain documentation of the resident's transfer/discharge date and identification information. In the event of change of ownership, all active resident records or copies of active resident records shall be transferred to the new owner(s).

## **SECTION 800 - ADMISSION/RETENTION**

### **801. General (I)**

A. Individuals seeking admission shall be identified as appropriate for the level of care, services, or assistance offered. The facility shall establish admission criteria that are consistently applied and comply with local, state, and federal laws and regulations.

B. The facility shall admit and retain only those persons appropriate for placement in a CRCF in compliance with the standards of this regulation.

C. Persons not eligible for admission/retention are:

1. Any person who is likely to endanger him/herself or others as determined by a physician or other authorized healthcare provider;
2. Any person other than an adult; (II)
3. Any person needing hospitalization or nursing home care;
4. Anyone needing the continuous daily attention of a licensed nurse. Nursing care may be furnished to residents in need of short-term intermittent nursing care (no more than fourteen (14) consecutive days) while convalescing from illness or injury, provided the nursing services, e.g., the utilization of a home health nurse for sterile dressing changes or for observation related to a surgical site, are furnished by a licensed nurse facility staff member or a home health nurse.
5. Any person who requires one of the following nursing services determined by the South Carolina Board of Nursing to require the skills of a licensed nurse for no more than fourteen (14) consecutive days:
  - a. Daily skilled monitoring/observation (except as permitted for no more than fourteen (14) consecutive days) due to an unstable or complex medical condition, e.g., brittle diabetes, dialysis patients with complications such as infections in the blood;
  - b. Serious aggressive, violent or socially inappropriate behavioral symptoms which cannot be controlled or improved in the facility;
  - c. Medications that require frequent dosage adjustment, regulation and/or monitoring, e.g., diabetics receiving sliding scale insulin;

d. Intravenous medications or fluids, regular intra-muscular and subcutaneous injections by staff. This does not include injections administered on a part-time or intermittent basis by non-staff licensed nurses. Routine injection(s) of insulin scheduled daily or less frequently are permitted;

e. Care of urinary catheter that cannot be managed independently by the resident;

f. Treatment of stage 2, 3 or 4 decubitus ulcers, or multiple pressure sores or other widespread skin disorder (important considerations include: signs of infection, full thickness tissue loss, or requirement of sterile technique);

g. Nasogastric tube feeding or having to be fed by a syringe or straw due to difficulties in swallowing. Gastronomy tube feedings that cannot be managed independently by the resident;

h. Suctioning of the nose and/or mouth;

i. Tracheostomy or sterile care of the tracheostomy that cannot be managed independently by the resident;

j. Receiving oxygen for the first time, which requires adjustment and evaluation of oxygen concentration;

k. Dependency in all activities of daily living for more than fourteen (14) consecutive days, *e.g.*, bedridden; incapable of locomotion; unable to transfer; totally incontinent of urinary and/or bowel function; must be totally bathed and dressed and toileted and needs extensive assistance to eat. The facility should develop a transfer plan by the tenth (10<sup>th</sup>) day of total dependency for transfer on the fifteenth (15<sup>th</sup>) day if the resident is not improving; or

l. Sterile dressing changes. Licensed staff nurses or home health nurses may perform these changes for no more than fourteen (14) consecutive days before discharge is appropriate.

6. Anyone not meeting facility requirements for admission; the facility may determine who is eligible for admission and retention in its policies, provided compliance with local, state, and federal laws and regulations is accomplished.

D. Residents whose condition changes to a degree that nursing home care or the daily attention of a nurse may be required, or have a contagious disease, shall be examined by a physician or other authorized healthcare provider regarding the possible necessity for transfer to a facility where the resident's eligibility for admission is appropriate.

E. When the provision of care/services in the facility, combined with other appropriately licensed services, in accordance with facility policy, *e.g.*, hospice, home health, as may be ordered by a physician or other authorized healthcare provider, does

not meet the needs of the resident, or if any resident becomes in need of continuous medical or nursing supervision, or if the facility does not have the capability to provide necessary care/services, the resident shall be transferred within 30 days to a location which shall meet those needs. The administrator shall coordinate this transfer with the resident, next-of-kin/responsible party, and sponsor.

## **SECTION 900 - RESIDENT CARE/SERVICES**

### **901. General**

A. There shall be a written agreement between the resident, and/or his/her responsible party, and the facility. The agreement shall include at least the following:

1. An explanation of the specific care/services/equipment provided by the facility, *e.g.*, administration of medication, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility;
2. Disclosure of fees for all care/services/equipment provided;
3. Advance notice requirements to change fee amount;
4. Refund policy to include when monies are to be forwarded to resident upon discharge/transfer/relocation;
5. The date a resident is to receive his/her personal needs allowance;
6. Transportation policy;
7. Discharge/transfer provisions to include the conditions under which the resident may be discharged and the agreement terminated, and the disposition of personal belongings;
8. Documentation of the explanation of the Resident's Bill of Rights and the grievance procedure. (II)

B. Residents shall receive care, including diet, services, *i.e.*, routine and emergency medical care, podiatry care, dental care, counseling and medications, as ordered by a physician or other authorized healthcare provider. Such care shall be provided and coordinated among those responsible during the process of providing such care/services and modified as warranted based upon any changing needs of the resident. Such care and services shall be detailed in the ICP. (I)

C. Care/services shall be rendered effectively and safely in accordance with orders from physicians or other authorized healthcare providers, and precautions taken for residents with special conditions, *e.g.*, pacemakers, wheelchairs, Alzheimer's disease and/or related dementia, etc. Appropriate assistance in activities of daily living shall be provided to residents, as needed. Each facility is required to provide only those activities of daily living and only to the acuity levels which are specifically designated in

the written agreement between the resident, and/or his/her responsible party/guardian, and the facility. (I)

D. Residents shall be neat, clean, appropriately and comfortably dressed in clean clothes, and provided the necessary items and assistance, if needed, to maintain their personal cleanliness, e.g., bar soap. (II)

E. The provision of care/services to residents shall be guided by the recognition of and respect for cultural differences to assure reasonable accommodations shall be made for residents with regard to differences, such as, but not limited to, religious practice and dietary preferences.

F. Opportunities for participation in religious services shall be available. Reasonable assistance in obtaining pastoral counseling shall be provided upon request by the resident.

G. In the event of closure of a facility for any reason, the facility shall insure continuity of care/services by promptly notifying the resident's attending physician or other authorized medical provider, and arranging for referral to other facilities at the direction of the physician or other authorized healthcare provider. (II)

## **902. Fiscal Management (II)**

A. Provisions shall be made for safeguarding money and valuables for those residents who request this assistance.

B. Residents shall manage their own funds whenever possible.

C. Only residents may endorse checks made payable to them, unless a legally constituted authority has been authorized to endorse their checks.

D. In situations where a resident becomes unable to manage his/her funds, the administrator shall contact a family member or the county probate court regarding the need for a court-appointed guardian or conservator. The licensee, administrator, sponsor, or any of their relatives shall not be appointed guardian or conservator.

E. Upon written request of the resident, the administrator may maintain the personal monies for the resident.

F. The licensee may be designated payee for a resident.

G. There shall be an accurate accounting of residents' personal monies and written evidence of purchases by the facility on behalf of the residents to include a record of items/services purchased, written authorization from residents of each item/service purchased, and an accounting of all monies paid to the facility for care and services. Personal monies include all monies, including family donations. No personal monies shall be given to anyone, including family members, without written consent of the

resident. If a resident's money is given to anyone by the facility, a receipt shall be obtained.

H. A report of the balance of resident finances shall be physically provided to each resident by the facility on a quarterly basis in accordance with the Resident's Bill of Rights, regardless of the balance amount, e.g., zero balance. Documentation of quarterly reports to residents shall be readily available for review.

### **903. Recreation**

A. The facility shall offer a variety of recreational programs to suit the interests and physical/cognitive capabilities of the residents that choose to participate. The facility shall provide recreational activities that provide stimulation; promote or enhance physical, mental, and/or emotional health; are age-appropriate; and are based on input from the residents and/or responsible party, as well as information obtained in the initial assessment.

B. There shall be at least one different structured recreational activity provided daily each week that shall accommodate residents' needs/interests/capabilities as indicated in the ICP's.

C. The facility shall designate a staff member responsible for the development of the recreational program, to include responsibility for obtaining and maintaining recreational supplies.

D. The recreational supplies shall be adequate and shall be sufficient to accomplish the activities planned.

E. A current month's schedule shall be posted in order for residents to be made aware of activities offered. This schedule shall include activities, dates, times, and locations. Residents may choose activities and schedules consistent with their interests and physical, mental, and psychosocial well-being. If a resident has Alzheimer's disease and/or related dementia and is unable to choose for him/herself, staff members/volunteers shall encourage participation and assist when deemed necessary.

### **904. Transportation (I)**

The facility shall secure or provide transportation for residents when a physician's services are needed. Local (as defined by the facility) transportation for medical reasons shall be provided by the facility at no additional charge to the resident. If a physician's services are not immediately available and the resident's condition requires immediate medical attention, the facility shall provide or secure transportation for the resident to the appropriate health care providers such as, but not limited to, physicians, dentists, physical therapists, or for treatment at renal dialysis facilities.

### **905. Safety Precautions/Restraints (I)**

A. Periodic or continuous mechanical or physical restraints during routine care of a resident shall not be used, nor shall residents be restrained for staff convenience or as a substitute for care/services. However, in cases of extreme emergencies when a resident is a danger to him/herself or others, mechanical and/or physical restraints may be used as ordered by a physician or other authorized healthcare provider, and until appropriate medical care can be secured.

B. Only those devices specifically designed as restraints may be used. Makeshift restraints shall not be used under any circumstance.

C. Emergency restraint orders shall specify the reason for the use of the restraint, the type of restraint to be used, the maximum time the restraint may be used, and instructions for observing the resident while restrained, if different from the facility's written procedures. Residents certified by a physician or other authorized healthcare provider as requiring restraint for more than 24 hours shall be transferred to an appropriate facility.

D. During emergency restraint, residents shall be monitored at least every 15 minutes, and provided with an opportunity for motion and exercise at least every 30 minutes. Prescribed medications and treatments shall be administered as ordered, and residents shall be offered nourishment and fluids and given bathroom privileges.

#### **906. Discharge/Transfer**

A. Residents shall be transferred or discharged only as appropriate per the provisions of the Resident's Bill of Rights. In cases of medical emergencies, immediate transfer is permissible; however, the family member, and the sponsor, if any, shall be notified at the earliest practical hour, but not later than 24 hours following the transfer. (II)

B. Prior to discharge, the resident, his/her appropriate family member, and the sponsor, if any, shall be consulted.

C. Residents shall be transferred or discharged to a location appropriate to the residents needs and abilities. Residents requiring care and/or supervision shall not be transferred/discharged to a location that is not licensed to provide that care. (II)

D. Upon transfer/discharge of a resident, resident information shall be released in a manner that promotes continuity in the care that serves the best interest of the resident.

E. Upon transfer/discharge, the facility shall ensure that medications, as appropriate, personal possessions and funds are released to the resident and/or the receiving facility in a manner that ensures continuity of care/services and maximum convenience of the resident. (II)

### **SECTION 1000 - RIGHTS AND ASSURANCES**

#### **1001. General (II)**

A. The facility shall comply with all current federal, state, and local laws and regulations concerning resident care, resident rights and protections, and privacy and disclosure requirements, *e.g.*, Section 44-81-10, *et seq.*, of the S.C. Code of Laws, 1976, as amended, Resident's Bill of Rights, Alzheimer's Special Care Disclosure Act, and the Omnibus Adult Protection Act notice, Section 43-35-5, *et seq.* (l)

B. The Resident's Bill of Rights, the Omnibus Adult Protection Act, and other notices as required by law, shall be prominently displayed in public areas of the facility.

C. The facility shall comply with all relevant federal, state, and local laws and regulations concerning discrimination, *e.g.*, Title VII, Section 601 of the Civil Rights Act of 1964, and insure that there is no discrimination with regard to source of payment in the recruitment, location of resident, acceptance or provision of goods and services to residents or potential residents, provided that payment offered is not less than the cost of providing services.

D. Achieving the highest level of self-care and independence by residents shall be reflected in the manner in which the facility provides/promotes resident care, *e.g.*, residents making their own decisions, selecting a physician or other provider, maintaining personal property, managing finances.

E. Should a facility develop "house rules," the rules shall not be in conflict with the provisions of the Resident's Bill of Rights or other rights/assurances addressed in this regulation.

F. Residents shall be provided the opportunity to provide input into changes in facility operational policies, procedures, services, including "house rules."

G. Residents shall be assured freedom of movement. Residents shall not be locked in or out of their rooms or any common usage areas (*e.g.*, dining, sitting, activity rooms) in the facility, or in or out of the facility building. (l)

**EXCEPTION:** Exit doors may be locked as determined by the facility based upon the condition of the resident, *e.g.*, Alzheimer's disease and/or related dementia, provided Section 2301.D is met.

H. The facility shall develop a grievance/complaint procedure to be exercised on behalf of the residents to enforce the Resident's Bill of Rights which includes the address and phone number of DHL, and a provision prohibiting retaliation should the grievance right be exercised.

I. Care, services, and items provided by the facility, the charges, and those services that are the responsibilities of the resident shall be delineated in writing. The resident shall be made aware of such charges/services and changes to charges/services as verified by the signature of the resident or responsible party.

J. Residents shall not be requested or required to perform any type of care/service in the facility that would normally be the duty of a staff member/volunteer. Residents may be allowed to engage in such activities as listed in the ICP, if strictly voluntary, and under proper supervision. (I)

K. Residents shall be allowed sufficient time to attempt and complete activities of daily living tasks without unnecessary intervening by staff members/volunteers in order to expedite completion of the tasks. Staff members/volunteers shall intervene appropriately as necessary to assist residents whose completion of the tasks may be impeded by their physical/mental condition.

L. Residents shall be permitted to use the telephone and shall be allowed privacy when placing or receiving telephone calls. This access shall include business hours from 7 a.m. through 8 p.m., seven (7) days a week, and other times when appropriate. This telephone service shall be available for use by residents and/or visitors for their private, discretionary use; pay phones for this purpose are acceptable. Telephones capable of only local calls are acceptable for this purpose, provided other arrangements exist to provide resident/visitor discretionary access to a telephone capable of long distance service.

M. In instances when a resident moves/relocates, lack of advance notice by the resident of the departure shall not relieve the facility of the obligation to refund the monies due the resident.

## **SECTION 1100- RESIDENT PHYSICAL EXAMINATION AND TB SCREENING**

### **1101. General (I)**

A. A physical examination shall be completed for residents within thirty (30) days prior to admission and at least annually thereafter. Physical examinations conducted within thirty (30) days prior to admission by physicians licensed in states other than South Carolina are permitted for new admissions under the condition that residents obtain an attending physician licensed in South Carolina within thirty (30) days of admission to the facility and undergo a second (2<sup>nd</sup>) physical examination by that physician within thirty (30) days of admission to the facility. The physical examination shall be updated to include new medical information if the resident's condition has changed since the last physical examination was completed. The physical examination shall address:

1. The appropriateness of placement in a CRCF;
2. Medications/treatments ordered;
3. Self-administration status;
4. Identification of special conditions/care required, e.g., communicable disease, dental problems, podiatric problems, Alzheimer's disease and/or related dementia, etc.; and,

5. The need of (or lack thereof) for the continuous daily attention of a licensed nurse.

B. The admission physical examination shall include a two-step tuberculin skin test, as described in Section 1702, unless there is a documented previous positive reaction.

C. The physical examination shall be performed only by a physician or other authorized healthcare provider.

D. If a resident or potential resident has a communicable disease, the administrator shall seek advice from a physician or other authorized healthcare provider in order to:

1. Insure the facility has the capability to provide adequate care and prevent the spread of that condition, and that the staff members/volunteers are adequately trained;

2. Transfer the resident to an appropriate facility, if necessary.

E. A discharge summary from a health care facility, which includes a physical examination, may be acceptable as the admission physical examination, provided the summary includes the requirements of Sections 1101.A - C above.

F. Isolation Provisions. Residents with contagious pulmonary tuberculosis shall be separated (See Section 1702.E) from all other noninfected residents until declared noncontagious by a physician or other authorized healthcare provider. Should it be determined that the facility cannot care for the resident to the degree which assures the health and safety of the resident and the other residents of the facility, the resident shall be relocated to a facility that can meet his/her needs.

G. In the event that a resident transfers from a facility licensed by the Department to a CRCF, an additional admission physical examination shall not be required, provided the sending facility has had a physical examination conducted on the resident not earlier than twelve (12) months prior to the admission of the resident to the CRCF, and the physical examination meets requirements specified in Sections 1101.A - C above unless the receiving facility has an indication that the health status of the resident has changed significantly. A tuberculin skin test and/or BAMT shall be required within one (1) month after admission to the CRCF to which the resident transfers, to document baseline status for that facility. The receiving facility shall acquire a copy of the admission physical examination/tuberculin skin test and/or BAMT from the facility transferring the resident. (See Section 1702.E regarding tuberculin skin testing and/or BAMT.)

## **SECTION 1200 - MEDICATION MANAGEMENT**

### **1201. General (I)**

A. Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid shall be available and properly managed in accordance with local, state, and federal laws and regulations. Such management shall address the securing, storing, and administering of medications, medical supplies, first aid supplies, and biologicals, their disposal when discontinued or outdated, and their disposition at discharge, death, or transfer of a resident.

B. Applicable reference materials published within the previous three years shall be available at the facility in order to provide staff members/volunteers with adequate information concerning medications.

#### **1202. Medication and Treatment Orders (I)**

A. Medications and treatments, to include oxygen, shall be administered to residents only upon orders (to include standing orders) of a physician or other authorized healthcare provider. Medications accompanying residents at admission may be administered to residents provided the medication is in the original labeled container and the order is subsequently obtained as a part of the admission physical examination. Should there be concerns regarding the appropriateness of administering medications due to the condition/state of the medication, *e.g.*, expired, makeshift or illegible labels, or the condition/state of health of the newly-admitted resident, staff members shall consult with or make arrangements to have the resident examined by a physician or other authorized healthcare provider, or at the local hospital emergency room prior to administering any medications.

B. All orders (including verbal orders) shall be received only by staff members authorized by the facility, and shall be signed and dated by a physician or other authorized healthcare provider no later than three (3) business days after the order is given.

C. Medications and medical supplies ordered for a specific resident shall not be provided/administered to any other resident.

#### **1203. Administering Medication/Treatments (I)**

A. Doses of medication shall be administered by the same staff member who prepared them for administration. Preparation shall occur no earlier than one hour prior to administering. Preparation of doses for more than one scheduled administration shall not be permitted. Each physician ordered treatment or medication dose administered/supervised shall be properly recorded by initialing on the resident's medication administration record (MAR) as the medication is administered or treatment record as treatment is rendered. Recording medication administration shall include medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the medication. The treatment record shall document the type of treatment, date and time of treatment and signature of the individual administering treatment. If the ordered dosage is to be given on a varying schedule, *e.g.*, "take two tablets the first day and one tablet every other day by mouth with noon meal," the number of tablets shall also be recorded.

B. Facility staff members may administer routine medications, acting in a "surrogate family role," provided these staff members have been trained to perform these tasks in the proper manner by individuals licensed to administer medications. Facility staff members may administer injections of medications only in instances where medications are required for diabetes and conditions associated with anaphylactic reactions under established medical protocol. A staff licensed nurse may administer influenza and vitamin B-12 injections and perform tuberculin skin tests. Although facility staff members may monitor blood sugar levels (provided s/he has been appropriately trained and the facility has received a "Certificate of Waiver" from Clinical Laboratories Improvement Amendments (CLIA)), the provision of sliding scale insulin injections by facility staff members is prohibited.

C. Self-administering of medications by a resident is permitted only:

1. Upon the specific written orders of the physician or other authorized healthcare provider, obtained on a semi-annual basis, or
2. The facility shall ascertain by resident demonstration to the staff, at least quarterly, that s/he remains capable of self-administering medications.

D. Facilities may elect not to permit self-administration.

E. When residents who are unable to self-administer medications leave the facility for an extended period of time, the proper amount of medications, along with dosage, mode, date, and time of administration, shall be given to a responsible person who will be in charge of the resident during his/her absence from the facility; these details shall be properly documented in the MAR. In these instances, the amount of medication needed for the designated period of time may be transferred to a prescription vial or bottle that is properly labeled.

F. At each shift change, there shall be a documented review of the MAR's by outgoing staff members with incoming staff members that shall include verification by outgoing staff members that they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider, and have documented the administrations. Errors/omissions indicated on the MAR's shall be addressed and corrective action taken at that time.

#### **1204. Pharmacy Services (I)**

A. Any pharmacy within the facility shall be provided by or under the direction of a pharmacist in accordance with accepted professional principles and appropriate local, state, and federal laws and regulations.

B. Facilities which maintain stocks of legend drugs and biologicals for dispensing to residents shall obtain and maintain a valid, current pharmacy permit from the S.C. Board of Pharmacy.

C. Labeling of medications dispensed to residents shall be in compliance with local, state, and federal laws and regulations, to include expiration date.

#### **1205. Medication Containers (I)**

A. Medications for residents shall be obtained from a permitted pharmacy or prescriber on an individual prescription basis. These medications shall bear a label affixed to the container which reflects at least the following: name of pharmacy, name of resident, name of the prescribing physician or other authorized healthcare provider, date and prescription number, directions for use, and the name and dosage unit of the medication. The label shall be brought into accord with the directions of the physician or other authorized healthcare provider each time the prescription is refilled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal.

B. Medications for each resident shall be kept in the original container(s) including unit dose systems; there shall be no transferring between containers (except in instances such as in Section 1203.E above), or opening blister packs to remove medications for destruction or adding new medications for administration, except under the direction of a pharmacist. In addition, for those facilities that utilize the unit dose system or multi-dose system, an on-site review of the medication program by a pharmacist shall be conducted on at least a quarterly basis to assure the program has been properly implemented and maintained. For changes in dosage, the new packaging shall be available in the facility no later than the next administration time subsequent to the order.

C. If a physician or other authorized healthcare provider changes the dosage of a medication, a label, which does not obscure the original label, shall be attached to the container which indicates the new dosage, date, and prescriber's name. In lieu of this procedure, it is acceptable to attach a label to the container that states, "Directions changed; refer to MAR and physician or other authorized healthcare provider orders for current administration instructions." The new directions shall be communicated to the pharmacist upon receipt of the order.

#### **1206. Medication Storage (I)**

A. Medications shall be properly stored and safeguarded to prevent access by unauthorized persons. Expired or discontinued medications shall not be stored with current medications. Storage areas shall be locked, and of sufficient size for clean and orderly storage. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life. Medications requiring refrigeration shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36 – 46 degrees F.). If a multi-use refrigerator is used to store medications outside the secured medication storage area, a separate locked box shall be used to store medications, provided the refrigerator is near the medication storage area. Accurate thermometers (within  $\pm 3$  degrees) shall be provided in all refrigerators storing medications.

**B. Medications shall be stored:**

1. Separately from poisonous substances or body fluids;
2. In a manner which provides for separation between topical and oral medications, and which provides for separation of each individual resident's medication.

**C. Records of receipt, administration and disposition of all controlled substances shall be maintained in sufficient detail to enable an accurate reconciliation.**

**D. Unless the facility has a permitted pharmacy, legend medications shall not be stored except those specifically prescribed for individual residents. Nonlegend medications that can be obtained without a prescription may be retained and labeled as stock in the facility for administration as ordered by a physician or other authorized healthcare provider.**

**E. The medications prescribed for a resident shall be protected from use by any other individuals. For those residents who have been authorized by a physician or other authorized healthcare provider to self-administer medications, such medications may be kept on the resident's person, *i.e.*, a pocketbook, pocket, or any other method that would enable the resident to control the items.**

**F. No medication shall be left in a resident's room unless the facility provides an individual cabinet/compartments which is kept locked in the room of each resident who has been authorized in writing to self-administer by a physician or other authorized healthcare provider. In lieu of a locked cabinet/compartments, storage of medications shall be permitted in a resident room which can be locked, provided the room is licensed for one bed; medications are not accessible by unauthorized persons; the room is kept locked when the resident is not in the room; the medications are not controlled substances and all other requirements of this section are met.**

**G. During nighttime hours in resident rooms, only medications which a physician or other authorized healthcare provider has ordered in writing for emergency/immediate use, *e.g.*, nitroglycerin or inhalers, may be kept unlocked in or upon a cabinet or bedside table, and only when the resident to whom that medication belongs is present in the room.**

**1207. Disposition of Medications (I)**

**A. Upon discharge of a resident, unused medications shall be released to the resident, family member, responsible party, or sponsor, as appropriate, unless specifically prohibited by the attending physician or other authorized healthcare provider.**

**B. Residents' medications shall be destroyed by the facility administrator or his/her designee when:**

1. Medication has deteriorated or exceeded its expiration date;

2. Unused portions remain due to death or discharge of the resident, or discontinuance of the medication (may also be returned to the dispensing pharmacy). Medication that has been discontinued by order may be stored for a period not to exceed 30 days provided they are to be stored separately from current medications.

C. The destruction of medication shall occur within five days of the above-mentioned circumstances, be witnessed by the administrator or his/her designee, the mode of destruction indicated, and these steps documented. Destruction records shall be retained by the facility for a period of two years.

D. The destruction of controlled substances shall be accomplished only by the administrator or his/her designee on-site and witnessed by a licensed nurse or pharmacist, or by returning them to the dispensing pharmacy and obtaining a receipt from the pharmacy.

## **SECTION 1300 - MEAL SERVICE**

### **1301. General (II)**

A. All facilities that prepare food on-site shall be approved by DHL, and shall be regulated, inspected, and graded pursuant to R.61-25. Facilities preparing food on-site and licensed for 16 beds or more subsequent to the promulgation of these regulations shall have commercial kitchens. Existing facilities with 16 licensed beds or more may continue to operate with equipment currently in use; however, only commercial kitchen equipment shall be used when replacements are necessary. Those facilities with 15 beds or less shall be regulated pursuant to R.61-25 with certain exceptions in regard to equipment (may utilize domestic kitchen equipment).

B. When meals are catered to a facility, such meals shall be obtained from a food service establishment graded by the Department, pursuant to R.61-25, and there shall be a written executed contract with the food service establishment.

C. If food is prepared at a central kitchen and delivered to separate facilities or separate buildings and/or floors of the same facility, provisions shall be made and approved by DHL for proper maintenance of food temperatures and a sanitary mode of transportation.

D. Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the daily nutritional needs of the residents in accordance with written dietary policies and procedures. Efforts shall be made to accommodate the religious, cultural, and ethnic preferences of each individual resident and consider variations of eating habits, unless the orders of a physician or other authorized healthcare provider contraindicate.

### **1302. Food and Food Storage**

A. The storage, preparation, serving, transportation of food, and the sources from which food is obtained shall be in accordance with R.61-25. (I)

B. Home canned food usage shall be prohibited. (I)

C. All food items shall be stored at a minimum of six inches above the floor on clean surfaces, and in such a manner as to be protected from splash and other contamination. (II)

D. At least a one-week supply of staple foods and a two-day supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and special or therapeutic diets. (II)

E. Food stored in the refrigerator/freezer shall be covered, labeled, and dated. Prepared food shall not be stored in the refrigerator for more than 72 hours. (II)

### **1303. Food Equipment and Utensils (II)**

The equipment and utensils utilized, and the cleaning, sanitizing, and storage of such shall be in accordance with R.61-25.

**EXCEPTION:** In facilities with five licensed beds or less, in lieu of a three-compartment sink, a domestic dishwasher may be used to wash equipment/utensils, provided the facility has at least a two-compartment sink that will be used to sanitize and adequately air dry equipment/utensils. In facilities with 10 beds or less and licensed prior to May 24, 1991, as CRCF's, in which a two-compartment sink serves to wash kitchen equipment/utensils, an additional container of adequate length, width, and depth may be provided to completely immerse all equipment/utensils for final sanitation. Domestic dishwashers may be utilized in facilities licensed with 10 beds or less prior to May 24, 1991, provided they are approved by DHL.

### **1304. Meals and Services**

A. All facilities shall provide dietary services to meet the daily nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. (I)

B. The dining area shall provide a congenial and relaxed environment. Table service shall be planned in an attractive and colorful manner for each meal and shall include full place settings with napkins, tablecloths or place-mats, and nondisposable forks, spoons, knives, drink containers, plates, and other eating utensils/containers as needed.

C. A minimum of three nutritionally-adequate meals, in accordance with Section 1304.A above, in each 24-hour period, shall be provided for each resident unless otherwise directed by the resident's physician or other authorized healthcare provider. Not more than 14 hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

D. Special attention shall be given to preparation and prompt serving in order to maintain correct food temperatures for serving at the table or resident room (tray service). (II)

E. The same foods shall not be repetitively served during each seven-day period except to honor specific, individual resident requests.

F. Specific times for serving meals shall be established, documented on a posted menu, and followed.

G. Suitable food and snacks shall be available and offered between meals at no additional cost to the residents. (II)

H. Residents shall be encouraged to eat in the dining room at mealtime. Tray service shall be permitted when the resident is medically unable to access the dining area for meals, or if the facility has received written notice from the resident/responsible party of a preference to receive tray service, in which case it may be provided on an occasional basis. Under no circumstances, may staff members utilize tray service for their own convenience. (II)

#### **1305. Meal Service Personnel (II)**

A. The health and cleanliness of all those engaged in food preparation and serving shall be in accordance with R.61-25.

B. Sufficient staff members/volunteers shall be available to serve food and to provide individual attention and assistance, as needed.

C. Approved hair restraints (covering all loose hair) shall be worn by all individuals engaged in the preparation of foods.

D. Dietary services shall be organized with established lines of accountability and clearly defined job assignments for those engaged in food preparation and serving. There shall be trained staff members/volunteers to supervise the preparation and serving of the proper diet to the residents including having sufficient knowledge of food values in order to make appropriate substitutions when necessary. The facility shall not permit residents to engage in food preparation.

**EXCEPTION:** A resident may engage in food preparation provided the following criteria are met:

1. Approval to engage in food preparation by a physician or other authorized medical authority;

2. The ICP of the resident has indicated food preparation as suitable/beneficial to the resident;

3. The resident is directly supervised by staff members/volunteers (must be in the kitchen with the resident);

4. Preparing food must be part of an organized program in which daily living skills are being taught;

5. The utilization of residents for preparing food is not a substitute for staff members/volunteers.

### **1306. Diets**

A. If the facility accepts or retains residents in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally-qualified dietitian or shall be reviewed and approved by a physician or other authorized healthcare provider. The facility shall maintain documentation that each of these menus has been planned by a dietitian, a physician or other authorized healthcare provider. At a minimum, documentation for each resident's special diet menu shall include the signature of the dietitian, the physician or other authorized healthcare provider, his/her title, and the date he/she signed the menu. The facility shall maintain staff capable of the preparation/ serving of any special diet, *e.g.*, low-sodium, low-fat, 1200-calorie, diabetic diet. Facility staff preparing a resident's special diet shall be knowledgeable of the procedure to prepare each special diet. The preparation of any resident's special diet shall follow the written guidance provided by a registered dietitian, physician, or other authorized healthcare provider authorizing the resident's special diet. For each resident receiving a special diet, this written guidance shall be documented in the resident's record. (l)

B. If special diets are required, the necessary equipment for preparation of those diets shall be available and utilized.

C. A diet manual published within the previous five years shall be available and shall address at minimum:

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Food worker health and cleanliness;

4. Recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences food serving recommendations;

5. General menu planning;

6. Menu planning appropriate to special needs, *e.g.*, diabetic, low-salt, low-cholesterol, or other diets appropriate for the elderly and/or infirmed.

### **1307. Menus**

A. Menus shall be planned and written at a minimum of one week in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available and posted in one or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing. Cycled menus shall be rotated so that the same weekly menu is not duplicated for at least a period of three weeks.

B. Records of menus as served shall be maintained for at least 30 days.

### **1308. Ice and Drinking Water (II)**

A. Ice from a water system that is in accordance with R.61-58, shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.

B. Potable drinking water shall be available and accessible to residents at all times.

C. The usage of common cups shall be prohibited.

D. Ice delivered to resident areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use.

### **1309. Equipment (II)**

A. Liquid or powder soap dispensers and sanitary paper towels shall be available at each food service handwash lavatory. Alcohol-based waterless hand sanitizers shall not be used in lieu of liquid or powder soap.

B. In facilities of 16 or more licensed beds, separate handwash sinks shall be provided, convenient to serving, food preparation, and dishwashing areas.

C. All walk-in refrigerators and freezers shall be equipped with opening devices which will permit opening of the door from the inside at all times. (I)

### **1310. Refuse Storage and Disposal (II)**

Refuse storage and disposal shall be in accordance with R.61-25.

## **SECTION 1400 - EMERGENCY PROCEDURES/DISASTER PREPAREDNESS**

### **1401. Disaster Preparedness (II)**

A. All facilities shall develop, in coordination with their county emergency preparedness agency, a suitable written plan for actions to be taken in the event of a disaster. Prior to initial licensing of a facility, the completed plan shall be submitted to DHL for review. Additionally, in instances where there are applications for increases in licensed bed capacity, the emergency/disaster plan shall be updated to reflect the

proposed new total licensed bed capacity. All staff members/volunteers shall be made familiar with this plan and instructed as to any required actions. A copy of the disaster plan shall be provided to the resident/resident's sponsor at the time of admission.

B. The disaster plan shall include, but not be limited to:

1. A sheltering plan to include:

a. The licensed bed capacity and average occupancy rate;

b. Name, address and phone number of the sheltering facility(ies) to which the residents will be relocated during a disaster;

c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated residents that can be accommodated; sleeping, feeding, and medication plans for the relocated residents; and provisions for accommodating relocated staff members/volunteers. The letter shall be updated annually with the sheltering facility and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one sheltering facility shall be located in a county other than these counties.

