

Nursing Homes

AND

Assisted Living Facilities

WHAT'S THE DIFFERENCE?



Although the terms “assisted living” and “nursing home” are often used interchangeably, there is a big difference between the two types of facilities. Knowing the difference can empower you and your family to make the best decision possible regarding your or a loved one’s health. In South Carolina, assisted living facilities are also known as *Community Residential Care Facilities (CRCFs)*.

	NURSING HOME (NH)	ASSISTED LIVING (CRCF)
PURPOSE	A facility with an organized nursing staff that provides intermediate or skilled nursing care for persons who are not in need of hospital care. The facility staff maintains and operates organized services to accommodate two (2) or more unrelated individuals over a period of time exceeding twenty-four (24) hours. The facility operates in connection with a hospital or as a freestanding facility.	A facility that offers room and board and provides a degree of personal care for two (2) or more persons, 18 years or older, over a period of time exceeding twenty-four (24) hours. It is designed to accommodate residents’ changing needs and preferences, maximize residents’ dignity, privacy, independence, and safety, and encourage family and community involvement.
AVERAGE RESIDENT	Seniors who need around-the-clock care and monitoring, who have disabilities or more complex health conditions or severe memory loss or mobility problems.	Active seniors who need help with basic daily tasks like getting dressed, walking, taking medications, and bathing. Residents do not need constant care, can handle most tasks on their own and can still live an active and independent lifestyle.
STAFFING DIFFERENCES	Required to have “registered nurse” and “non-licensed nursing staff” on duty. Must have nurses and a medical director. Requires an appropriately licensed administrator by the SC State Board of Long-Term Health Care Administrators.	Required to have properly trained staff members on duty. Requires an appropriately licensed administrator by the SC State Board of Long-Term Health Care Administrators.

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STAFFING/PATIENT RATIOS	Maintains at least one licensed nurse per shift for each staff work area. Provide a minimum of one and sixty-three hundredths (1.63) hours of direct care per resident per day from the non-licensed nursing staff; and (2) maintain at least one licensed nurse per shift for each staff work area. Non-licensed nursing staff are provided to meet at least the following resident-to-staff ratio schedule: ▪ Nine to one (9 to 1) for shift one (1) ▪ Thirteen to one (13 to 1) for shift two (2) ▪ Twenty-two to one (22 to 1) for shift three (3)	In each building, there will be at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours (i.e., those hours from 7 a.m. to 7 p.m.). In each building, during non-peak hours, there will be at least one staff member/volunteer on duty for each 30 residents or fraction thereof. Staff members/volunteers are able to respond to resident needs during non-peak hours.
ACTIVITIES	Facilities are required to offer a regular and ongoing program of varied, meaningful activities designed to suit the interests and physical and cognitive capabilities of the residents who choose to participate. Facilities will provide recreational activities that provide stimulation (intellectual, physical); 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. Variety in planning may include some outdoor activities in suitable weather. Plans for activity involvement, both on an individual and a group basis, will be developed for all residents. The planned activities may include community intergenerational programs, if applicable.	Facilities are required to offer a variety of recreational programs to suit the interests and physical/cognitive capabilities of the residents that choose to participate. The facility will 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. At least one different structured recreational activity will be provided daily each week that accommodate residents' needs/interests/capabilities as indicated in the ICP's.

NURSING HOME (NH)

ASSISTED LIVING (CRCF)

MEDICATIONS

Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid are properly managed in accordance with state, federal, and local laws and regulations.

MEALS

Meals are custom to the dietary needs of the residents under the direction of a dietitian or qualified food service supervisor who is responsible for supervising the meal service staff, planning, preparation and serving of food and the maintenance of proper records. A dietitian will be available to provide dietary review, menu planning, and consultation.

Menus will be planned by a dietitian, physician or other authorized healthcare provider. All facilities shall provide dietary services to meet the daily nutritional needs of the residents

Residents are encouraged to participate in communal dining for the social benefit.

FACILITY CHARACTERISTICS

Two patients will sometimes share a room. Many facilities will have medical equipment such as x-ray machines, electric beds and ventilators. Resident care will consist of rehabilitation, memory care and nursing care.

Vary from looking like residential homes to apartment style buildings. Residents will sometimes have their own room. Some facilities will offer rooms or suites with mini kitchens. Resident care will consist of assisting and/or directing with activities of daily living, being aware of residents' general whereabouts and monitoring of activities of residents while on premises to ensure their health, safety and well-being.

	NURSING HOME (NH)	ASSISTED LIVING (CRCF)
MEDICARE/MEDICAID/PRIVATE PAY	Some NHs are certified for participation in Medicare and Medicaid programs, but not all. NHs may also accept private pay residents.	There are private pay CRCFs. Some CRCFs are also enrolled with S.C. Department of Health and Human Services in the Optional State Supplement (OSS) program.
RESIDENT RIGHTS	NHs and CRCFs must comply with all current Federal, State, and local laws and regulations concerning resident care, resident rights and protections, and privacy and disclosure requirements. As a resident, individuals and legal guardians have the rights outlined in the Bill of Rights for Residents of Long-Term Care Facilities found in the South Carolina Code of Laws, Sections 44-81-20 et. seq.	
ADMINISTRATOR	An individual designated by the licensee who has the authority and responsibility to manage the facility and who is in charge of all functions and activities of the facility. This individual will be appropriately licensed as a nursing home or community residential care facility administrator by the South Carolina State Board of Long-Term Health Care Administrators. Both NH and CRCFs require the facility administrator be licensed by LLR. DPH does not license administrators for either type.	

	NURSING HOME (NH)	ASSISTED LIVING (CRCF)
OVERSIGHT	DPH is the state survey agency for South Carolina that contracts with CMS to survey NHs participating in the Medicare and Medicaid programs. DPH also oversees the licensure of South Carolina NHs.	DPH oversees the licensure of South Carolina CRCFs.
SECURITY	Security for a NH and CRCF are similar. In a NH and CRCF the exit doors can be locked or have a delayed egress door that when triggered will release within 15 seconds. Additional safety measures for secured doors can be an alarm, release of door locks upon loss of power, and activation of the fire alarm system. Other than the limitations of resident movement in special instances, for example, Alzheimer's unit, residents shall be assured freedom of movement. Residents cannot be locked in or out of their rooms or common areas.	
INSPECTIONS	Inspected by DPH every two years for state licensure and annually for participation in Medicare/Medicaid (9-15 months). Fire and Life Safety inspections for both Medicare/Medicaid and State are conducted on a 9-15 month schedule. Inspections for participation in Medicare/Medicaid are to determine compliance with applicable federal regulations and the CMS State Operations Manual (SOM). State Inspections are to determine compliance with Regulation 61-17 and its applicable referenced codes.	Inspected by DPH annually for state licensure. Inspections are to determine compliance with Regulation 61 - 84 and its applicable referenced codes.

USEFUL RESOURCES



Visit dph.sc.gov/findafacility to view a full list of all operating facilities across the state and search what's available in your community using our **Find a Facility** interactive map.



DPH encourages the use of our **online complaint form** when any wrongdoing at a healthcare facility or service regulated by DPH is suspected. Scan the above QR code with your phone's camera, or visit: dph.sc.gov/professionals/healthcare-quality/file-complaint



View the **Resident's Bill of Rights for Residents of Long-Term Care Facilities** on the SC Legislature website, by scanning the above QR code, or by visiting scstatehouse.gov/code/t44c081.php



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH