



SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH

## Regulation 60-17 Standards for Licensing Nursing Homes

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## SECTION 100 – DEFINITIONS AND REFERENCES

### 101. Definitions

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

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing to be inflicted physical injury on a resident by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a physician or other legally authorized healthcare professional or that is part of a written ICP by a physician or other legally authorized healthcare professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between residents.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a resident or within the resident's hearing distance, regardless of the resident's age, ability to comprehend, or disability, including threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

B. 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 and other similar activities.

C. 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. It includes the acts of preparing and giving medications in accordance with the orders of a physician or other legally authorized healthcare provider as to medication, dosage, route and frequency; observing, recording, and reporting desired effects, adverse reactions, and side effects of medication therapy; intervening when emergency care is required as a result of medication therapy; appropriately instructing the resident regarding his or her medication; recognizing accepted prescribing limits and reporting deviations to the prescriber.

D. Administrator. The individual designated by the licensee who has the authority and responsibility to manage the facility, who is in charge of all functions and activities of the facility, and who is appropriately licensed as a nursing home Administrator by the South Carolina State Board of Long-Term Health Care Administrators.

E. Adult. A person eighteen (18) years of age or older.

F. Advance Directive. Any document recognized under state law indicating a resident's choice with regard to a specific service, treatment, medication or medical procedure option that may be implemented in the future, such as power of attorney, healthcare directive, limited or restricted treatment cardio-pulmonary resuscitation (CPR), do not resuscitate (DNR), and organ tissue donation.

G. Airborne Infection Isolation (AII). 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 (6-12) 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.

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

I. Application. A completed application form and any supplemental documentation and information required by this regulation, for example, fee, emergency evacuation plan.

J. Assessment. A procedure for determining the nature and extent of the problem(s) and needs of a resident and/or a potential 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 ICP. Included in the process is an evaluation of the physical, emotional, behavioral, social, spiritual, nutritional, recreational, and, when appropriate, pain management, vocational, educational, legal status or needs of a resident and/or a potential resident. Consideration of each resident's needs, strengths, and weaknesses shall be included in the assessment.

K. 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).

L. Certified Nurse Aide (CNA). A person whose duties are assigned by a licensed nurse and who has successfully completed a state-approved training program or course with a curriculum prescribed by the South Carolina Department of Health and Human Services, holds a certificate of training from that program or course and is listed on the South Carolina Registry of Certified Nurse Aides.

M. Consultation. A visit by Department representatives who will provide information to the licensee in order to facilitate compliance with these regulations.

N. 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.

O. 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.

P. Controlling Interest. In the case of a corporation, controlling interest means more than fifty percent (50%) of the total combined voting power of all classes of stock of the corporation entitled to vote or more than fifty percent (50%) of the capital, profits or beneficial interest in the voting stock of the corporation. In the case of a partnership, association, trust or other entity, controlling interest means more than fifty percent (50%) of the capital, profits or beneficial interest in the partnership, association, trust or other entity.

Q. Department. The South Carolina Department of Public Health.

R. Designee. A staff member designated by the Administrator to act on his or her behalf.



S. Direct Care Staff Member and Direct Care Volunteer. A licensed nurse, or nurse aide; any other licensed professional who provides to residents ‘hands on’ direct care or services and includes, but is not limited to, a physical, speech, occupational, or respiratory care therapist; a person who is not licensed but provides ‘hands on’ physical assistance or care to a resident. It does not include a family member, a faculty member or student enrolled in an educational program, including clinical study in a nursing home.

T. Discharge. The termination of resident or outpatient status in a facility by which the facility no longer maintains active responsibility for the care of the resident or outpatient.

U. Dispensing Medication. The transfer of possession of one (1) or more doses of a medication or device by a licensed pharmacist or individual as permitted by law, to the ultimate consumer or his or 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.

V. Do Not Resuscitate (DNR) Order. An order entered by the resident’s attending physician in the resident’s record that states that in the event the resident suffers cardiac or respiratory arrest, cardio-pulmonary resuscitation should not be attempted. The order may contain limiting language to allow only certain types of cardio-pulmonary resuscitation to the exclusion of other types of cardio-pulmonary resuscitation.

W. Electronic Signature. An electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by an individual with the legal authority to sign the record.

X. Exploitation. 1) Causing or requiring a resident to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a resident. Exploitation does not include requiring a resident to participate in an activity or labor that is a part of a written ICP or that is prescribed or authorized by the resident’s attending physician; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a resident by an individual for the profit or advantage of that individual or another individual; 3) or causing a resident to purchase goods or services for the profit or advantage of the seller or another individual through undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the resident through cunning arts or devices that delude the resident and cause him or her to lose money or other property.

Y. Facility. A nursing home licensed by the Department.

Z. Health Assessment. An evaluation of the health status of a staff member or volunteer by a physician, other legally authorized healthcare provider, or registered nurse, pursuant to written standing orders and/or protocol approved by a physician’s signature.

AA. Incident. An unusual unexpected adverse event, including harm, injury, or death of staff or residents, accidents, for example, medication errors, adverse medication reactions, elopement of a resident.

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

CC. Inspection. A visit by a Department representative(s) for the purpose of determining compliance with this regulation.

DD. Institutional Nursing Home. A nursing home (established within the jurisdiction of a larger nonmedical institution) that maintains and operates organized facilities and services to accommodate only students, residents or inmates of the institution.

EE. Interdisciplinary Team. A group designated by the facility to provide or supervise care, treatment, and services provided by the facility. The group normally includes the following persons: a registered nurse, dietary, social services, direct care staff members, nurse aides, and activity professionals.

FF. Investigation. An official inquiry by an authorized individual(s) to a licensed or unlicensed facility for the purpose of determining the validity of allegations received by the Department relating to this regulation.

GG. Isolation. The separation of individuals known or suspected (via signs, symptoms, or laboratory criteria) to be infected with a contagious disease to prevent them from transmitting disease to others.

HH. 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.

II. Legally Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific medical treatments, care, or services to staff members and/or residents, for example, advanced practice registered nurses, physician assistants.

#### JJ. Legend Drug.

1. A medication required by federal law to be labeled with any of the following statements prior to being dispensed or delivered:

a. “Caution: Federal law prohibits dispensing without prescription”;

b. “Rx only”;

2. A medication required by federal or state law to be dispensed pursuant to a prescription medication order or restricted to use by practitioners only;

3. Any medication products designated by the South Carolina Board of Pharmacy to be a public health threat; or

4. Any prescribed compounded prescription within the meaning of the South Carolina Pharmacy Practice Act.

KK. License. A printed certificate issued by the Department to the licensee that authorizes the operation of a nursing home.

LL. Licensed Nurse. A person licensed by the South Carolina Board of Nursing as a registered nurse or licensed practical nurse or a person licensed as a registered nurse or licensed practical nurse who resides in another state that has been granted multi-state licensing privileges by the South Carolina Board of Nursing. This person may practice nursing in any facility or activity licensed by the Department subject to the provisions and conditions as indicated in the Nurse Licensure Compact Act.

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

NN. Medication. A substance that has therapeutic effects, including, but not limited to, legend drugs, nonlegend and herbal products, vitamins, and nutritional supplements.

OO. Monthly. A time period that requires an activity to be completed at least twelve (12) times a year within intervals ranging from twenty-five to thirty-five (25 to 35) days.

PP. Neglect. The failure or omission of a direct care staff member or direct care volunteer to provide the care, goods, or services necessary to maintain the health or safety of a resident including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Neglect may be repeated conduct or a single incident that has produced or could result in physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect.

QQ. Nonlegend Medication. A medication that may be sold without a prescription and that is labeled for use by the consumer in accordance with the requirements of the laws of this state and the federal government.

RR. Nursing Home. A facility with an organized nursing staff to maintain and operate organized facilities and services to accommodate two (2) or more unrelated individuals over a period exceeding twenty-four (24) hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing intermediate or skilled care for persons who are not in need of hospital care.

SS. Occupational Therapist. A person currently licensed as such by the South Carolina Board of Occupational Therapy Examiners.

TT. Pharmacist. A person currently registered as such by the South Carolina Board of Pharmacy.

UU. Physical Examination. An examination of a resident that addresses those issues identified in Section 1200 of this regulation.

VV. Physical Therapist. A person currently licensed as such by the South Carolina Board of Physical Therapy Examiners.

WW. Physician. A person currently licensed as such by the South Carolina Board of Medical Examiners.

XX. Physician Order. A physician's written authorization or prescription for the provision of services.

YY. Physician Assistant. A person currently licensed as such by the South Carolina Board of Medical Examiners.

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

AAA. 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.

BBB. Repeat Violation. The recurrence of any violation cited under the same section of the regulation within a thirty-six-month (36-month) period. The time period determinant of repeat violation status is not interrupted by licensee changes.

CCC. Resident. Any person, other than a staff member or volunteer, who resides in a facility and occupies a licensed bed.

DDD. Resident Council. A group of residents having the right to meet as a group to address resident issues and to make recommendations and suggest ways to improve resident care and services.

EEE. Resident Room. An area enclosed by four (4) ceiling high walls (or as determined by the Department) that can house one (1) or more residents of the facility.

FFF. Respite Care. Short-term care (a period of six (6) weeks or less) provided to an individual to relieve the family members or other individuals caring for the individual, but for not less than twenty-four (24) hours.

GGG. Responsible Party. A person who is authorized by the resident or 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 Bill of Rights for Residents of Long-Term Care Facilities) or conservator, or individual with a healthcare power of attorney or other durable power of attorney.

HHH. Restraint. Any means by which movement of a resident is inhibited, for example, physical, mechanical, chemical. In addition, devices shall be considered restraints if a resident is unable to easily release from the device. Wrist bands or devices that trigger electronic alarms to warn staff that a resident is leaving a chair, bed, or room that do not restrict freedom of movement are not considered restraints.

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

JJJ. Risk Assessment. A periodic comprehensive process of gathering, organizing, and analyzing tuberculosis data by a qualified individual or group of individuals, for example, epidemiologists, infectious disease specialists, pulmonary disease specialists, infection-control practitioners, health-care Administrator, occupational health personnel, or local public health personnel, to establish the probability of adverse health impacts and to determine the current risk for transmission of tuberculosis in all areas of the facility.

KKK. Self-Administration. A procedure in which any medication is taken orally, injected, inserted, or topically or otherwise administered by a resident to himself or herself without prompting. The procedure is performed without staff assistance and includes removing an individual dose from a previously dispensed and labeled container (including a unit dose container), verifying it with the directions on the label, taking it orally, injecting, inserting, or applying topically or otherwise administering the medication.

LLL. Shifts. Shift one (1) is a work period that occurs primarily during the daytime hours including, but not limited to, seven a.m. to three p.m. (7:00 a.m. to 3:00 p.m.); Shift two (2) is a work period that generally includes both daytime and evening hours including, but not limited to, three p.m. to eleven p.m. (3:00 p.m. to 11:00 p.m.); Shift three (3) is a work period that occurs primarily during the nighttime hours including, but not limited to, eleven p.m. to seven a.m. (11:00 p.m. to 7:00 a.m.) In those facilities utilizing two (2) twelve-hour (12-hour) shifts, shift one (1) is the twelve-hour (12-hour) shift occurring primarily during the day, and the next shift is the twelve-hour (12-hour) shift occurring primarily during the night (See Section 605.C).

MMM. Signal System. A system that visibly and audibly registers nurse calls electronically from the resident's bed, toilet, or bathing area to the staff work area.

NNN. Signature. At least the first initial and full surname and title, for example, R.N., L.P.N., D.D.S., M.D., or D.O., of a person, written with his or her own hand. A controlled electronic representation of the signature or an approved rubber stamp signature may be used as legally appropriate.

OOO. Staff Member. A person who is a compensated employee of the facility on either a full or part-time basis.

PPP. Suspension of License. An action by the Department terminating the licensee's authority to admit new residents or readmit former residents for a period of time until the Department rescinds that restriction. It may also require the transfer or relocation of residents or the discontinuance of the services, treatment or care provided to residents. Suspension of license also includes instances when the Department determines that an immediate threat to the residents exists and residents are appropriately transferred, per S.C. Code Section 44-7-320(A).

QQQ. Tuberculin Skin Test (TST). A diagnostic aid 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 Mantoux method), and the area is examined for induration (hard, dense, raised area at the site of TST administration) by palpation forty-eight to seventy-two (48-72) hours after the injection (but positive reactions can still be measurable up to a week after TST administration). The size of the indurated area is measured with a millimeter ruler after identifying the margins transverse (perpendicular) to the long axis of the forearm. The reading is recorded in millimeters, including zero (0) mm to represent no induration. Redness or erythema is insignificant and is not measured or recorded.

RRR. Two-Step Testing. Procedure used for the baseline skin testing of persons who may periodically receive TST to reduce the likelihood of mistaking a boosted reaction for a new infection. If the initial TST result is interpreted as negative, a second test is repeated one to three (1-3) weeks after the initial test. If the initial TST result is interpreted as positive, then the reaction shall be documented and followed up as positive; this reaction will serve as the baseline and no further skin testing is indicated. If the second test is given and its result is interpreted as positive, then the reaction shall be documented and followed up as positive; this reaction will serve as the baseline reading and no further skin testing is indicated. In general, the result of the second TST of the two-step procedure shall be used as the baseline reading.

SSS. Unit Dose. The ordered amount of a drug in a prepackaged dosage form ready for administration to a particular individual by the prescribed route at the prescribed time in accordance with all applicable laws and regulations governing these practices.

TTT. Unrelated (As in kinship). All degrees of kinship that are not included "within the third degree of consanguinity," for example, a spouse, son, daughter, sister, brother, parent, aunt, uncle, niece, nephew, grandparent, great-grandparent, grandchild, or great-grandchild.

UUU. Volunteer. An individual who performs tasks at the facility at the direction of facility staff without compensation.

VVV. Weekly. A time period that requires an activity to be completed at least fifty-two (52) times a year within intervals ranging from six to eight (6 - 8) days.

WWW. Written. Any worded or numbered expression, that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

## **102. References**

A. The following Departmental standards and/or publications are referenced in these regulations:

1. Regulation 60-4, Controlled Substances;
2. Regulation 60-19, Vital Statistics;
3. Regulation 60-20, Communicable Diseases;
4. Regulation 61-25, Retail Food Establishments;
5. Regulation 61-58, State Primary Drinking Water Regulations;
6. Regulation 61-105, Infectious Waste Management.

B. Non-Departmental standards, publications, or organizations:

1. Alzheimer's Special Care Disclosure Act;
2. American Association of Blood Banks (AABB) (Blood Products Advisory Committee, March 14, 2002);
3. Bill of Rights for Residents of Long-Term Care Facilities;
4. Bloodborne Pathogens Standards, Occupational Safety and Health Act of 1970 (OSHA 29 CFR 1910.1030, April 3, 2006);
5. Centers for Disease Control and Prevention (CDC) (CDC Personnel Health Guideline, June, 1998);
6. Centers for Medicare and Medicaid Services (CMS);
7. Civil Rights Act of 1964;
8. Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences;
9. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005;
10. Occupational Safety and Health Act of 1970 (OSHA);
11. Omnibus Adult Protection Act;
12. South Carolina State Fire Marshal Regulations.

C. The Department shall, at its discretion, enforce new laws that may amend the above-noted references.

## **SECTION 200 – LICENSE REQUIREMENTS AND FEES**

### **201. License Requirements**

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise or market) as a nursing home in South Carolina without first obtaining a license from the Department. (I)

1. When it has been determined by the Department that nursing care is being provided at a location to accommodate two (2) or more unrelated persons over a period exceeding twenty-four (24) hours, and the owner has not been issued a license from the Department to provide such care, treatment, and/or services, the owner shall cease operation immediately and assure the health and safety of the residents. (I)

2. A facility shall provide only the care, treatment, and/or services of which it is capable and equipped to provide, and has been authorized by the Department to provide. (I)

3. Current or previous violations of the South Carolina Code of Laws and/or Department regulations may jeopardize the issuance of a license for the facility or the licensing of any other facility or activity or addition to an existing facility that is owned or operated by the licensee. (I)

4. No license may be issued, reissued, or renewed until all monetary penalties finally assessed against a facility have been paid and/or other enforcement actions resolved.

B. Compliance. An initial license shall not be issued to an owner and/or operator until the owner and/or operator 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 or activity licensed by the Department makes application for another facility or activity or increase in licensed capacity, the currently licensed facility or activity shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility or activity or an amended license to the existing facility. Facilities shall comply with applicable state, federal, and local laws, codes, and regulations. (II)

1. A copy of the licensing regulation for nursing homes in South Carolina and a current copy of R.61-25 shall be maintained in the facility by the licensee.

2. The license is considered property of the Department and may not be duplicated in such a manner that it cannot be distinguished from the original. (II)

C. Compliance with Building Standards. Licensed facilities shall be allowed to continue utilizing the previously-licensed structure without building modification and shall comply with the remainder of the standards within this regulation. Proposed facilities for which the licensee has received written approval from the Department prior to the effective date of this regulation shall be allowed to comply with the previously-approved building standards and shall comply with the remainder of the standards within this regulation. Existing facilities are not required to modify square footage of resident rooms, sitting areas, and maximum number of beds in resident rooms. (II)

D. Licensed Bed Capacity. No facility that has been licensed for a set number of licensed beds, as identified on the face of the license, shall exceed the licensed bed capacity. No facility shall establish new care or services or occupy additional beds or renovated space without first obtaining authorization from the Department. Beds for use of staff members and volunteers are not included in the licensed bed capacity number, provided such beds and locations are so identified and used exclusively by staff members and volunteers. (I)

E. Persons Received in Excess of Licensed Bed Capacity. No facility shall receive for care, treatment, or services persons in excess of the licensed bed capacity. As an exception, in the event that the facility temporarily provides shelter for evacuees who have been displaced due to a justified emergency, such as a disaster, then for the duration of that emergency, provided the health and safety of all residents are reasonably accommodated, it is permissible to temporarily exceed the licensed capacity for the facility in order to accommodate these persons (See Section 1503). (I)

F. Issuance and Terms of License. A license is issued by the Department and shall be posted in a conspicuous place in a public area within the facility. (II)

1. The issuance of a license does not guarantee adequacy of individual care, treatment and/or services, personal safety, and fire safety of any resident or occupant of a facility. (II)

2. A license is not assignable or transferable and is subject to suspension or revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this state. (II)

3. 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. (II)

4. Multiple nursing homes owned by the same entity but not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, for example, interstate highways, shall not be considered as dividing otherwise adjoining or contiguous property. Separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

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

6. A facility may furnish respite care if it complies compliance with the standards of this regulation.

G. 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 South Carolina. The Department shall determine if names are similar. If an entity owns multiple facilities and elects to use a common name for two (2) or more of the facilities, the geographic area in which the facilities is located may be part of the name.

H. Application. Applicants for a license shall submit to the Department a completed 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 and 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 (2) 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 or 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 this regulation. Corporations or partnerships shall be registered with the South Carolina Office of the Secretary of State. Other required application information includes:



1. A copy of the business license, as applicable;
2. A copy of the facility's emergency evacuation plan (See Section 1502);
3. A copy of the Nursing Home Administrator's license;
4. Articles of Incorporation or Partnership documents, as applicable;
5. A licensing fee (See Section 202);
6. A written agreement with a public fire department arranging for emergency response in case of fire, if applicable (See Section 1601.B);
7. A state and federal fingerprint-based criminal records check on the person(s) required to sign the application for licensure pursuant to S.C. Code Section 44-7-264.

I. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a licensing fee, and shall not be under consideration for or undergoing enforcement actions by the Department. (II)

J. Change of License. A licensee shall request issuance of a new or amended license by application to the Department prior to any of the following circumstances: (II)

1. Change of licensee; where any of the following occurs:
  - a. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name.
  - b. A change of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.
  - c. In a new or change in management agreement, if the ultimate authority for the operation of the facility is surrendered and transferred from the licensee to a new manager, then a change of licensee has occurred.
2. Change of licensed bed capacity; or
3. Change of facility location from one geographic site to another.

K. Change of Facility Name or Address. Changes in facility name or address (as notified by the post office) shall be accomplished by application from the licensee. (II)

L. Facilities Owned and Operated by the Federal Government. A nursing home license shall not be required for, nor shall such a license be issued to facilities owned and operated by the federal government or facilities providing room, board, and personal care which do not require the technical skill, services or supervision of a licensed nurse.

## **202. License Fees**

A. Licensing Fees. A nonrefundable initial and annual licensing fee of twenty dollars (\$20.00) per licensed bed, or four hundred dollars (\$400.00), whichever is greater, shall be submitted to the Department. Such fee shall be made payable by credit card, check or money order to the Department.

B. Late Fee. Failure to submit a license renewal application or fee to the Department by the license expiration date may result in a late fee of seventy-five dollars (\$75.00) or twenty-five percent (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 enforcement actions. (II)

## **203. Exceptions to Licensing Standards**

The Department may make exception(s) to these standards, providing an option for compliance, when it is determined that the health and safety of residents are not compromised and provided the standard(s) is not specifically required by statute. In the event of a licensee change, exceptions are not transferable to the new licensee unless approved by the Department.

## **SECTION 300 – ENFORCING REGULATIONS**

### **301. General**

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

### **302. Inspections and Investigations**

A. An inspection shall be conducted prior to initial licensing. Inspections shall be conducted as deemed appropriate by the Department. (I)

B. All facilities, proposed facilities, or unlicensed facilities are subject to inspection or investigation at any time without prior notice by individuals authorized by South Carolina Code of Laws. (II)

C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, and records. If photocopies are made for the Department inspector, they shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify individuals in enforcement action proceedings. Physical area of inspections shall be determined by the extent to which there is potential impact or effect upon residents as determined by the inspector. (I)

D. A facility or proposed facility found noncompliant with the standards of this regulation shall submit an acceptable written plan of correction to the Department that shall be signed by the Administrator and returned by the date specified by the Department. 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. Reports of inspections or investigations conducted by the Department, including the response(s) by the facility or proposed facility, shall be provided to the public upon written request with the redaction of the names of those persons in the report as provided by S.C. Code Sections 44-7-310 and 44-7-315.

F. The Department may charge a fee for plan reviews, construction inspections, and licensing inspections.

### **303. Consultations**

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

## **SECTION 400 – ENFORCEMENT ACTIONS**

### **401. General**

A. When the Department determines that a licensee, proposed licensee, or an unlicensed facility owner is in violation of statutory provisions, rules, or regulations relating to the operation of a facility, the Department, upon proper notice to the licensee, may impose a monetary penalty and/or deny, suspend, revoke, or refuse to issue or renew a license.

B. Food service permits may be revoked or suspended for violations in accordance with R.61-25.

### **402. 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 and safety of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one (1) 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. When a specific time is designated 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 and safety of persons in the facility. The citation of a Class II violation may specify the time within which the violation is required to be corrected. When a specific time is designated for correction, each day such violation exists after expiration of the time established by the Department 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 may specify the time within which the violation is required to be corrected. When a specific time is designated for correction, each day such violation exists after expiration of the time established by the Department 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, respectively, if they are not met. Standards not so annotated are considered Class III violations.

E. In arriving at a decision to take enforcement action, the Department will consider the following factors: the number and classification of violations, including repeat violations; specific conditions and their impact or potential impact on health and safety of the residents; efforts by the facility to correct cited violations; behavior of the licensee that would reflect negatively on the licensee's character, such as illegal or illicit activities; overall conditions of the facility; history of compliance; any other pertinent conditions that may be applicable to statutes and regulations.

F. When a decision is made to impose monetary penalties, the Department may invoke S.C. Code Section 44-7-320(C), to determine the dollar amount or may utilize the following schedule as a guide to determine the dollar amount:

**Frequency of violation of standard within a thirty-six (36) month period:**

<b>FREQUENCY</b>	<b>CLASS I</b>	<b>CLASS II</b>	<b>CLASS III</b>
<b>1<sup>st</sup></b>	\$500 - 1,500	\$300 - 800	\$100 - 300
<b>2<sup>nd</sup></b>	1,000 - 3,000	500 - 1,500	300 - 800
<b>3<sup>rd</sup></b>	2,000 - 5,000	1,000 - 3,000	500 - 1,500
<b>4<sup>th</sup></b>	5,000	2,000 - 5,000	1,000 - 3,000
<b>5<sup>th</sup></b>	5,000	5,000	2,000 - 5,000
<b>6<sup>th</sup> and more</b>	5,000	5,000	5,000

**SECTION 500 – POLICIES AND PROCEDURES (II)**

A. There shall be written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The written policies and procedures shall accurately reflect actual facility practice regarding care, treatment, procedures, services, record keeping and reporting, admission and transfer, physician services, nursing services, social services, resident rights and assurances, medication management, pharmaceutical services, meal service operations, emergency procedures, fire prevention, maintenance, housekeeping and infection control, the operation of the facility, and other special care and procedures as identified in this section. The policies and procedures shall address the provision of any special care offered by the facility that would include how the facility shall meet the specialized needs of the affected residents such as Alzheimer's disease and/or related dementia, physically or developmentally disabled, in accordance with any laws that pertain to that service offered, for example, Alzheimer's Special Care Disclosure Act.

B. Specifically, there shall be written policies and procedures to:

1. Assure that residents do not develop pressure-related wounds unless the resident's clinical condition demonstrates that they were unavoidable and to address treatment of existing pressure-related wounds;

2. Address resident exit-seeking and elopement, including prevention and actions to be taken in the event of occurrence;

3. Implement advance directives in accordance with S.C. Code Sections 44-77-10, *et seq.*, including provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical treatment and, at the individual's option, formulate an advance directive. The policies shall not condition treatment or admission upon whether the individual has executed or waived an advance directive;

4. Control the use and application of physical restraints and all facility practices that meet the definition of a restraint, such as bed rails used to keep a resident from getting out of bed;

C. All policies and procedures shall:

1. Establish a time period for review of policies and procedures in writing and such reviews shall be documented;

2. Be revised as appropriate in order to reflect actual facility practice; and

3. Be accessible to staff, printed or electronically, at all times.

D. If the facility permits any portion of a resident's record to be generated by electronic or optical means, there shall be policies and procedures to prohibit the use or authentication by unauthorized users.

## **SECTION 600 – STAFF AND TRAINING**

### **601. General (II)**

A. Direct care staff members shall undergo a criminal background check prior to being employed or contracting with a licensed nursing home facility pursuant to S.C. Code Section 44-7-2910. Staff members of the facility shall not have a prior conviction or pled no contest (*nolo contendere*) for child or adult abuse, neglect, or mistreatment, or pursuant to S.C. Code Section 16-1-10(A), any Class A, B, C, or D felony or Class E or F felony involving criminal sexual conduct, physical or sexual abuse of children, elderly or infirm, or crimes where the victim is a patient or resident of a health care facility. The facility shall coordinate with appropriate abuse-related registries prior to the employment of staff. (I)

B. Direct care staff members, in addition to meal service staff, shall have at least the following qualifications: (I)

1. Ability to render care and services to residents in an understanding and gentle manner;

2. Sufficient education to be able to perform their duties;

3. A working knowledge of regulations applicable to their scope of work;

4. Be an adult, or, if not an adult, the facility shall assure that there is compliance with state, federal, and local laws pertaining to the employment of children.

C. There shall be accurate current information maintained regarding all staff members of the facility that shall include:

1. Name, address and telephone number;

2. Date of hire;

3. Past employment, experience, and education;

4. Professional licensure or registration number or certificate or letter of completion;

5. Position in the facility and job description;

6. Documentation of orientation to the facility, including residents' rights, regulation compliance, policies and procedures, job duties, in-service training and on-going education;

7. Health status, health assessment, and tuberculin testing results;

8. Evidence that a criminal record check has been completed;

9. For former staff members, the date of separation;

10. Date of initial resident contact may be maintained by the facility.

D. Time schedules shall be maintained indicating the numbers and classification of all staff, including relief staff, who work on each shift of duty. The time schedules shall reflect all changes so as to indicate who actually worked.

E. Staff members shall not have an active dependency on a psychoactive substance(s) that would impair his or her ability to perform assigned duties.

F. Staff members shall display identification in accordance with facility policies and procedures that is visible at all times while on duty.

G. When a facility engages a source other than the facility to provide services normally provided by the facility, for example, staffing, training, recreation, meal service, social services, 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 the requirement that these services are to be provided by qualified individuals. The source shall comply with this regulation in regard to resident care, treatment, services, and rights.

## **602. Administrator**

A. Each facility shall have a full-time licensed Administrator. (II)

B. The facility Administrator shall be licensed as a nursing home Administrator in accordance with S.C. Code Section 40-35-30. In addition, all other applicable provisions of S.C. Code Title 40, Chapter 35, shall be followed. (II)

C. The Administrator shall exercise judgment that reflects that he or she is in compliance with these regulations and shall demonstrate adequate knowledge of these regulations. (II)

D. A staff member shall be designated, by name or position, in writing, to act in the absence of the Administrator, for example, a listing of the lines of authority by position title, including the names of the individuals filling these positions. (II)

E. The Administrator shall have sufficient freedom from other responsibilities and duties to carry out the functions associated with the position.

F. No individual may be the Administrator of more than one (1) nursing home. (II)

### **603. Direct Care Staff (II)**

A. There shall be direct care staff adequate in number and skill in the facility at all times to provide nursing and related care and services to attain or maintain the highest practicable physical, mental, and psychosocial health and safety of each resident, as determined by resident assessments and ICPs. Direct care staff shall be assigned only duties for which they are trained.