2. A transportation plan, to include agreements with entities for relocating residents, which addresses:

a. Number and type of vehicles required;

b. How and when the vehicles are to be obtained;

c. Who (by name or organization) will provide drivers;

d. Procedures for providing appropriate medical support and medications during relocation;

e. Estimated time to accomplish the relocation;

f. Primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated residents, to include:

a. How care will be provided to the relocated residents, including the number and type of staff members;

b. Plans for relocating staff members or assuring transportation to the sheltering facility;

c. Co-signed statement by an authorized representative of the sheltering facility if staffing is to be provided by the sheltering facility.

## **1402. Emergency Call Numbers**

Emergency call data shall be posted in a conspicuous place and shall include at least the telephone numbers of fire and police departments, ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of staff members/volunteers to be notified in case of emergency.

## **1403. Continuity of Essential Services (II)**

There shall be a written plan to be implemented to assure the continuation of essential resident support services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.

## **SECTION 1500 - FIRE PREVENTION**

### **1501. Arrangements for Fire Department Response/Protection (I)**

A. Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire, *i.e.*, fire plan and evacuation plan.

B. Facilities located outside of a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be kept on file in the facility and a copy shall be forwarded to DHL. If the agreement is changed, a copy shall be forwarded to DHL.

### **1502. Tests and Inspections (I)**

A. Fire protection and suppression systems shall be maintained and tested in accordance with NFPA 10, 13, 14, 15, 25, 70, 72, and 96.

B. All electrical installations and equipment shall be maintained in a safe, operable condition in accordance with NFPA 70 and 99 and shall be inspected at least annually.

### **1503. Fire Response Training (I)**

A. Each staff member/volunteer shall receive training within 24 hours of his/her first day on the job in the facility and at least annually thereafter, addressing at a minimum, the following:

1. Fire plan, including the training of staff members/volunteers;
2. Reporting a fire;

3. Use of the fire alarm system, if applicable;
4. Location and use of fire-fighting equipment;
5. Methods of fire containment;
6. Specific responsibilities, tasks, or duties of each individual.

B. A plan for the evacuation of residents, staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility, and a copy of the plan shall be provided to each resident and/or the resident's sponsor at the time of admission.

C. All residents capable of assisting in their evacuation shall be trained in the proper actions to take in the event of a fire, *e.g.*, actions to take if the primary escape route is blocked.

D. Residents shall be made familiar with the fire plan and evacuation plan upon admission.

#### **1504. Fire Drills (I)**

A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member/volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members/volunteers and residents directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1504.

B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1503 above.

C. All residents shall participate in fire drills. In instances when a resident refuses to participate in a drill, efforts shall be made to encourage participation, *e.g.*, counseling, implementation of incentives rewarding residents for participation, specific staff/volunteer to resident assignments to promote resident participation. Continued refusal may necessitate implementation of the discharge planning process to place the resident in a setting more appropriate to their needs and abilities.

D. In conducting fire drills, all residents shall evacuate to the outside of the building to a selected assembly point; drills shall be designed to ensure that residents shall be given the experience of exiting through all exits.

### **SECTION 1600 - MAINTENANCE**

#### **1601. General (II)**

A. The structure, including its component parts and equipment, shall be properly maintained to perform the functions for which it is designed.

B. Noise, dust, and other related resident intrusions shall be minimized when construction/renovation activities are underway.

## **SECTION 1700 - INFECTION CONTROL AND ENVIRONMENT**

### **1701. Staff Practices (I)**

Staff/volunteer practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; the Centers for Disease Control and Prevention (CDC); the Department's Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105; and other applicable federal, state, and local laws and regulations.

### **1702. Tuberculin Skin Testing (I)**

A. Tuberculin skin testing is a diagnostic tool for detecting *M. tuberculosis* infection. A small dose (0.1 mil) of purified protein derivative (PPD) tuberculin is injected just beneath the surface of the skin (by the intradermal Mantoux method), and the area is examined for induration (hard, dense, raised area at the site of the TST administration) forty-eight to seventy-two (48 to 72) hours after the injection (but positive reactions can still be measurable up to a week after administering the TST). The size of the indurated area is measured with a millimeter ruler and the reading is recorded in millimeters, including zero (0) mm to represent no induration. Redness/erythema is insignificant and is not measured or recorded. Authorized healthcare providers are permitted to perform tuberculin skin testing and symptom screening.

B. All facilities shall conduct an annual tuberculosis risk assessment (See Section 101.III) in accordance with CDC guidelines (See Section 102.B.16) to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

C. The risk classification, *i.e.*, low risk, medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for staff/direct care volunteers and residents and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, *e.g.*, healthcare organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, patient population, job type, or location within the setting may have separate risk classifications.

#### **D. Staff/Direct Care Volunteers/Private Sitters Tuberculin Skin Testing**

1. Tuberculosis Status. Prior to date of hire or initial resident contact, the tuberculosis status of staff/direct care volunteer/private sitters shall be determined in the following manner in accordance with the applicable risk classification:

2. Low Risk:

a. Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for *Mycobacterium tuberculosis* (BAMT): All staff/direct care volunteers/private sitters (within three (3) months prior to contact with residents) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff/direct care volunteer or private sitter has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered and read to serve as the baseline prior to resident contact.

b. Periodic TST or BAMT is not required.

c. Post-exposure TST or a BAMT for staff/direct care volunteers upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

d. Post-exposure TST or a BAMT for private sitters upon unprotected exposure to *M. tuberculosis*: Written evidence of a contact investigation when unprotected exposure is identified shall be provided to the facility administrator. The private sitter shall provide documentation of a completed single TST or a BAMT prior to resident contact. If the TST or BAMT result is negative, the private sitter shall provide written evidence of an additional TST or BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended. (CDC: Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, December 30, 2005).

e. Baseline positive with or without documentation of treatment for latent TB infection (LTBI) (See Section 101.GG) or TB disease shall have a symptoms screen prior to employment and annually thereafter.

f. Upon hire, staff/direct care volunteers/private sitters with a newly positive test result for *M. tuberculosis* infection (*i.e.*, TST or BAMT) or signs or symptoms of tuberculosis, *e.g.*, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a physician. These staff members/direct care volunteers/ private sitters will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (*i.e.*, the Department's TB Control program).

3. Medium Risk:

a. Baseline two-step TST or a single BAMT: All staff/direct care volunteers/private sitters (within three (3) months prior to contact with residents) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff/direct care volunteer/private sitter has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline prior to resident contact.

b. Periodic testing (with TST or BAMT): Annually, of all staff/direct care volunteers who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, staff/direct care volunteers with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen shall be accomplished by educating the staff/direct care volunteers who have documented TB infection about symptoms of TB disease (including the staff's and/or direct care volunteers' responses concerning symptoms of TB disease), documenting the questioning of the staff/direct care volunteers about the presence of symptoms of TB disease, and instructing the staff/direct care volunteers to report any such symptoms immediately to the administrator. Treatment for latent TB infection (LTBI) shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.

c. Periodic testing (with TST or BAMT): Annually, of all private sitters who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, private sitters with documented TB infection (positive TST or BAMT) shall provide the facility with written evidence of a symptom screen annually. Documentation of education about symptoms of TB disease (including responses concerning symptoms of TB disease) and written evidence of the questioning about the presence of symptoms of TB disease, and the report of any such symptoms shall be provided immediately to the facility administrator.

d. Post-exposure TST or a BAMT for staff/direct care volunteers upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation (See Section 101.O) when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff/direct care volunteers/private sitters who have had unprotected exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

e. Post-exposure TST or a BAMT for private sitters upon unprotected exposure to *M. tuberculosis*: Written evidence of a contact investigation when unprotected exposure is identified shall be provided to the facility administrator. The private sitter shall provide documentation of a completed single TST or a BAMT prior to resident contact. If the TST or BAMT result is negative, the private sitter shall provide written evidence of an additional TST or BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

#### 4. Baseline Positive or Newly Positive Test Result:

a. Baseline positive with or without documentation of treatment for latent TB infection (LTBI) or TB disease shall have a symptoms screen prior to employment and annually thereafter.

b. Upon hire, staff/direct care volunteers/private sitters with a newly positive test result for *M. tuberculosis* infection (*i.e.*, TST or BAMT) or signs or symptoms of tuberculosis, *e.g.*, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These staff members/direct care volunteers/private sitters will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (*i.e.*, the Department's TB Control program).

c. Staff/direct care volunteers/private sitters who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician, and permitted to return to work only with written approval by the Department's TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.

#### E. Resident Tuberculosis Screening (I)

1. Tuberculosis Status. Prior to admission, the tuberculosis status of a resident shall be determined in the following manner in accordance with the applicable risk classification:

##### a. For Low Risk and Medium Risk:

1. Admission/Baseline two-step TST or a single BAMT: All residents within thirty (30) days prior to admission shall have completed the first step of the two step tuberculin skin test followed seven to twenty one (7 to 21) days later by a second test unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly-admitted resident has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered within one (1) month prior to admission to the facility to serve as the baseline. As an exception, a resident may be admitted with at least the first step of the TB screening process completed prior to admission and the second step within fourteen (14) days of admission.

2. Periodic TST or BAMT is not required.

3. Post-exposure TST or a BAMT for residents upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all residents who have had exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

b. Baseline Positive or Newly Positive Test Result:

1. Residents with a baseline positive or newly positive test result for *M. tuberculosis* infection (*i.e.*, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, *e.g.*, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These residents shall be evaluated for the need for treatment. If diagnosed with latent TB infection (LTBI) the resident shall be encouraged to follow the recommendations made by a physician with TB expertise (*i.e.*, the Department's TB Control program). For those residents diagnosed with TB disease, the facility shall assure that the affected residents follow the recommendations made by a physician with TB expertise (*i.e.*, the Department's TB Control program).

2. Residents who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room (See Section 101.F), required to undergo evaluation by a physician, and permitted to return to the facility only with written approval by the Department's TB Control program.

F. Individuals who have been declared in writing to be in an emergency crisis stabilization status may be admitted to the facility without the initial step of the two-step tuberculin skin test and/or while awaiting the result of a BAMT. These individuals shall be placed in an area separate from the general population. This admission to the facility may be made provided:

1. There is documentation at the facility of the declaration by Adult Protective Services of the South Carolina Department of Social Services or the South Carolina Department of Mental Health that the admission is, in fact, an emergency. (NOTE: Only these agencies may declare these crisis stabilization admissions to be an emergency);

2. There is written evidence of a chest x-ray within one (1) month prior to admission and a written assessment by a physician or other authorized healthcare provider that there is no active TB and a negative assessment for signs and/or symptoms of tuberculosis; and,

3. The resident will receive the initial step of the two-step tuberculin test within twenty-four (24) hours of admission to the facility. The second step of the two-step tuberculin skin test must be administered within the next seven to fourteen (7 to 14) days.

**1703. Housekeeping (II)**

The facility and its grounds shall be neat, uncluttered, clean, and free of vermin and offensive odors.

A. Interior housekeeping shall at a minimum include:

1. Cleaning each specific area of the facility;
2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area appropriate to the area and the equipment's purpose or use;
3. Safe storage of chemicals indicated as harmful on the product label, cleaning materials, and supplies in cabinets or well-lighted closets/rooms, inaccessible to residents. If a physician or other authorized healthcare provider has determined that a resident is capable of appropriately using a cleaning product or other hazardous agent, the facility may elect to permit the resident to use the product, provided there is a written statement from a physician or other authorized healthcare provider that assures that the resident is capable of maintaining the product in a secure locked manner and that a description of product usage is outlined in the resident's ICP.

B. Exterior housekeeping shall at a minimum include:

1. Cleaning of all exterior areas, e.g., porches and ramps, and removal of safety impediments such as snow and ice;
2. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.

#### **1704. Infectious Waste (I)**

Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with OSHA Blood-borne Pathogens Standard, and the Department's S.C. Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105.

#### **1705. Pets (II)**

A. If the facility chooses to permit pets, healthy animals that are free of fleas, ticks, and intestinal parasites, and have been screened by a veterinarian prior to resident contact, have received required inoculations, if applicable, and that present no apparent threat to the health, safety, and well-being of the residents, may be permitted in the facility, provided they are sufficiently fed and cared for, and that both the pets and their housing are kept clean.

B. Pets shall not be allowed near residents who have allergic sensitivities to pets, or for other reasons such as residents who do not wish to have pets near them.

C. Pets shall not be allowed in the kitchen area. Pets shall be permitted in resident dining areas only during times when food is not being served. If the dining area is adjacent to a food preparation or storage area, those areas shall be effectively separated by walls and closed doors while pets are present.

D. If personal pets are permitted in the facility, the housing of those pets shall be either in a resident private room or outside the facility.

#### **1706. Clean/Soiled Linen and Clothing (II)**

A. Clean Linen/Clothing. A supply of clean, sanitary linen/clothing shall be available at all times. In order to prevent the contamination of clean linen/clothing by dust or other airborne particles or organisms, clean linen/clothing shall be stored and transported in a sanitary manner, *e.g.*, enclosed and covered. Linen/Clothing storage rooms shall be used only for the storage of linen/clothing. Clean linen/Clothing shall be separated from storage of other purposes.

#### **B. Soiled Linen/Clothing.**

1. Soiled linen/Clothing shall neither be sorted, rinsed, nor washed outside of the laundry service area;

2. Provisions shall be made for collecting, transporting, and storing soiled linen/clothing;

3. Soiled linen/Clothing shall be kept in enclosed/covered containers;

4. Laundry operations shall not be conducted in resident rooms, dining rooms, or in locations where food is prepared, served, or stored. Freezers/refrigerators may be stored in laundry areas, provided sanitary conditions are maintained.

**EXCEPTION:** Residents may sort, rinse/handwash their own soiled, delicate, personal items, *e.g.*, pantyhose, underwear, socks, handkerchiefs, clothing, accessories, heirloom linens, needlepoint, crocheted, or knitted pillows or pillowcases, or other similar items personally owned and cared for by the resident, in a private bathroom sink, provided the practice does not create a safety hazard, *e.g.*, water on the floor.

### **SECTION 1800 - QUALITY IMPROVEMENT PROGRAM**

#### **1801. General (II)**

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care/services provided by the facility.

B. The quality improvement program, as a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;

2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;

3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;
4. Establish ways to measure the quality of resident care and staff performance as well as the degree to which the policies and procedures are followed;
5. Analyze the appropriateness of ICP's and the necessity of care/services rendered;
6. Analyze the effectiveness of the fire plan;
7. Analyze all incidents and accidents, to include all medication errors and resident deaths;
8. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the residents;
9. Establish a systematic method of obtaining feedback from residents and other interested persons, *e.g.*, family members and peer organizations, as expressed by the level of satisfaction with care/services received.

## **SECTION 1900 - DESIGN AND CONSTRUCTION**

### **1901. General (II)**

A. A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each resident. Facility design shall be such that all residents have access to required services. There shall be 200 gross square feet per licensed bed in facilities 10 beds or less, and in facilities licensed for more than 10 beds, an additional 100 gross square feet per licensed bed.

B. Facilities licensed for five beds or less shall be classified as Residential Occupancy and shall follow the requirements of the Standard Building Code (SBC) for Residential Occupancy.

C. Facilities licensed for six beds or more shall follow the requirements of the SBC for Residential R-4 Occupancy and the requirements for dormitories.

D. Facilities housing six or more residents who are incapable of self-preservation shall meet the requirements of the SBC for Institutional Occupancy.

### **1902. Local and State Codes and Standards (II)**

A. Buildings shall comply with pertinent local and state laws, codes, ordinances, and standards with reference to design and construction. No facility shall be licensed unless the Department has assurance that responsible local officials (zoning and building) have approved the facility for code compliance.

B. The Department utilizes the basic codes indicated in Section 102.B.

C. Buildings designed in accordance with the above-mentioned codes shall be acceptable to the Department provided the requirements set forth in this regulation are also met.

### **1903. Construction/Systems (II)**

A. All buildings of facilities, new and existing, being licensed for the first time, or changing their license to provide a different service, shall meet the current codes and regulations.

B. Unless specifically required otherwise in writing by the Department's Division of Health Facilities Construction (DHFC), all existing facilities shall meet the construction codes and regulations for the building and its essential equipment and systems in effect at the time the license was issued. Except for proposed facilities that have received a current and valid written approval to begin construction, current construction codes, regulations, and requirements shall apply to those facilities licensed after the date of promulgation of these regulations.

C. Any additions or renovations to an existing licensed facility shall meet the codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of the addition or renovation. When the cost of additions or renovations to the building exceeds 50% of the then market value of the existing building and its essential equipment and systems, the building shall meet the then current codes, regulations, and requirements.

D. Buildings of facilities under construction at the time of promulgation of these regulations shall meet the codes, regulations, and requirements in effect at the time of the plan's approval.

E. Any facility that closes or has its license revoked, and for which application for re-licensure is made at the same site, shall be considered a new building and shall meet the current codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of application for re-licensing.

### **1904. Submission of Plans and Specifications**

A. New Buildings, Additions, or Major Alterations to Existing Buildings.

1. In all new construction or existing structures proposed to be licensed by the Department, plans and specifications shall be submitted to DHFC for review and approval.

2. Where the SBC or other regulations require fire-rated walls or other fire-rated structural elements, these plans and specifications shall be prepared by an architect and shall bear his/her seal. Plans for a facility with five beds or less shall be drawn to scale; however, preparation by an architect is not required.

3. Construction of, or within buildings of 5000 square feet or more, or three stories or more in height, and involving construction of fire-rated assemblies, must, in addition to Section 1904.A.2 above, provide the Minimum Construction Administration Services, as defined in Regulation 11-12, Code of Professional Ethics, published by The Board of Architectural Examiners, S.C. Department of Labor, Licensing, and Regulation.

4. When construction is contemplated for additions or alterations to existing licensed buildings, the facility shall contact DHFC regarding code and regulatory requirements that apply to that project. Plans and specifications shall be submitted to that division for review.

5. All plans shall be drawn to scale with the title, location, and date indicated thereon.

6. Construction work shall not begin until approval of the final drawings or written permission has been received from DFHC. Any construction deviations from the approved documents shall be approved by DFHC.

B. Plans and specifications are reviewed as necessary to obtain a set of approvable drawings showing all necessary information. These reviews may be, but are not required to be, in three stages: Preliminary, Design Development, and Final.

1. Preliminary submission shall include the following:

a. Plot plan showing:

(1) Size and shape of entire site;

(2) Footprint showing orientation and location of proposed building;

(3) Location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, etc., properly designated;

(4) Size, characteristics, and location of all existing public utilities, including information concerning water supply available for fire protection, distance to nearest fire hydrant; parking; any hazardous areas, e.g., cliffs, roads, hills, railroads, industrial and/or commercial sites, and bodies of water, etc.

b. Floor plans showing blocked spaces (areas) of approximate size and shape and their relationship to other spaces.

2. Design Development drawings shall indicate the following in addition to the above:

a. Cover sheet:

(1) Title and location of the project;

- (2) Index of drawings;
- (3) Code analysis listing applicable codes (both local jurisdiction and state);
- (4) Occupancy classification per SBC;
- (5) Type of construction per SBC.

b. Floor plans:

- (1) Overall dimensions of buildings;
- (2) Locations, size, and purpose of all rooms including furniture layout plan;
- (3) Location and size of doors, windows, and other openings with swing of doors properly indicated;
- (4) Life Safety plan showing all fire walls, exits, exit calculations, locations of smoke barriers if required, fire-rated walls, locations of stairs, elevators, dumbwaiters, vertical shafts, and chimneys;
- (5) Fixed equipment.

c. Outline specifications that include a general description of construction including interior finishes and mechanical systems.

3. Final submission shall include the above in addition to complete working drawings and contract specifications, including layouts for site preparation and landscaping, architectural, plumbing, electrical, mechanical, and complete fire protection.

4. Requirements for Facilities That Prepare Meals.

a. For facilities of six beds or more, food service operations shall be separated from living and sleeping quarters by complete, ceiling-high walls, and solid, self-closing doors. (II)

b. Kitchen ventilation specifications shall be in compliance with Section 2601.G.

c. For commercial kitchens (meals prepared for 16 or more persons), construction shall be in compliance with Chapter VII (A - G) of R.61-25, and a separate floor plan shall be provided depicting:

- (1) Location of all equipment;

(2) Make and model number of all equipment (including a thermometer schedule). All equipment used for the preparation and storage of food shall be that approved by the NSF.

(3) Garbage can wash pad on exterior with hot and cold running water;

(4) Grease interceptor;

(5) Floor drains;

(6) Separate hand washing sinks;

(7) Toilet and locker facilities for kitchen staff/volunteers;

(8) Exhaust hood and duct system to the outside;

(9) Hood extinguishing system.

d. Plan submission for domestic kitchens (meals prepared for 15 or less persons) shall include:

(1) Location and identification of all equipment;

(2) An approved three-compartment sink in addition to a hand washing sink;

(3) An exhaust hood and fan of proper size installed over all cooking equipment and vented to the outside. Facilities that prepare meals for 13 or more persons shall have a hood extinguisher system.

5. If the start of construction is delayed for a period exceeding 12 months from the time of approval of final submission, a new evaluation and/or approval is required.

6. One complete set of "as-built" drawings shall be filed with DHFC.

## **SECTION 2000 - GENERAL CONSTRUCTION REQUIREMENTS**

### **2001. Height and Area Limitations (II)**

Construction shall not exceed the allowable heights and areas provided by the SBC.

### **2002. Fire-Resistive Rating (I)**

The fire-resistive ratings for the various structural components shall comply with the SBC. Fire-resistive ratings of various materials and assemblies not specifically listed in the SBC can be found in publications of recognized testing agencies such as Underwriters Laboratories - Building Materials List and Underwriters Laboratories - Fire Resistance Directory.

### **2003. Vertical Openings (I)**

All vertical openings shall be protected in accordance with applicable sections of the SBC, State Fire Marshal Regulations, and NFPA 101.

### **2004. Wall and Partition Openings (I)**

All wall and partition openings shall be protected in accordance with applicable sections of the SBC and NFPA 101.

### **2005. Ceiling Openings (I)**

Openings into attic areas or other concealed spaces shall be protected by material consistent with the fire rating of the assembly they penetrated.

### **2006. Firewalls (I)**

A. A building is defined by the outside walls and any interior four-hour firewalls and shall not exceed the height and area limitations set forth in the SBC for the type of construction.

B. An addition shall be separated from an existing building by a two-hour, fire-rated wall, unless the addition is of equal fire-resistive rating.