B. Licensed nurse staff members shall be currently and continuously licensed to practice nursing in South Carolina during the period they are staff members. Only individuals appropriately licensed may perform duties requiring a registered or licensed practical nurse. (I)

C. Persons working in the facility as nurse aides shall be certified in South Carolina. As an exception, facility nonlicensed staff who are enrolled in a nurse aide training and competency evaluation program approved by the S.C. Department of Health and Human Services and who have been working in the facility four (4) months or less are exempt from Section 603.C. Licensed nurses or applicants for such licensure who have been granted a permit to practice nursing in accordance with rules adopted by the South Carolina Board of Nursing are exempt from Section 603.C. (I)

### **604. Medical Staff (I)**

The facility shall have a medical director who is a physician who shall be responsible for implementation of policies and procedures that pertain to the care and treatment of the residents and the coordination of medical care in the facility.

### **605. Staff (I)**

A. Licensed Nursing Staff. An adequate number of licensed nurses shall be on duty to meet the total nursing needs of residents. Licensed nursing staff shall be assigned to duties consistent with their scope of practice as determined through their licensure and educational preparation.

1. The facility shall designate a registered nurse as a full-time Director of Nursing. Another registered nurse, who is employed by the licensee, shall be designated in writing to act in his or her absence. In facilities with a licensed bed capacity of twenty-two (22) or fewer beds, the Director of Nursing may be included in the requirements of Section 605.A.2.

2. There shall be at least one (1) licensed nurse per shift for each staff work area. If there are more than forty-four (44) residents per staff work area, there shall be two (2) licensed nurses on first shift and at least one (1) licensed nurse on second and third shift.

3. At least one (1) registered nurse shall be on duty in the facility, or on call, whenever residents are present in the facility.

4. An Administrator who is a registered nurse or licensed practical nurse shall not be included in meeting the staffing requirements of this section.

B. Nonlicensed Nursing Staff. The required number of nurse aides and other nonlicensed nursing staff shall be determined by the number of residents assigned to beds at the facility. Additional staff members shall be provided if the minimum staff requirements are inadequate to provide appropriate care and services to the residents of a facility.

1. Nonlicensed nursing staff shall be provided to meet at least the following resident-to-staff ratio schedule:

- a. Nine to one (9 to 1) for shift one (1);
- b. Thirteen to one (13 to 1) for shift two (2);
- c. Twenty-two to one (22 to 1) for shift three (3).

2. When nonstaff members are utilized as sitters or attendants, they shall comply with facility policies and procedures.

C. In those facilities utilizing two (2) twelve-hour (12-hour) shifts, both the licensed and nonlicensed staffing ratios for shift one (1) apply to the twelve-hour (12-hour) shift occurring primarily during the day, and both the licensed and nonlicensed staffing ratios for shift three (3) apply to the twelve-hour (12-hour) shift occurring primarily during the night.

D. In settings and on a nonroutine basis where there is more than one (1) type of level of care, for example, community residential care, independent living, staff members from the nursing home may temporarily provide assistance in special situations to one (1) or more of the other areas, but at no time may staffing levels in any area of the nursing home fall below minimum licensing standards or diminish the care and services provided.

#### **606. Inservice Training (II)**

A. Staff members shall be provided the necessary training to perform the duties for which they are responsible.

B. Before performing any duties, all newly-hired staff members shall be oriented to the facility organization and physical plant, specific duties and responsibilities of staff members, and residents' needs. All staff members shall be instructed in the provisions of S.C. Code Section 43-35-5 *et seq.*, "Omnibus Adult Protection Act" and S.C. Code Section 44-81-10 *et seq.*, "Bill of Rights for Residents of Long-Term Care Facilities" as well as other rights and assurances as required in this regulation.

C. All staff shall be provided inservice training programs that identify training needs related to problems, needs, care of residents and infection control and are sufficient to assure staff's continuing competency. Training for the tasks each staff member performs shall be conducted in order to provide the care, treatment, procedures, and/or services delineated in Section 1000.

D. All licensed nurses shall possess a valid Healthcare Provider cardio-pulmonary resuscitation (CPR) certificate within six (6) months of their first day on the job in the facility. (I)

E. Those staff members who operate motor vehicles that transport residents shall have a valid driver's license.

F. Training shall be provided to staff members by appropriate resources, for example, licensed or registered individuals, video tapes, books, in context with their job duties and responsibilities, prior to their date of initial resident contact (unless otherwise as noted below) and at a frequency determined by the facility, but at least annually. (I)

- 1. All staff members:



a. Emergency procedures and disaster preparedness to address various types of potential disasters such as evacuation, bomb threat, earthquake, flood, hurricane, tornado and others within forty-eight (48) hours of their first day on the job in the facility (See Section 1500);

b. Fire response training (See Section 1603);

c. Confidentiality of resident information and records and the protection of resident rights (review of “Bill of Rights for Residents of Long-Term Care Facilities”).

2. Direct care staff members, all of the training listed in Section 606.F.1, and:

a. Management and care of individuals with contagious and/or communicable disease, for example, hepatitis, tuberculosis, HIV infection;

b. Use of restraints that promote resident safety, including alternatives to physical and chemical restraints, in accordance with the provisions of Section 1012 (for designated staff members only);

c. Prevention of pressure-related wounds;

d. Aseptic techniques, such as handwashing and scrubbing practices, proper gowning and masking, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of equipment and supplies.

## **607. Health Status (II)**

A. All staff members who have contact with residents shall have a health assessment (in accordance with Section 101.Z) within twelve (12) months prior to date of hire or initial resident contact.

B. The health assessment shall include tuberculosis screening in the manner designated by guidelines established by the Department.

C. If a staff member is working at multiple facilities operated by the same licensee, copies of his or her record for tuberculin testing results and the pre-employment health assessment shall be acceptable at each facility.

## **608. Volunteers**

A. If the facility has a volunteer program, a facility staff person shall direct the program. Community groups such as Boy and Girl Scouts, church groups, civic organizations or individuals that may occasionally present programs, activities, or entertainment in the facility shall not be considered volunteers. Volunteers shall be subject to the same standards regarding resident confidentiality and practice as the facility staff. Volunteers shall consult with licensed staff prior to any changes in resident care or treatment. The facility may elect to prohibit volunteers to work in the facility.

B. The licensee is responsible for all the activities that take place in the facility including the coordination of volunteer activities. (II)

1. Volunteers shall receive the orientation, training, and supervision necessary to assure resident health and safety before performing any duties. The orientation program shall include, but not be limited to:

- a. Resident rights;
  - b. Confidentiality;
  - c. Disaster preparedness;
  - d. Emergency response procedures;
  - e. Safety procedures and precautions; and
  - f. Infection control.
2. There shall be accurate current information maintained regarding all volunteers that shall include:
- 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.
3. Facilities shall require that volunteers sign in and out with staff of the facility upon entering or leaving the facility. Volunteers shall wear legible name and title badges that are visible at all times while on duty.
4. Volunteers and paid feeding assistants (as defined in the federal regulations on paid feeding assistants) shall not be included in the minimum staffing requirements of Section 605.
- C. Documentation maintained for direct care volunteers shall include: (II)
- 1. A health assessment (in accordance with Section 607) within twelve (12) months prior to initial date of volunteering or initial resident contact;
  - 2. Familiarization with the disaster plan (See Section 1502) and documented instructions as to any required actions;
  - 3. Fire response training (See Section 1603) within twenty-four (24) hours of his or her first day as a direct care volunteer and at least annually thereafter;
  - 4. A criminal record check (See Section 601.A) completed prior to working as a direct care volunteer;
  - 5. Determination of TB status (See Section 1703) prior to initial resident contact or his or her first day working as a direct care volunteer;
  - 6. Annual influenza vaccination and hepatitis B vaccination series (See Section 1706) unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.

## **609. Private Sitters**

A. If a resident or responsible party has not agreed in writing with the facility to not have a private sitter and chooses to employ a private sitter for use in the facility, the facility may establish a formalized private sitter program that shall be directed by a facility staff member.

1. The facility shall assure that private sitters have been chosen in accordance with the Bill of Rights for Residents of Long-Term Care Facilities.

2. The facility shall establish written policies and procedures for the private sitter program, to include duties.

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

a. Name, address and telephone number;

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

c. Prior to resident contact, the private sitter shall have documented orientation to the organization and environment of the facility. Orientation to the facility shall consist, at least, of the following:

1. Residents' rights;

2. Confidentiality;

3. Disaster preparedness;

4. Emergency response procedures;

5. Fire response training (See Section 1603) within twenty-four (24) hours of his or her first day as a private sitter and at least annually thereafter;

6. Safety procedures and precautions;

7. Infection control; and

8. Private Sitter Policies and Procedures.

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

1. A health assessment (in accordance with Section 607) 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 601.A) completed prior to working as a private sitter;

3. Determination of TB status (See Section 1703) prior to initial resident contact or his or her first day working as a private sitter;

4. Annual influenza vaccination and hepatitis B vaccination series (See Section 1706).

C. Private sitters shall not be included in the minimum staffing requirements of Section 605.

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 700 – REPORTING**

### **701. Accidents and Incidents**

A. A facility shall maintain a record of each accident and incident, including each serious accident and incident as defined in Section 701.B, involving residents or staff members or volunteers, occurring in the facility or on the facility grounds. A facility's record of each accident and incident shall be reviewed, investigated if necessary, evaluated in accordance with facility policies and procedures, and retained by the facility for six (6) years after the resident stops receiving services.

B. A facility shall report every serious accident and incident that results in resident's death or 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 accident or incident occurring to resident within the facility or on the facility grounds. Serious accidents and incidents requiring reporting include, but are not limited to:

1. Crime(s) against resident;
2. Confirmed or suspected cases of abuse, neglect, or exploitation;
3. Medication error with adverse reaction;
4. Hospitalization as a result of the accident or incident;
5. Severe hematoma, laceration, or burn requiring medical attention or hospitalization;
6. Bone fracture or joint fracture;
7. Severe injury involving use of restraints;
8. Attempted suicide; or
9. Fire.

C. A facility shall immediately report every serious accident and incident to the attending physician, next-of-kin or responsible party, and the Department via telephone, email, or facsimile within twenty-four (24) hours of the serious accident or incident.