C. When an addition is to be constructed of a different type of construction from the existing building, the type of construction and resulting maximum area and height limitations allowed by the SBC shall be determined by the lesser of the types of construction of the building.

D. If the addition is separated by a four-hour firewall, the addition is considered as a separate building, and the type of construction of the addition shall determine the maximum area and height limitations.

### **2007. Floor Finishes (II)**

A. Floor coverings and finishes shall meet the requirements of the SBC.

B. All floor coverings and finishes shall be appropriate for use in each area of the facility and free of hazards, *e.g.*, slippery surfaces. Floor finishes shall be composed of materials that permit frequent cleaning, and when appropriate, disinfection.

### **2008. Wall Finishes (I)**

A. Wall finishes shall meet the requirements of the SBC.

B. Manufacturers' certifications or documentation of treatment for flame spread and other safety criteria shall be furnished and maintained.

## **2009. Curtains and Draperies (II)**

In bathrooms and resident rooms, window treatments shall provide privacy.

## **SECTION 2100 - HAZARDOUS ELEMENTS OF CONSTRUCTION**

### **2101. Furnaces and Boilers (I)**

Furnaces and boilers shall be maintained in accordance with the applicable provisions of NFPA 31, 70, 85C, and 86.

### **2102. Dampers (I)**

Smoke and fire dampers shall be installed on all heating, ventilating, and air conditioning systems as required by NFPA 90A and the SBC.

## **SECTION 2200 - FIRE PROTECTION EQUIPMENT AND SYSTEMS**

### **2201. Firefighting Equipment (I)**

A. Fire extinguishers shall be sized, located, installed, and maintained in accordance with NFPA No. 10, except that portable fire extinguishers intended for use in resident sleeping areas shall be of the 2-A, 2-1/2 gallon, stored-pressure water type.

B. At least one 4-A: 20-BC-type fire extinguisher shall be installed in the following hazardous areas:

1. Laundry;
2. Furnace room;
3. Any other area having a high-risk fire hazard.

C. At least one 2-A: 10-BC-type fire extinguisher shall be located within 25 feet of exits and no more than 75 feet travel distance.

D. The kitchen shall be equipped with a minimum of one 20-BC-type fire extinguisher. Facilities with commercial fixed hood extinguishing systems shall be provided with an additional fire extinguisher of the K class type.

### **2202. Automatic Sprinkler System (I)**

A. An automatic sprinkler system shall be required for all facilities with six or more licensed beds in accordance with the requirements of the SBC under Residential R-4 Occupancy.

B. The sprinkler system shall meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems, or when permitted by SBC, NFPA 13R, Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height.

C. All sprinkler systems, wet and dry, shall have remote inspection/test ports.

D. Facilities that house four or more residents who may require physical assistance to exit the building shall be fully-sprinklered in accordance with NFPA 13.

E. Facilities with a soiled linen storage room over 100 square feet in size shall have an approved automatic sprinkler system unless contained in a separate building.

### **2203. Fire Alarms (I)**

A. When a fire alarm system is required, it shall be provided in accordance with provisions of National Fire Alarm Code (NFPA 72), the SBC, and the State Fire Marshal Regulations.

B. The system shall be arranged to transmit an alarm automatically to the fire department by an approved method.

C. The alarm system shall notify by audible and visual alarm all areas and floors of the building.

D. The alarm system shall cause the central re-circulating ventilation fans that serve the area(s) of alarm origination to cease operation and to shut the associated smoke dampers.

E. The fire alarm pull-station shall be placed in an area in accordance with NFPA 72.

F. All fire, smoke, heat, sprinkler-flow, fire-sensing detectors, manual pull-stations, hold-open devices on fire-rated doors, alarming devices, or other fire-related systems, shall be connected to and monitored by the main fire alarm system, and activate the general alarm when any of these devices are activated.

G. The fire alarm system shall have the main fire alarm located at a readily accessible location. An audible/visual trouble indicator shall be located where it can be observed by staff members/volunteers.

H. The fire alarm system shall be tested initially by an individual licensed to install fire alarms, and at least annually thereafter.

I. When a fire alarm system is required and smoke detectors are placed in resident sleeping rooms, there shall be an indicator light in the hall outside the door of the room to indicate when that smoke detector is activated.

**EXCEPTION:** When the fire alarm system is fully addressable and there are sufficient annunciator panel(s) such that travel distance in any hall to an annunciator panel does not exceed 50 feet, and the annunciator panel will indicate the activated smoke detector by location, the light over the door in the hall is not required.

**2204. Smoke Detectors (I)**

Smoke detectors shall be installed in accordance with NFPA 72, State Fire Marshal Regulations, and the SBC.

**2205. Flammable Liquids (I)**

The storage and handling of flammable liquids shall be in accordance with NFPA 30 and 99.

**2206. Gases (I)**

A. Gases, *i.e.*, flammable and nonflammable, shall be handled and stored in accordance with the provisions of NFPA 99 and 101.

B. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place.

**2207. Furnishings/Equipment (I)**

A. The physical plant shall be maintained free of fire hazards or impediments to fire prevention.

B. No portable electric or unvented fuel heaters shall be permitted in the facility.

C. Fireplaces and fossil-fuel stoves, *e.g.*, wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. 'Unvented' type gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. Wastebaskets, window dressings, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant in accordance with NFPA 701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films. As an exception, window blinds require no flame treatments.

E. Smoking shall be allowed only in designated areas in accordance with the facility smoking policy. No smoking is permitted in resident rooms or staff bedrooms or bath/restrooms.

**SECTION 2300 - EXITS**

**2301. Number and Locations of Exits (I)**

A. Exits, corridors, doors, stairs, ramp, and smoke partitions shall be provided, installed, and maintained in accordance with the provisions of NFPA 101 and the SBC.

B. Rooms and/or suites greater than 1000 square feet shall have at least two exit access doors remote from each other.

C. If exit doors and cross-corridor doors are locked, the requirements for Special Locking Arrangements in the SBC shall be met.

D. Where it can be demonstrated that the provision of the required "irreversible opening upon a delay," as described in SBC, will create a security problem, an alternate method of locking cross corridor and exit doors may be used, provided the following requirements are met:

1. Unlocked exit doors will create a security problem as determined by the facility based upon the condition of residents in the facility;

2. The locking system complies with the requirements in the SBC for Special Locking Arrangements except the requirement for an "irreversible opening upon delay;"

3. The exit doors can be released electrically by staff members/volunteers by a switch(s) or button(s) located at a nearby control point that is not locked;

4. At each locked door, there shall be a key-operated switch that will unlock the door; a keypad may be used for unlocking the door, but this keypad shall not negate the requirement for a key-operated switch;

5. All staff members/volunteers working in the area carry a readily identifiable (by sight and touch) key on their person;

6. Written approval has been granted by DHFC.

E. Fire alarm pull-stations may be locked if all staff members/volunteers working in the area carry on their person a readily identifiable (by sight and touch) key, and there is an unlocked pull-station centrally located in the facility.

F. Halls, corridors and all other means of egress from the building shall be maintained free of obstructions.

G. Those residents that may require physical or verbal assistance to exit the building shall not be located above or below the floor of exit discharge.

H. Each resident room shall open directly to an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level and accessible to a public space free of encumbrances.

**EXCEPTION:** When two resident rooms share a common "sitting" area that opens onto the exit access corridor.

## **SECTION 2400 - WATER SUPPLY/HYGIENE**

### **2401. Design and Construction (II)**

A. A water distribution system, provided by a public or private source, shall be approved by the Department's Bureau of Water before the facility can be constructed and/or placed into operation. (I)

B. Before the construction, expansion, or modification of a water distribution system, application shall be made to the Department for a Permit for Construction. The application shall include such engineering, chemical, physical, or bacteriological data as may be required by the Department and shall be accompanied by engineering plans, drawings, and specifications prepared by an engineer registered in S.C. and shall include his/her signature and official seal.

C. In general, the design and construction of such systems shall be in accordance with standard engineering practices for such installations. The Department shall establish such rules, regulations, and/or procedures as may be necessary to protect the health of the public and to insure proper operation and functioning of the system. The facility's water system shall be in compliance with R.61-58 and other local, state, and federal laws and regulations.

D. Resident and staff hand washing lavatories and resident showers/tubs shall be supplied with hot and cold water at all times.

E. Storage tanks shall be fabricated of corrosion-resistant metal or lined with noncorrosive material.

### **2402. Disinfection of Water Lines (I)**

A. After construction, expansion, or modification, a water distribution system shall be disinfected in accordance with R.61-58.

B. Samples shall be taken from the water system and forwarded to an approved laboratory for bacteriological analysis in accordance with R.61-58. The water shall not be used as a potable supply until certified as satisfactory.

### **2403. Temperature Control (I)**

A. Plumbing fixtures that require hot water and which are accessible to residents shall be supplied with water that is thermostatically controlled to a temperature of at least 100 degrees F. and not to exceed 120 degrees F. at the fixture.

B. The water heater or combination of heaters shall be sized to provide at least six gallons per hour per bed at the above temperature range. (II)

C. Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized. For those facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment/utensil washing sink shall be capable of maintaining the water at a temperature of at least 180 degrees F.

D. Hot water provided for washing linen/clothing shall not be less than 160 degrees F. Should chlorine additives or other chemicals which contribute to the margin of safety in disinfecting linen/clothing be a part of the washing cycle, the minimum hot water temperature shall not be less than 110 degrees F., provided hot air drying is used. (II)

#### **2404. Stop Valves**

Each plumbing fixture shall have stop valves to permit repairs without disrupting service to other fixtures. Each group of fixtures on a floor, each branch main, and each supply line shall be valved.

#### **2405. Cross-connections (I)**

There shall be no cross-connections in plumbing between safe and potentially unsafe water supplies. Water shall be delivered at least two delivery pipe diameters above the rim or points of overflow to each fixture, equipment, or service unless protected against back-siphonage by approved vacuum breakers or other approved back-flow preventers. A faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved back-flow preventer.

#### **2406. Design and Construction of Wastewater Systems (I)**

A. A wastewater system, provided by a public or private source, shall be approved by the Department's Bureau of Water before the facility can be constructed and/or begins operation.

B. Plans, specifications, reports and studies, for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in S.C. and shall carry his/her signature and official seal.

C. The design and construction of wastewater systems shall be in accordance with standard engineering practice and R.61-67.

D. The wastewater system for commercial kitchens shall be in accordance with R.61-25.

E. Liquid waste shall be disposed of in a wastewater system approved by the local authority, e.g., sewage treatment facility.

### **SECTION 2500 - ELECTRICAL**

#### **2501. General (I)**

A. Electrical installations shall be in accordance with the NFPA 70 and 99.

B. Wiring shall be inspected at least annually by a licensed electrician, registered engineer, or certified building inspector.

C. All materials shall be listed as complying with available standards of Underwriters Laboratories, Inc. or other similarly established standards.

D. New systems shall be tested to indicate that the equipment is installed and operates as planned or specified.

### **2502. Panelboards (II)**

Panelboards shall be in accordance with NFPA 70. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits served. This requirement does not apply to life safety system circuits. The directory shall be labeled to conform to the actual room designations. Clear access to the panel shall be maintained, as per NFPA 70. The panelboard directory shall be labeled to conform to the actual room numbers or designations.

### **2503. Lighting**

A. Spaces occupied by persons, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

B. Adequate artificial light shall be provided to include sufficient illumination for reading, observation, and activities. There shall be a minimum of 35 foot-candles in areas used for reading, study, or close work. Lighting in work areas shall not be less than 30 foot-candles.

C. Resident rooms shall have general lighting that provides a minimum of 20 foot-candles in all parts of the room, and shall have at least one light fixture for night lighting. A reading light shall be provided for each resident. The switches to the general and night lighting shall be located at the strike side of the entrance door in each resident room and shall be of the quiet operating type.

D. All food preparation areas, equipment and utensil washing areas, hand washing areas, toilet areas for staff/volunteers, walk-in refrigeration units, dry food storage areas, and dining areas during cleaning operation shall be lighted in accordance with R.61-25.

E. Hallways, stairs, and other means of egress shall be lighted at all times in accordance with NFPA 101, *i.e.*, at a minimum, an average of one foot-candle at floor level. (I)

### **2504. Receptacles (II)**

A. Resident Room. Each resident room shall have duplex grounding type receptacles located per NFPA 70, to include one at the head of each bed.

B. Corridors. Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and within 25 feet of the ends of corridors.

#### **2505. Ground Fault Protection (I)**

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms in accordance with the provisions of NFPA 70.

B. Ground fault circuit-interrupter protection shall be provided for any receptacles within six feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.

#### **2506. Exit Signs (I)**

A. In facilities licensed for six or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs bearing the words "Exit" in red letters, six inches in height, on a white background.

B. Changes in egress direction shall be marked with exit signs with directional arrows.

C. Exit signs in corridors shall be provided to indicate two directions of exit.

#### **2507. Emergency Electric Service (I)**

Emergency electric services shall be provided as follows:

- A. Exit lights, if required;
- B. Exit access corridor lighting;
- C. Illumination of means of egress;
- D. Fire detection and alarm systems, if required.

### **SECTION 2600 - HEATING, VENTILATION, AND AIR CONDITIONING**

#### **2601. General (II)**

A. Heating, ventilation, and air conditioning (HVAC) systems shall comply with NFPA 90A and all other applicable codes.

B. The HVAC system shall be inspected at least once a year by a certified/licensed technician.

C. The facility shall maintain a temperature of between 72 and 78 degrees F. in resident areas.

D. No HVAC supply or return grill shall be installed within three feet of a smoke detector. (I)

E. HVAC grills shall not be installed in floors.

F. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the residents/staff/volunteers.

G. All kitchen areas shall be adequately ventilated in order for all areas to be kept free from excessive heat, steam, condensation, vapors, smoke, and fumes.

H. Each bath/restroom shall have either operable windows or have approved mechanical ventilation.

## **SECTION 2700 - PHYSICAL PLANT**

### **2701. Facility Accommodations/Floor Area (II)**

A. The facility shall provide an attractive, homelike, and comfortable environment. There shall be homelike characteristics throughout the facility such as, but not limited to, pictures, books, magazines, clocks, plants, current calendars, stereos, television, and appropriate holiday or seasonal decorations. Consideration shall be given to the preferences of the residents in determining an appropriate homelike atmosphere in resident rooms and activity/dining areas.

B. There shall be sufficient living arrangements providing for residents' quiet reading, study, relaxation, entertainment, or recreation, to include living, dining, and recreational areas available for residents' use.

C. Minimum square footage requirements shall be as follows: (II)

1. Twenty square feet per licensed bed of living and recreational areas combined, excluding bedrooms, halls, kitchens, dining rooms, bathrooms, and rooms not available to the residents;

2. Fifteen square feet of floor space in the dining area per licensed bed.

D. All required care/services furnished at the facility shall be provided in a manner which does not require residents to ambulate from one site to another outside the building(s), nor which impedes residents from ambulating from one site to another due to the presence of physical barriers.

E. Methods for ensuring visual and auditory privacy between resident and staff/volunteers/visitors shall be provided as necessary.

## **2702. Resident Rooms**

A. A resident shall have the choice to furnish his/her room or resident bathroom. Whether the resident or the facility furnishes the room, each resident room shall be equipped with the following as a minimum for each resident:

1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow, and pillowcases; roll-away type beds, cots, bunkbeds, and folding beds shall not be used. It is permissible to remove a resident bed and place the mattress on a platform or pallet provided the physician or other authorized healthcare provider has approved and the decision is documented in the ICP. (II)

**EXCEPTION:** In the case of a married couple sharing the same room, a double bed is permitted if requested. For all other requirements, this shall be considered a bedroom with two beds.

2. A closet or wardrobe, a bureau consisting of at least three drawers, and a compartmentalized bedside table/nightstand to adequately accommodate each resident's personal clothing, belongings, and toilet articles. Built-in storage is permitted.

**EXCEPTION:** In existing facilities, if square footage is limited, residents may share these storage areas; however, specific spaces within these storage areas shall be provided particular to each resident.

3. A comfortable chair for each resident occupying the room. In facilities licensed prior to the promulgation of this regulation, if the available square footage of the resident room will not accommodate a chair for each resident or if the provision of multiple chairs impedes resident ability to freely and safely move about within their room, at least one chair shall be provided and provisions made to have additional chairs available for temporary use in the resident's room by visitors.

B. If hospital-type beds are used, there shall be at least two lockable casters on each bed, located either diagonally or on the same side of the bed.

C. Beds shall not be placed in corridors, solaria, or other locations not designated as resident room areas. (I)

D. No resident room shall contain more than three beds. (II)

E. No resident room shall be located in a basement.

F. Access to a resident room shall not be by way of another resident room, toilet, bathroom, or kitchen.

**EXCEPTION:** Access to a resident room through the kitchen is permissible in facilities licensed for five beds or less.

G. Equipment such as bedpans, urinals, and hot water bottles, necessary to meet resident needs, shall be provided. Portable commodes shall be permitted in resident rooms only at night or in case of temporary illness, and suitably stored at all other times. (II)

**EXCEPTION:** Permanent positioning of a portable commode at bedside shall only be permitted if the room is private, the commode is maintained in a sanitary condition, and the room is of sufficient size to accommodate the commode.

H. Side rails may be utilized when required for safety and when ordered by a physician or other authorized healthcare provider. When there are special concerns, e.g., residents with Alzheimer's disease and/or related dementia, side rail usage shall be monitored by staff members as per facility policies and procedures. (I)

I. In semi-private rooms, when personal care is being provided, arrangements shall be made to ensure privacy, e.g., portable partitions or cubicle curtains when needed or requested by a resident.

J. There shall be at least one (1) mirror in each resident room. As an exception, when a resident's condition is such that having a mirror may be detrimental to his/her well-being, e.g., agitation and confusion associated with Alzheimer's disease and/or related dementia, mirrors are not required.

K. Consideration shall be given to resident compatibility in the assignment of rooms for which there is multiple occupancy.

L. At least one private room shall be available in the facility in order to provide assistance in addressing resident compatibility issues, resident preferences, and accommodations for residents with communicable disease.

### **2703. Resident Room Floor Area**

A. Except for facilities with five beds or less, each resident room is considered a tenant space and shall be enclosed by one-hour fire-resistive construction with a 20-minute fire-rated door, opening onto an exit access corridor. (I)

B. Each resident room shall be an outside room with an outside window or door for exit in case of emergency. This window or door shall not open onto a common area screened porch. (I)

C. The resident room floor area is a usable or net area and does not include wardrobes (built-in or freestanding), closets, or the entry alcove to the room. The following is the minimum floor space allowed: (II)

1. Rooms for only one resident: 100 square feet;

2. Rooms for more than one resident: 80 square feet per resident.

D. There shall be at least three feet between beds. (II)

**2704. Bathrooms/Restrooms (II)**

A. Separate bathroom facilities shall be provided for live-in staff members/ volunteers and/or family.

B. In bath/restrooms, the restroom floor area shall not be less than 15 square feet.

C. Toilets shall be provided in ample number to serve the needs of staff members/ volunteers. The minimum number for residents shall be one toilet for each six licensed beds or fraction thereof.

D. There shall be at least one (1) handwash lavatory adjacent to each toilet. Liquid soap shall be provided in public restrooms and bathrooms used by more than one resident. Communal use of bar soap is prohibited. A sanitary individualized method of drying hands shall be available at each lavatory.

E. There shall be one bathtub or shower for each eight licensed beds or fraction thereof.

F. All bathtubs, toilets, and showers used by residents shall have approved grab bars securely fastened in a usable fashion.

G. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

H. Toilet facilities shall be conveniently located for kitchen employees. The doors of all toilet facilities located in the kitchen shall be self-closing.

I. Facilities for handicapped persons shall be provided as per the SBC whether or not any of the residents are classified as handicapped.

J. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surfaces to the highest level of splash.

K. There shall be a mirror above each bathroom lavatory for residents' grooming.

L. An adequate supply of toilet tissue shall be maintained in each bathroom.

M. Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered.

N. Bar soap, bath towels, and washcloths shall be provided to each resident as needed. Bath linens assigned to specific residents may not be stored in centrally located bathrooms. Provisions shall be made for each resident to properly keep their

bath linens in their room, *i.e.*, on a towel hook/bar designated for each resident occupying that room, or bath linens to meet resident needs shall be distributed as needed, and collected after use and stored properly, per Section 1706.

**EXCEPTION:** Bath linens assigned to specific residents for immediate use may be stored in the bathroom provided the bathroom serves a single occupancy (one resident) room, or is shared by occupants of adjoining rooms, for a maximum of six residents. A method that distinguishes linen assignment and discourages common usage shall be implemented.

## **2705. Doors (II)**

A. All resident rooms and bath/restrooms shall have opaque doors for the purpose of privacy.

B. All glass doors, including sliding or patio type doors shall have a contrasting or other indicator that causes the glass to be observable, *e.g.*, a decal located at eye level.

C. Exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets, which are not subject to occupancy, shall not swing into corridors in a manner that obstructs corridor traffic flow or reduces the corridor width to less than one-half the required width during the opening process.

**EXCEPTION:** Not applicable to facilities with five or less beds not built to institutional standards.

D. Doorways from exit-access passageways to the outside of the facility shall be at least 80 inches in height.

E. Door widths on exit doors shall be in accordance with the SBC.

F. Bath/restroom door widths shall be at least 32 inches wide.

G. Doors to resident occupied rooms shall be at least 32 inches wide.

H. Doors that have locks shall be unlockable and openable with one action.

I. If resident room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room (see Section 2301.D).

J. All resident room doors shall be solid-core; facilities licensed for six beds or more shall have 20-minute doors with closures.

K. Soiled linen storage room over 100 square feet shall be of one-hour, fire-resistive construction with "C"-labeled 3/4-hour door.

## **2706. Elevators (II)**

A. Elevators, if utilized, shall be installed and maintained in accordance with the provisions of the SBC, ANSI17.1 Safety Code for Elevators and Escalators, and NFPA 101, if applicable.

B. Elevators shall be inspected and tested upon installation, prior to first use, and annually thereafter by a certified elevator inspector.

## **2707. Corridors (II)**

A. Corridor width requirements shall be as follows:

1. Less than six licensed beds - not less than 36 inches;
2. Six to 10 licensed beds - not less than 40 inches;
3. Over 10 licensed beds - not less than 44 inches.

B. Corridors and passageways in all facilities shall be in accordance with the SBC.

## **2708. Ramps (II)**

A. At least one exterior ramp, accessible by all residents, staff members/volunteers, and visitors shall be installed from the first floor to grade.

B. The ramp shall serve all portions of the facility where residents are located.

C. The surface of a ramp shall be of nonskid materials.

D. Ramps shall be constructed in a manner in compliance with ANSI 117.1, *i.e.*, for every inch of height, the ramp shall be at least one foot long.