D. A facility shall submit a written report of its investigation of every serious accident and incident to the Department within five (5) days of the serious accident or incident. A facility's written report to the Department shall provide at a minimum:

1. Facility name;
2. License number;

3. Type of accident or incident;
4. Date accident or incident occurred;
5. Number of residents directly injured or affected;
6. Resident record number or last four (4) digits of Social Security Number;
7. Resident age and sex;
8. Number of staff directly injured or affected;
9. Number of visitors directly injured or affected;
10. Name(s) of witness(es);
11. Identified cause of accident or incident;
12. Internal investigation results if cause unknown; and
13. Brief description of the accident or incident including the location of occurrence and treatment of injuries.

E. A facility shall retain a copy of every serious accident and incident with all of the information provided to the Department and the names, injuries, and treatments associated with each resident, staff, and/or visitor involved. A facility shall retain all serious accident and incident records for six (6) years after the resident stops receiving services.

F. The Administrator or his or her designee shall report every accident and incident involving a resident that leaves the premises for more than twenty-four (24) hours without notice to staff members of intent to leave to local law enforcement, the resident's responsible party, and the Department. The Administrator or his or her designee shall immediately notify local law enforcement and the responsible party by telephone when a cognitively impaired resident leaves the premises for any amount of time without notice to staff members.

G. The Administrator or his or her designee shall report changes in the resident's condition, to the extent that serious health concerns and/or injuries, such as, fracture, behavior changes or heart attack, are evident, to the attending physician and the responsible party immediately, not to exceed twenty-four (24) hours, consistent with the severity or urgency of the change in accordance with facility policies and procedures.  
(I)

H. The Administrator or his or her designee shall report abuse and suspected abuse, neglect, or exploitation of residents the South Carolina Long-Term Care Ombudsman Program in accordance with S.C. Code Section 43-35-25.

## **702. Fire and Disasters (III)**

A. The Department shall be notified immediately via telephone, email, or fax regarding any fire, regardless of size or damage that occurs 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 five (5) days.

B. Any natural disaster in the facility which requires displacement of the residents, or jeopardizes or potentially jeopardizes the safety of the residents, shall be reported to the Department via telephone, email, or fax immediately, with a complete written report that 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 five (5) days.

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

All cases of reportable diseases, animal bites, any occurrences such as epidemic outbreaks or poisonings, or other unusual occurrences that threaten the health and safety of residents or staff shall be reported in accordance with R.60-20.

### **704. Administrator Change**

The Department 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.

### **705. Joint Annual Report**

Facilities shall complete and return a "Joint Annual Report" to the Revenue and Fiscal Affairs Office (RFA) within the time period specified by the Department or RFA.

### **706. Facility Closure**

A. Prior to the permanent closure of a facility, the licensee shall notify the Department in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility shall notify the Department of the provisions for the maintenance of the facility records as required by regulation. On the date of closure, the current original license shall be returned to the Department.

B. In instances where a facility temporarily closes, the licensee shall notify the Department in writing within fifteen (15) days prior to temporary closure. In the event of temporary closure due to an emergency, the facility shall notify the Department in writing within twenty-four (24) hours of the closure. At a minimum this notification shall include, but not be limited to, the reason for the temporary closure, 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 to the facility prior to its reopening. If the facility is closed for a period longer than one (1) year, and there is a desire to reopen, the facility shall reapply 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.

### **707. Zero Census**

In instances when there have been no residents in a facility for any reason, for a period of ninety (90) days or more, the facility shall notify, in writing, the Department no later than the one-hundredth (100th) day following the date of discharge or transfer of the last active resident. If the facility has no residents for a period longer than one (1) year, and there is a desire to re-open, the facility shall re-apply to the Department and shall be subject to all licensing requirements at the time of that application, including Certificate of Need review and construction-related requirements for a new facility. Instances of zero census do not relieve the facility of the requirement to pay licensing fees that may be due during that time.

## **SECTION 800 – RESIDENT RECORDS**

### **801. Content (II)**

A. All entries in the resident record shall be legible and complete, and shall be separately authenticated and dated promptly by the individual, identified by name and discipline, who is responsible for ordering, providing or evaluating the service or care furnished. Authentication may include written signatures or computerized or electronic entries. If an entry is signed on a date other than the date it was made, the date of the signature shall also be entered. Although use of initials in lieu of signatures is not encouraged, initials will be accepted provided such initials can be readily identified within the resident record.

B. Contents of the resident record may be stored in separate files, in separate areas within the facility, and the record shall include the following information:

1. Medical history and physical examination;
2. Consent form for treatment signed by the resident or his or her legal representative;
3. Care and services agreement;
4. Healthcare directives and special information, for example, advance directive information, do-not-resuscitate (DNR) orders, allergies;
5. Accidents and/or Incidents involving the resident; (I)
6. Medical treatment;
7. Orders, including telephone and standing orders, for all medication, care, services, therapy, procedures, and diet from physicians or other legally authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted;
8. Individual Care Plan; (I)
9. Provisions for routine and emergency medical care, to include the name and telephone number of the resident's physician;
10. Assessments and progress notes, for example, dietary, activity, therapy;
11. Record of administration of each dose of medication; (I)
12. Record of the use of restraints, if applicable, including time, type, reason and authority for applying; (I)
13. Treatment, procedure, wound care report (dictated or written into the record after treatment, procedure, or wound care) to include at least: (I)
  - a. Description of findings;
  - b. Techniques utilized to perform treatments and procedures;

- c. Specimens removed, if applicable;
- d. Name of provider;
- 14. Progress notes generated by physicians and healthcare professionals;
- 15. Notes of observation, including temperature, pulse, respiration, blood pressure and weight when indicated by physician's orders or by a change in the resident's condition; (I)
- 16. Special procedures and preventive measures performed, for example, isolation for symptoms, diagnosis, and/or treatment of infectious conditions including but not limited to tuberculosis, influenza, pneumonia, therapies;
- 17. Reports of all laboratory, radiological, and diagnostic procedures along with tests performed and the results appropriately authenticated; (I)
- 18. Consultations by physicians or other healthcare professionals;
- 19. Photograph of resident, if the resident or his or her responsible party approves;
- 20. Date and hour of discharge or transfer, as applicable;
- 21. Discharge and/or transfer summary, including care and condition at discharge or transfer, date and time of discharge or transfer, instructions for self-care, instructions for obtaining post-treatment or procedure emergency care, and signature of physician authorizing discharge or transfer;
- 22. Date and circumstances of death, as applicable.

C. Except as required by law, records may contain written and interpretative findings and reports of diagnostic studies, tests, and procedures, for example, interpretations of imaging technology and video tapes without the medium itself.

D. Unauthorized alterations of information in the record are prohibited. Corrections to entry errors shall include the date the correction was made and the signature of the individual making the correction.

E. Records shall be maintained on all outpatients and shall be completed immediately after treatment is rendered. These records shall contain sufficient identification data, a description of what was done and/or prescribed for the outpatient and shall be signed by the attending physician. When an outpatient is admitted as a resident of the facility, all of the outpatient records shall be made a part of his or her permanent resident record.

## **802. Physician Orders (II)**

A. Physician Orders. The resident's physician shall sign and date all treatment, care, and medication orders, including standing orders.

1. The use of a rubber stamp signature or electronic representation is acceptable under the following conditions:

a. The physician whose signature the rubber stamp or electronic representation denotes is the only one who has possession of the stamp or electronic representation and is the only one who uses it; and



b. The physician places in the administrative offices of the facility a signed statement to the effect that he or she is the only one who has the stamp or electronic representation and is the only one who will use it.

2. The use of rubber stamp signatures is not permissible on orders for “controlled substances.”

3. Consultative reports and diagnostic procedures requested by a physician, for example, radiological, laboratory reports, shall be acknowledged by the physician signature. (I)

#### B. Verbal Orders. (I)

1. All orders for medication, treatment, care and diet shall be signed and dated by the individual receiving the orders.

2. Verbal orders received shall include the date of the order, description of the order, and identification of the physician or other legally authorized healthcare provider and the individual receiving the order.

3. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be received by those departments or services, for example, orders pertaining to physical therapy may be received by a physical therapist.

4. A committee (to include representation by physicians treating residents at the facility, a pharmacist, and the Director of Nursing) shall identify and list categories of diagnostic or therapeutic verbal orders (associated with any potential hazard to the resident) that shall be authenticated by the prescriber within a limited time period (within two (2) days after the order is given). A copy of this list shall be maintained at each staff work area.

a. Verbal orders designated by the committee as requiring authentication within a limited time period shall be authenticated and countersigned and dated by the prescriber or designee within a time period defined in facility policies and procedures, but in no case more than two (2) days after the order was given.

b. All other verbal orders shall be countersigned and dated by the prescriber or his or her designee within sixty (60) days.

c. Verbal orders for restraints shall be authenticated in the manner prescribed in Section 1012.B.

#### C. Standing Orders. (I)

1. Physician’s standing orders, except for restraints, are permissible but shall take into consideration specific circumstances such as medication allergies, gender-specific orders, and the pertinent physical condition of the resident, when appropriate.

2. Over-the-counter medications may be utilized on a physician’s standing orders. Controlled or legend medications shall be an individual order reduced to writing on the physician’s order sheet as either a routine or *pro re nata* (prn) order and shall not be utilized on a physician’s standing order unless the medications have been identified by the facility as those commonly used in routine situations. Each standing order shall include on the order sheet the following, as appropriate:

a. Name of the medication;

- b. Strength of the medication;
- c. Specific dose (or dose range) of the medication;
- d. Mode of administration;
- e. Reason for administration;
- f. Time interval between doses for administering the medication; and
- g. Maximum dosage or number of times to be administered in a specific time period.

3. Standing orders shall be signed and dated by the prescribing physician initially and reviewed at least annually thereafter.

D. Standing orders regarding restraints are prohibited.

### **803. Individual Care Plan (ICP) (II)**

A. The facility shall develop an ICP with participation by, and as evidenced by the signatures of the resident or responsible party, or documentation that the facility attempted to obtain the signatures, and an interdisciplinary team of qualified individuals, within twenty-one (21) days of admission. The ICP shall be reviewed and/or revised as changes in resident needs occur, but not less than quarterly by the interdisciplinary team.

B. The ICP shall describe:

- 1. The needs of the resident, including the services that are to be furnished, for example, what assistance, how much, who will provide the assistance, how often, and when;
- 2. Advance directives and healthcare power-of-attorney, as applicable;
- 3. Recreational and social activities that are suitable, desirable, and important to the resident;
- 4. Dietary needs and preferences of resident as approved by a physician;
- 5. Discharge planning, to include assessing continuing care needs and developing a plan designed to assure the resident's needs will be met after discharge or transfer.

### **804. Record Maintenance**

A. Organization.

- 1. The Administrator shall designate a staff member the responsibility for the maintenance of resident and outpatient records.
- 2. Resident and outpatient records shall be properly indexed and filed for ready access by staff members.

B. Accommodations.

1. The licensee shall provide space, supplies, and equipment adequate for the maintenance, protection and storage of resident and outpatient records.

2. The facility shall maintain records pertaining to resident personal funds accounts, as applicable, financial matters, statements of resident rights and responsibilities, and resident possessions (provided that the facility has been notified by the resident or responsible party that items have been added or removed).

3. The licensee shall determine the medium in which information is stored. The information shall be readily retrievable and accessible by staff, as needed.

4. Records of residents and outpatients shall be maintained for at least six (6) years following discharge or death. Facilities that microfilm (or use other processes that accurately reproduce or form a durable medium) inactive records before six (6) years have expired shall process the entire record. Records may be destroyed after six (6) years provided that:

a. Records of minors must be retained until after the expiration of the period of election following achievement of majority as prescribed by statute; and

b. The facility retains an index, register, or summary cards providing such basic information as dates of admission and discharge, and name of responsible physician for all records so destroyed.

5. Records of residents and outpatients 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 and discharge date and identification information. In the event of change of licensee, all resident records or copies of resident records shall be transferred to the new licensee.

6. When a resident is transferred from one facility to another, a transfer summary, to include copies of relevant documents, shall accompany the resident to the receiving facility at the time of transfer or be forwarded immediately after the transfer. Documentation of the information forwarded shall be maintained in the resident record.

7. Upon discharge or death of a resident, the record shall be completed and filed in an inactive file within a time period as determined by the facility, but no later than thirty (30) days after discharge or death.

8. Facilities shall comply with R.60-19 with regard to vital statistics.

#### C. Access.

1. The resident and outpatient record is confidential. Records containing protected or confidential health information shall be made available only to individuals granted access to that information, in accordance with state, federal, and local laws.

2. A facility may charge a fee for the search and duplication of a resident record in accordance with S.C. Code Section 44-7-325.

D. Copies of the criminal record check results of direct care staff shall be provided to the Department upon request within a reasonable amount of time after receiving the request. A copy of the criminal record check results shall be retained at the facility.

E. Regulation-required documents other than resident records, such as fire drills, medication destruction records, activity schedules, firefighting equipment inspections, monthly pharmacist reviews, controlled medication count sheets, emergency generator logs, shall be maintained for a minimum of twelve (12) months or until the next inspection by the Department, whichever is longer. Records of menus as served shall be maintained for at least thirty (30) days and available for inspection.

#### **805. Electronic Resident Records**

A. Electronic records are subject to all of the standards of this regulation.

B. A facility that maintains electronic records shall:

1. Retain the hard copy originals of any materials that cannot be electronically stored;
2. Employ an off-site backup storage system as protection in the event that the on-site system is damaged or destroyed;
3. Use an imaging mechanism that is able to copy documents with signatures;
4. Assure that records, once put in electronic form, are unalterable.

C. Electronic signatures may be used any place in the resident or outpatient record that requires a signature, provided signature identification can be verified and an electronic signature may be legally used. Electronic authorization shall be limited to a unique identifier (confidential code) used only by the individual making the entry to preclude the improper or unauthorized use of any electronic signature.

#### **SECTION 900 – ADMISSION AND RETENTION**

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 state, federal, and local laws and regulations. (I)

B. The facility shall admit and retain only those individuals whose needs can be met by the accommodations and services for which the facility is licensed. (I)

C. Residents and/or outpatients shall be admitted to the facility only on physician orders and all care rendered under his or her direction. In the institutional nursing home setting, individuals living on that campus, but outside the nursing home may be admitted by the Administrator, provided that the admission is authorized by physician order within two (2) business days of admission. (I)

D. A medical history and physical examination shall be completed in the manner prescribed in Section 1200. (II)

E. Respite care may be furnished provided there is compliance with this regulation. If the resident is regularly re-admitted in a respite status only, then a physical examination for admission is required only once every six (6) months. (I)

F. Individuals not eligible for admission or retention are:

1. Anyone who is destructive of property, self-destructive, suicidal, disturbing or abusive to other residents as determined by a physician or other legally authorized healthcare provider, unless the facility has and uses sufficient resources to appropriately manage and care for the person;

2. Anyone under eighteen (18) years of age, unless placed in a private room and written certification is obtained from the attending physician stating that proper care of the resident can be given;

3. Anyone who has need for medical care for acute illness or injury that is beyond the scope of the facility to provide, and where hospitalization is consistent with the individual's condition, prognosis, and choice; and

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

## **SECTION 1000 – RESIDENT CARE AND SERVICES**

### **1001. General**

A. There shall be a written care and services agreement between the resident, and/or his or her responsible party, and the facility. The agreement shall be signed and completed before or at the time of admission and include and/or address at least the following:

1. An explanation of the specific care, treatment, services, or equipment provided by the facility, for example, degree of nursing care, administration of medication, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility;

2. Disclosure of fees for all care, treatment, services, or equipment provided;

3. Advance notice requirements to change fees;

4. Refund provisions to include when monies are to be forwarded to resident upon discharge, transfer, or relocation;

5. Transportation provisions in accordance with facility policies and procedures;

6. Discharge and transfer provisions to include the conditions under which the resident may be discharged and the agreement terminated, and the disposition of personal belongings;

7. Documentation of the explanation of the Bill of Rights for Residents of Long-Term Care Facilities and grievance procedures;

8. Arrangements for, or the provision at a specified written cost for the laundering of resident personal clothes.

B. Residents shall receive care and treatment, services, such as, routine and emergency medical care, podiatry care, dental care, counseling and medications, as ordered by a physician or other legally authorized healthcare provider. Such care shall be provided and coordinated among those responsible during the process of providing such care and modified based upon any changing needs, or, when appropriate, requests of the resident. (II)

C. Treatment and services shall be rendered effectively and safely in accordance with orders from physicians or other legally authorized healthcare providers. (I)

D. Staff shall respond to a signal system call from a resident to provide care or assistance in a prompt manner.

E. Each resident shall be encouraged and assisted in self care and activities of daily living, and be given care that promotes skin integrity, proper body alignment and joint movement. (I)

F. Residents shall be neat, clean, appropriately and comfortably dressed in clean clothes, and shall be encouraged and assisted to achieve and maintain the highest level of self care and independence. Neatness and cleanliness shall include personal hygiene, skin care, shampooing and grooming of hair, shaving and trimming of facial hair, nail trimming, and being free of offensive body odors. (II)

G. The provision of care, treatment, and services shall be resident-centered and resident-directed to the fullest extent possible. Such care, treatment, and services to residents shall be guided by the recognition of and respect for cultural differences and personal preferences to assure reasonable accommodations shall be made for residents with regard to differences, such as, but not limited to, religious practices and dietary preferences.

H. Opportunities for participation in religious services shall be available. Assistance in obtaining pastoral counseling shall be provided upon request by the resident.

I. Facilities shall take an interdisciplinary approach to decrease the risk of pressure-related wounds, and institute measures to prevent and treat wounds that are consistent with each resident's clinical condition, risk factors, and goals. Such actions shall include but not be limited to: (I)

1. Body position of bed or chair bound residents changed in accordance with the ICP;

2. Proper skin care provided for bony prominences and weight bearing parts to prevent discomfort and the development of pressure areas, unless contraindicated by physician's orders.

J. Soiled or wet bed linen shall be replaced promptly with clean, dry linen and clothing after being soiled. (I)

K. Necessary actions shall be taken to prevent resident elopement. (I)

L. A facility shall have the equipment and supplies required to administer cardio-pulmonary resuscitation (CPR) to any resident when necessary and in accordance with the resident's advance directives. Equipment and supplies required to administer CPR include, but are not limited to: (I)

1. Adult-sized Pocket Mask;

2. Adult-sized Bag-Valve-Mask Ventilation Unit (BVM); and

3. Large and Medium Adult-sized Oropharyngeal airway (OPA).

M. In the event of closure of a facility for any reason, the facility shall assure continuity of care, treatment, and services by promptly notifying the resident's attending physician or other legally authorized healthcare provider and arranging for referral to other facilities.

## **1002. 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 money 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. Upon written request of the resident or his or her responsible party, the facility may maintain the personal monies for the resident.

E. There shall be an accurate accounting of resident's personal monies and written evidence of purchases by the facility on behalf of the residents to include a record of items or services purchased, written authorization from residents of each item or 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 or his or her responsible party. If a resident's money is given to anyone by the facility, a receipt shall be obtained.

F. A written 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 Bill of Rights for Residents of Long-Term Care Facilities, regardless of the balance amount, for example, zero balance.

G. Within sixty (60) days of a resident's death or discharge, a final written account of remaining resident monies shall be made to the individual administering the resident's estate, or to the resident or the resident's responsible party upon discharge. Any personal monies due shall be refunded within thirty (30) days.

H. In the event of a licensee change, the existing licensee shall provide written verification to the new licensee that all resident monies have been transferred to the new licensee.

## **1003. Recreation**

A. The facility shall 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. The facility shall 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. These activities shall include appropriate group activities and also activities for individuals with particular interests and needs.

B. Variety in planning may include some outdoor activities in suitable weather. Plans for activity involvement both on an individual and a group basis shall be developed for all residents. The planned activities may include community intergenerational programs, if applicable.