E. Ramps in facilities with 11 or more licensed beds shall be of noncombustible construction. (I)

F. Ramps shall discharge onto a surface that is firm and negotiable by persons who are physically challenged in all weather conditions and to a location accessible for loading into a vehicle.

## **2709. Landings (II)**

Exit doorways shall not open immediately upon a flight of stairs. A landing shall be provided that is at least the width of the door and is the same elevation as the finished floor at the exit. (II)

## **2710. Handrails/Guardrails (II)**

A. Handrails shall be provided on at least one side of each corridor/hallway, and on all stairways, ramps, and porches with two or more steps. Ends of all installed handrails shall return to the wall.

**EXCEPTION:** In facilities with 10 beds or less, handrails are not required for interior halls.

B. All porches, walkways, and recreational areas (such as decks, etc.) that are elevated 30 inches or more above grade shall have guardrails 42 inches high. Open guardrails shall have intermediate rails through which a six-inch diameter sphere cannot pass.

### **2711. Screens (II)**

Windows, doors and openings intended for ventilation shall be provided with insect screens.

### **2712. Windows/Mirrors**

A. The window dimensions and maximum height from floor to sill shall be in accordance with the SBC and the Life Safety Code, as applicable.

B. Where clear glass is used in windows, with any portion of the glass being less than 18 inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent an individual from injuring him/herself by accidentally stepping into or kicking the glass. (II)

C. Windows shall be operable at all times.

D. Where resident safety awareness is impaired, safety (non-breakable) mirrors shall be used.

### **2713. Janitor's Closet (II)**

There shall be a lockable janitor's closet in facilities with 16 licensed beds or more. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

### **2714. Storage Areas**

A. Adequate general storage areas shall be provided for resident and staff/volunteer belongings, equipment, and supplies as well as clean linen, soiled linen, wheel chairs, and general supplies and equipment.

B. Areas used for storage of combustible materials and storage areas exceeding 100 square feet in area shall be provided with an NFPA-approved automatic sprinkler system. (I)

C. In storage areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of stored items and the sprinkler heads. The tops of storage cabinets and shelves attached to or built into the perimeter walls may be closer than 18 inches below the sprinkler heads. In nonsprinklered storage areas, there shall be at least 24 inches of space from the ceiling. (I)

D. All ceilings, floor assemblies, and walls enclosing storage areas of 100 square feet or greater shall be composed of not less than one-hour fire-resistive construction with "C"-labeled, 3/4-hour fire-rated door(s) and closer(s). (I)

E. Storage buildings on the premises shall meet the SBC requirement regarding distance from the licensed building. Storage in buildings other than on the facility premises shall be secure and accessible. An appropriate controlled environment shall be provided if necessary for storage of items requiring such an environment.

F. In mechanical rooms used for storage, the stored items shall be located away from mechanical equipment and shall not be a type of storage that might create a fire or other hazard. (I)

G. Supplies/equipment shall not be stored directly on the floor. Supplies/equipment susceptible to water damage/contamination shall not be stored under sinks or other areas with a propensity for water leakage.

H. In facilities licensed after the promulgation of these regulations with 16 beds or more, there shall be a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

### **2715. Telephone Service**

A. At least one (1) telephone shall be available on each floor of the facility with at least one (1) active main or fixed-line telephone service available.

B. At least one telephone shall be provided on each floor for staff members/volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency; pay station phones are not acceptable for this purpose.

### **2716. Location**

A. Transportation. The facility shall be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. Parking. The facility shall have a parking area to reasonably satisfy the needs of residents, staff members/volunteers, and visitors.

C. Access to firefighting equipment. Facilities shall maintain adequate access to and around the building(s) for firefighting equipment. (I)

## **2717. Outdoor Area**

A. Outdoor areas where unsafe, unprotected physical hazards exist shall be enclosed by a fence or a natural barrier of a size, shape, and density that effectively impedes travel to the hazardous area. (I)

B. Where required, fenced areas that are part of a fire exit from the building shall have a gate in the fence that unlocks in case of emergency per Special Locking Arrangements in the SBC. (I)

C. Mechanical or equipment rooms that open to the outside of the facility shall be kept protected from unauthorized individuals. (II)

D. If a swimming pool is part of the facility, it shall be designed, constructed, and maintained pursuant to R.61-51. (II)

E. There shall be sufficient number of outside tables and comfortable chairs to meet the needs of the residents.

## **SECTION 2800 - SEVERABILITY**

### **2801. General**

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect as if such invalid portions were not originally a part of these regulations.

## **SECTION 2900 - GENERAL**

### **2901. General**

Conditions that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.

**BILL OF RIGHTS - APPENDIX A**  
**BILL OF RIGHTS FOR RESIDENTS OF LONG-TERM CARE FACILITIES**  
**SC CODE OF LAWS, 1976, AS AMENDED**

**§ 44-81-10. Short title:** This act may be cited as the "Bill of Rights for Residents of Long-Term Care Facilities".

**§ 44-81-20. Legislative findings:** The General Assembly finds that persons residing within long-term care facilities are isolated from the community and often lack the means to assert their rights fully as individual citizens. The General Assembly recognizes the need for these persons to live within the least restrictive environment possible in order to retain their individuality and personal freedom. The General Assembly further finds that it is necessary to preserve the dignity and personal integrity of residents of long-term care facilities through the recognition and declaration of rights safeguarding against encroachments upon each resident's need for self-determination.

**§ 44-81-30. Definitions:** As used in this chapter:

(1) "Long-term care facility" means an intermediate care facility, nursing care facility, or residential care facility subject to regulation and licensure by the State Department of Health and Environmental Control (department).

(2) "Resident" means a person who is receiving treatment or care in a long-term care facility.

(3) "Representative" means a resident's legal guardian, committee, or next of kin or other person acting as agent of a resident who does not have a legally appointed guardian.

**§ 44-81-40. Rights of residents; written and oral explanation required.**

(A) Each resident or the resident's representative must be given by the facility a written and oral explanation of the rights, grievance procedures, and enforcement provisions of this chapter before or at the time of admission to a long-term care facility. Written acknowledgment of the receipt of the explanation by the resident or the resident's representative must be made a part of the resident's file. Each facility must have posted written notices of the residents' rights in conspicuous locations in the facility. The written notices must be approved by the department. The notices must be in a type and a format which is easily readable by residents and must describe residents' rights, grievance procedures, and the enforcement provisions provided by this chapter.

(B) Each resident and the resident's representative must be informed in writing, before or at the time of admission, of:

(1) available services and of related charges, including all charges not covered under federal or state programs, by other third party payers, or by the facility's basic per diem rate;

(2) the facility's refund policy which must be adopted by each facility and which must be based upon the actual number of days a resident was in the facility and any reasonable number of bed-hold days. Each resident and the resident's representative must be informed in writing of any subsequent change in services, charges, or refund policy.

(C) Each resident or the resident's legal guardian has the right to:

(1) choose a personal attending physician;

(2) participate in planning care and treatment or changes in care and treatment;

(3) be fully informed in advance about changes in care and treatment that may affect the resident's well-being;

(4) receive from the resident's physician a complete and current description of the resident's diagnosis and prognosis in terms that the resident is able to understand;

(5) refuse to participate in experimental research.

(D) A resident may be transferred or discharged only for medical reasons, for the welfare of the resident or for the welfare of other residents of the facility, or for nonpayment and must be given written notice of not less than thirty days, except that when the health, safety, or welfare of other residents of the facility would be endangered by the thirty-day notice requirement, the time for giving notice must be that which is practicable under the circumstances. Each resident must be given written notice before the resident's room or roommate in the facility is changed.

(E) Each resident or the resident's representative may manage the resident's personal finances unless the facility has been delegated in writing to carry out this responsibility, in which case the resident must be given a quarterly report of the resident's account.

(F) Each resident must be free from mental and physical abuse and free from chemical and physical restraints except those restraints ordered by a physician.

(G) Each resident must be assured security in storing personal possessions and confidential treatment of the resident's personal and medical records and may approve or refuse their release to any individual outside the facility, except in the case of a transfer to another health care institution or as required by law or a third party payment contract.

(H) Each resident must be treated with respect and dignity and assured privacy during treatment and when receiving personal care.

(I) Each resident must be assured that no resident will be required to perform services for the facility that are not for therapeutic purposes as identified in the plan of care for the resident.

(J) The legal guardian, family members, and other relatives of each resident must be allowed immediate access to that resident, subject to the resident's right to deny access or withdraw consent to access at any time. Each resident without unreasonable delay or restrictions must be allowed to associate and communicate privately with persons of the resident's choice and must be assured freedom and privacy in sending and receiving mail. The legal guardian, family members, and other relatives of each resident must be allowed to meet in the facility with the legal guardian, family members, and other relatives of other residents to discuss matters related to the facility, so long as the meeting does not disrupt resident care or safety.

(K) Each resident may meet with and participate in activities of social, religious, and community groups at the resident's discretion unless medically contraindicated by written medical order.

(L) Each resident must be able to keep and use personal clothing and possessions as space permits unless it infringes on another resident's rights.

(M) Each resident must be assured privacy for visits of a conjugal nature.

(N) Married residents must be permitted to share a room unless medically contraindicated by the attending physician in the medical record.

(O) A resident or a resident's legal representative may contract with a person not associated with or employed by the facility to perform sitter services unless the services are prohibited from being performed by a private contractor by state or federal law or by the written contract between the facility and the resident. The person, being a private contractor, is required to abide by and follow the policies and procedures of the facility as they pertain to sitters and volunteers. The person must be selected from an approved list or agency and approved by the facility. All residents or residents' legal representatives employing a private contractor must agree in writing to hold the facility harmless from any liability.

#### **§ 44-81-50. Discrimination.**

Each resident must be offered treatment without discrimination as to sex, race, color, religion, national origin, or source of payment.

#### **§ 44-81-60. Grievance procedures; review by department.**

Each facility shall establish grievance procedures to be exercised by or on behalf of the resident to enforce the rights provided by this act. The department shall review and approve these grievance procedures annually. This act is enforced by the department. The department may promulgate regulations to carry out the provisions of this act.

**§ 44-81-70. Retaliation.**

No facility by or through its owner, administrator, or operator, or any person subject to the supervision, direction, or control of the owner, administrator, or operator shall retaliate against a resident after the resident or the resident's legal representative has engaged in exercising rights under this act by increasing charges, decreasing services, rights, or privileges, or by taking any action to coerce or compel the resident to leave the facility or by abusing or embarrassing or threatening any resident in any manner.

**ALZHEIMER'S ACT - APPENDIX B  
ALZHEIMER'S SPECIAL CARE DISCLOSURE ACT  
SC CODE OF LAWS, 1976, AS AMENDED**

**§ 44-36-520.**

A nursing home, community residential care facility, or day care facility for adults licensed by the Department of Health and Environmental Control which offers to provide or provides an Alzheimer's special care unit or program must include in its policies and procedures and disclose to the responsible party seeking a placement within the Alzheimer's special care unit or program, the form of care or treatment provided that distinguishes it as being especially applicable to or suitable for persons with Alzheimer's disease. The information that distinguishes the form of care or treatment shall include criteria for admission, transfer, and discharge; care planning; staffing patterns; staff training; physical environment; resident and participant activities; family role in care; and unique costs to the resident or participant associated with specialized service delivery.

## REGULATION 61-84

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