C. A staff member shall be designated as director of the resident activities program who shall be responsible for the development of the recreational program, to include responsibility for obtaining and maintaining recreational supplies. This staff member shall have sufficient time to provide and coordinate the activities program so that it fully meets the needs of the residents. Staff members responsible for providing and coordinating recreational activities for the residents shall have expertise or training and/or experience in individual and group activities. The director of resident activities shall hold at least one (1) of the following four (4) qualifications:

1. A baccalaureate degree from an accredited college or university with a major area of concentration in recreation, creative arts therapy, therapeutic recreation, art, art education, psychology, sociology, or occupational therapy;

2. A high school diploma and three (3) years of experience in resident activities in a health care facility;

3. Served as the facility director of resident activities on the effective date of promulgation of this regulation, and has continuously served as activities director since that time; or

4. Holds current certification from the National Certification Council for Activity Professionals, or the National Council for Therapeutic Recreation Certification.

D. The recreational supplies shall be adequate and shall be sufficient to accomplish the activities planned. Space, needed supplies, and equipment, for example, books, magazines, newspapers, games, arts and crafts, computers, radio and television, shall be provided for all pertinent activities.

E. At least one (1) current month's resident activity schedule shall be conspicuously 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 health. If a resident is unable to choose for him or herself, staff members shall encourage participation and assist when necessary.

F. Residents shall retain autonomous control over a wide range of activities and shall not be compelled to participate in any activity. Activities provided shall be in accordance with the ICP.

G. There shall be adequate staff to provide activity and recreational programs each day to achieve a meaningful experience for the residents. Opportunities for spontaneous activities shall be available to residents at any time. Community resources and volunteers may be utilized under the direction of the activities director to the fullest possible extent.

H. Religious services shall be considered resident activities. Every resident shall have the freedom to attend the church service of his or her choice.

I. Bedridden residents and those otherwise unable or unwilling to participate in group activities shall be provided activity to stimulate and promote their physical, spiritual, social, emotional, and intellectual health in accordance with the ICP.

J. Visiting by relatives and friends shall be encouraged, with minimum restrictions. Visiting hours shall be posted in accordance with facility policies and procedures. Reasonable exceptions to these hours shall be granted.

#### **1004. Physician Services (II)**

A. Each resident or responsible party shall designate a physician licensed to practice in South Carolina for the supervision of the care and treatment of the resident.

1. Residents shall be seen by the attending physician at least once every sixty (60) days, unless more frequent visits are indicated.



**EXCEPTION:** Another legally authorized healthcare provider who is authorized by the attending physician in writing, may make the sixty (60) day visits and the resident or the resident's responsible party shall be notified in writing of the person who will be making the visits in lieu of the attending physician.

2. A facility shall not restrict a resident's or responsible party's choice in attending physician coverage, provided that the physician agrees to, and demonstrates that he or she will provide care in accordance with facility policies and procedures.

B. Residents who have an attending physician licensed in a state other than South Carolina shall have thirty (30) days from admission to establish an attending physician licensed in South Carolina. (I)

C. Each resident shall be informed of the name, specialty, and a way of contacting the physician responsible for his or her care.

D. At least one (1) physician shall be available on call at all times.

#### **1005. Social Services**

A. Social services for residents shall be provided by the facility. When a facility provides social services directly, there shall be a staff member designated in writing who is responsible for the program and provides the leadership and direction of the program, including the maintenance of any required records.

B. Social service history shall be obtained and documented for each resident. This history shall include social and emotional factors related to the resident's condition, information concerning home situation, financial resources and relationships with other people. The social history shall be obtained within seven (7) business days of admission. The social service history shall be utilized in the preparation of the ICP and maintained current in terms of changes in financial resources, physical condition, mental state or family situation.

C. Services shall be provided to assist all residents in addressing social, emotional and related problems or through effective arrangements with a social service agency.

D. The social services staff shall participate in discharge planning to assist residents to access inpatient, outpatient, extended care, and home health services in the community.

#### **1006. Dental Services**

A. Within one (1) week of admission, an oral assessment by a physician, dentist or registered nurse shall be conducted to determine the consistency of diet which the resident can best manage and the condition of gums and teeth.

B. Residents shall be assisted as necessary with daily dental care. (II)

C. Each facility shall maintain names of dentists who can render emergency and other dental treatments. Residents shall be encouraged to utilize dental services of choice.

#### **1007. Oxygen Therapy (II)**

A. The facility shall provide oxygen for the treatment of residents when ordered by a physician or other legally authorized healthcare provider.

B. The facility shall post “No Smoking” signs conspicuously when oxygen is dispensed, administered, or stored. The facility shall appropriately secure all cylinders.

**EXCEPTION:** “Smoke-Free” facilities where smoking is prohibited, and where the facility nonsmoking policy is strictly enforced, and where “Smoke-Free” signs are strategically placed at all major entrances, secondary “No Smoking” signs shall not be required in and in the vicinity of resident rooms where oxygen is being administered. “No Smoking” signs shall be required in and in the vicinity of resident rooms and all other areas of the facility where oxygen is being stored. (I)

#### **1008. Laboratory Services**

A. Laboratory services required in connection with the care or treatment to be performed shall be provided or arrangements made to obtain such services.

B. Laboratories that examine materials derived from the human body for diagnosis, prevention, or treatment purposes shall be certified by the Centers for Medicare and Medicaid Services (CMS). Some laboratory tests, for example, blood sugar levels or hemoglobin, may not require the certification; however a Clinical Laboratories Improvement Amendments (CLIA) “Certificate of Waiver” shall be obtained from the Department’s CLIA Program if those tests are performed.

C. Expired laboratory supplies shall be disposed of in accordance with facility policies and procedures.

#### **1009. Outpatient Services**

A. When the facility provides outpatient services such as those described in Section 1010, a physician shall be in charge of the service.

B. Outpatient services shall be in a location that is easily accessible for all outpatients and to all necessary outpatient equipment and supplies. Adequate toilet facilities, waiting, dressing, examining, treatment, and therapy rooms shall be provided.

#### **1010. Other Services to Residents**

Other services, such as physical therapy, occupational therapy, and speech therapy, if offered as a service of the facility, shall be on orders of a physician or other legally authorized healthcare provider and administered and/or furnished by legally authorized healthcare providers. If offered, space and equipment shall be provided to accommodate the service(s).

#### **1011. Transportation (I)**

The facility shall arrange for appropriate transportation of residents to other healthcare services provided outside the facility, for example, hospital, medical clinic, dentist, and in accordance with the physician’s orders. 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 healthcare providers, such as, but not limited to, physicians, dentists, physical therapists, or for treatment at renal dialysis facilities.

#### **1012. Restraints (II)**

A. A facility shall maintain written instructions on how to apply specific restraints.

B. A facility shall have a written order signed by the physician who approved of the use of restraints either at the time the restraints are applied to a resident or, in case of emergency, within twenty-four (24) hours after the restraints are applied.

C. During emergency restraint, residents shall be monitored, their condition recorded at least every fifteen (15) minutes, and they shall be provided with an opportunity for motion and exercise at least every thirty (30) minutes. Prescribed medications and treatments shall be administered as ordered, and residents shall be offered nourishment and fluids and given restroom privileges. (I)

D. Only those devices specifically designed as restraints may be used. Makeshift restraints shall not be used under any circumstance. (I)

### **1013. Discharge and Transfer**

A. Residents shall be transferred or discharged only upon physician orders and only as appropriate in accordance with the Bill of Rights for Residents of Long-Term Care Facilities. Immediate transfer is permissible in cases of medical emergencies or where the health and safety of other residents would be endangered, in accordance with the Bill of Rights for Residents of Long-Term Care Facilities.

B. Notification of resident discharge and transfer shall be in accordance with the Bill of Rights for Residents of Long-Term Care Facilities. In cases of transfer due to medical emergencies or instances where other residents may be endangered, the family member, if any, shall be notified within a time period that is practicable under the circumstances, but not later than twenty-four (24) hours following the transfer.

C. Other than residents transferred back to their home, residents requiring care and/or supervision shall be transferred or discharged to a location that is licensed to provide that care and is appropriate to the resident's needs and abilities. (II)

D. Upon transfer or discharge, the facility shall assure that resident information, medications, as appropriate, personal possessions and personal monies are released to the resident and/or the receiving facility in a manner that assures continuity of treatment, care, and services. (II)

E. A discharge summary shall accompany each resident discharged or transferred to another licensed healthcare facility, or shall be forwarded to the receiving facility in a manner that assures continuity of care and services.

F. The facility shall have a written transfer agreement with one (1) or more hospitals that provides reasonable assurance that transfer of residents will be made between the hospital and the facility whenever such transfer is deemed medically appropriate by the attending physician; or, the facility shall have on file documented evidence that it has attempted in good faith to effect a transfer agreement. The transfer agreement shall be dated and signed by authorized officials who are a party to the agreement. The agreement shall provide reasonable assurance of mutual exchange of information necessary or useful in the care and treatment of individuals transferred between the facilities. The agreement may be updated following a change of Administrator; the agreement shall be updated following changes in licensee or at any other time as deemed advisable to maintain or further improve continuity of care.

## **SECTION 1100 – RIGHTS AND ASSURANCES**

### **1101. General (II)**

A. The facility shall comply with all current state, federal, and local laws and regulations concerning resident care, treatment, procedures, and/or services, resident rights and protections, and privacy and disclosure requirements, such as, S.C. Code Section 44-81-10, Bill of Rights for Residents of Long-Term Care Facilities, Alzheimer’s Special Care Disclosure Act, and the Omnibus Adult Protection Act notice, S.C. Code Section 43-35-5, *et seq.*

B. Posted notices as required in the Bill of Rights for Residents of Long-Term Care Facilities, the Omnibus Adult Protection Act, and other notices as required by law, shall be prominently displayed in the facility.

C. The facility shall comply with all relevant state, federal, and local laws and regulations concerning discrimination, such as, Title VII, Section 601 of the Civil Rights Act of 1964.

D. Achievement of the highest level of self-care, independence and choice by residents shall be reflected in the manner in which the facility provides and promotes resident care and how the facility honors reasonable requests.

E. Residents shall be given the opportunity to provide input concerning changes in facility operational policies, procedures, services, for example, resident councils.

F. Other than the limitations of resident movement in special instances, for example, Alzheimer’s unit, residents shall be assured freedom of movement. Residents shall not be locked in or out of their rooms.

G. There shall be a grievance and complaint procedure to be exercised on behalf of the residents to enforce the Bill of Rights for Residents of Long-Term Care Facilities that includes the address and telephone number of the Department and a provision prohibiting retaliation should the grievance right be exercised. Residents shall be made aware of this procedure and it shall be posted adjacent to the Bill of Rights for Residents of Long-Term Care Facilities.

H. Care, services, treatments, items provided by the facility, the charges, and those services that are the responsibilities of the resident shall be delineated in writing. Residents shall be made aware of such charges and services and changes to charges and services.

I. Residents shall not be requested or required to perform any type of care, treatment, or service in the facility that would normally be the duty of a staff member.

J. Information regarding advance directives shall be provided to each resident at admission.

K. The facility shall furnish itemized billing for all charges to the resident or the individual paying the bill upon request by the resident or individual.

1. Items that remain unpaid are not required to be itemized again.

2. This provision shall not apply to the contracted amount of a state or federal agency. Any amount above such contract shall be itemized as provided.

L. Residents shall be permitted to use the telephone and shall be allowed privacy when making telephone calls.

M. A quiet environment shall be provided that is the least intrusive to residents.

N. The facility shall inform residents of the resident councils (See Section 1102).

## **1102. Resident and Family Councils (II)**

A. The facility shall allow residents to form and participate in resident councils to discuss and resolve concerns.

B. Adequate notification shall be provided to family members or to the responsible party of the resident concerning pertinent information pertaining to the operation or interest of the family council in accordance with facility policies and procedures.

C. Should there be a council, the facility Administrator shall designate a staff coordinator and provide suitable private accommodations within the facility for these council(s). The staff coordinator shall assist the council(s) in scheduling regular meetings and preparing written reports of meetings for dissemination to residents of the facility.

## **SECTION 1200 – RESIDENT PHYSICAL EXAMINATION AND TUBERCULOSIS SCREENING (I)**

A. The admission physical examination shall be conducted by the attending physician or legally authorized healthcare provider within five (5) days prior to admission or within seven (7) business days after admission and shall address the physical condition and diagnosis of the resident.

**EXCEPTION:** Physical examinations conducted 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. The physical examination information shall be updated to include new medical information if the resident's condition has changed since the last physical examination was completed.

B. The admission physical examination shall include tuberculosis screening (See Section 1704), as determined by the facility risk assessment (See Section 101.JJJ) in the manner designated by guidelines established by the Department.

C. In the event that a resident transfers from a healthcare facility licensed by the Department, as defined in S.C. Code Section 44-7-130(10), to a nursing home, an additional admission physical examination shall not be required, provided the resident transferring has had a physical examination conducted not earlier than three (3) months prior to the admission of the resident to the nursing home that addresses the physical condition and diagnosis of the resident, and meets the requirements specified in Section 1200.B unless the receiving facility has an indication that the health status of the resident has changed significantly. A discharge summary from a healthcare facility, which includes a physical examination, may be acceptable as the admission physical examination, provided the summary addresses the physical condition and diagnosis of the resident, meets the requirements specified in Section 1200.B, and the resident's physician attests to its accuracy by countersigning it. The receiving nursing home shall acquire a copy of the physical examination and tuberculosis screening, if applicable, from the licensed facility transferring the resident with the attending physician updating by signature and date.

## **SECTION 1300 – MEDICATION MANAGEMENT**

### **1301. General**

A. Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid shall be properly managed in accordance with state, federal, and local 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 expired, and their disposition at discharge, transfer, or death of a resident. (I)

B. Applicable medication-related reference materials such as Physicians' Desk Reference and information on the use of medications shall be readily available at each staff work area in order to provide staff members with adequate information concerning medications. At least one (1) such reference in the facility shall have been published within the previous year and none shall be older than three (3) years.

### **1302. Medication and Treatment Orders (II)**

A. Medication and treatment, to include oxygen, shall be administered to residents only upon orders (to include standing orders) of a physician or other legally authorized healthcare provider. (I)

B. All orders (including verbal) shall be received only by licensed nurses or other legally authorized healthcare providers, and shall be authenticated and dated by a physician or other legally authorized healthcare provider pursuant to the facility's policies and procedures. This restriction shall not be construed to prohibit the issuance and acceptance of verbal orders in other specialized departments or services in accordance with facility policies and procedures, for example, orders pertaining to respiratory therapy modalities; medications administered therewith may be given to respiratory therapy personnel and physical therapy orders to physical therapists. (I)

C. Physician's orders for medication, treatment, care and diet shall be reviewed and reordered no less frequently than every two (2) months. (I)

D. All medication orders that do not specifically indicate the number of doses to be administered or the length of time the medication is to be administered shall automatically be stopped in accordance with facility policies and procedures.

### **1303. Administering Medication (II)**

A. Medications shall be administered in accordance with orders of the attending physician, dentist or other individual legally authorized to prescribe medications or biologicals for human consumption. (I)

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

C. Medications shall be administered in accordance with state practice acts. The administration of medication shall include, but not be limited to:

1. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);

2. Verifying the dosage with the physician's orders;

3. Giving the individual dose to the proper resident;

4. Monitoring the ingestion or application of the dose; and

5. Promptly recording on the MAR, as it is administered, the date, time, dose given, mode of administration, and identification of the individual who administered the medication.

D. Doses of medication shall be administered by the same licensed nurse or other legally authorized healthcare provider who prepared them for administration. Preparation of doses for more than one (1) scheduled administration shall not be permitted. (I)

E. Self-administration of medications by residents is permitted only on the specific written orders of the resident's attending physician or other legally authorized healthcare provider, verified by direct contact with the resident by a licensed nurse, and recorded on the MAR by that same person. Verification and documentation shall occur at the same frequency as the medication is taken. Facilities may elect to prohibit self-administration. The facility shall not allow residents to self-administer controlled substances. (I)

F. 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 individual who will be in charge of the resident during his or her absence from the facility; these details shall be properly documented in the MAR. (I)

G. At each shift change, there shall be a documented review of all scheduled controlled substances, such as, Schedules II, III, IV, and V, by outgoing licensed nurses with incoming licensed nurses who shall include verification by outgoing licensed nurses that the count was correct, and if incorrect, an explanation of the discrepancy and any corrective actions taken. The review shall include controlled substances in an unsealed emergency medication kit or cart. (I)

#### **1304. Pharmacy Services**

A. There shall be a written agreement with a consulting pharmacist to direct, supervise and be responsible for pharmacy services in the facility in accordance with accepted professional principles and appropriate state, federal, and local laws and regulations. (II)

B. At least monthly the pharmacist shall: (II)

1. Review the medication profile for each resident for potential adverse reactions, allergies, interactions and laboratory test modifications. The attending physician shall be advised of recommended changes in the medication regimen, medication therapy duplication, incompatibilities or contraindications;

2. Review medication storage areas and emergency medication kits;

3. Review all medications in the facility for expiration dates and assure the removal of discontinued or expired medications from use as indicated;

4. Verify proper storage of medications and biologicals in the facility and make recommendations concerning the handling, storing and labeling of medications;

5. Examine the controlled substances records and affirm to the Administrator that this inventory is correct;

6. Assess the facility pharmaceutical services to assure the services have been properly implemented and maintained and submit to the Administrator a written report of each pharmaceutical assessment including recommendations.

C. In addition to the services enumerated in Section 1304.B, the pharmacist shall participate in the formulation of pharmacy service policies and procedures and coordinate pharmacy services. (II)

D. Facilities that maintain stocks of legend medications and biologicals for resident use within the facility shall obtain and maintain from the South Carolina Board of Pharmacy a valid, current, nondispensing drug outlet permit, displayed in a conspicuous location in the facility.

### **1305. Medication Containers (II)**

A. The labeling of medications and biologicals shall be based on currently accepted professional principles. Labels shall identify, at a minimum, the name of the medication or biological, strength and lot number. As appropriate, labels shall include resident name and any identifying number. The prescribing physician's name and directions for use shall be on the label if it is not documented in another effective manner. (I)

B. Medication containers that have been damaged, compromised, or without labels, or that have damaged, incomplete or makeshift labels are considered to be misbranded and are prohibited and shall be destroyed in accordance with Section 1309.

C. Medications for each resident shall be maintained in the original container(s) including unit dose systems. Opening blister packs to remove medications for destruction or adding new medications for administration, except under the direction of a pharmacist, is prohibited. (I)

D. When a physician or other legally authorized healthcare provider changes the dosage of a medication, such information shall be documented in the medication administration record and a label that does not obscure the original label shall be attached to the container that states, "Directions changed; refer to MAR and physician or other legally authorized healthcare provider orders for current administration instructions." The new directions shall be communicated to the pharmacist upon receipt of the order. (I)

### **1306. Medication Storage**

A. Medications shall be stored and safeguarded in a locked medicine preparation room or locked cabinet at or near the staff work area to prevent access by unauthorized individuals. If medication carts are utilized for storage, they shall be locked when not in use. Expired or discontinued medications shall not be stored with current medications. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life. (I)

B. Medications requiring refrigeration or freezing shall be stored in a refrigerator or freezer as appropriate at the temperature range established by the manufacturer used exclusively for that purpose in the medicine preparation room, or in a locked refrigerator used exclusively for medications, or in a separate locked box within a multi-use refrigerator at or near the staff work area. Food and drinks shall not be stored in the same refrigerator or freezer in which medications and biologicals are stored. Blood and blood products may be stored in the same refrigerator with medications and biologicals if stored in a separate compartment from the medications and biologicals in accordance with the AABB. Refrigerators and freezers shall be provided with a thermometer accurate to plus or minus two (2) degrees Fahrenheit. (I)

C. Medications shall be stored: (I)



1. Under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, safety and security;

2. In accordance with manufacturer's directions and in accordance with all applicable state, federal, and local laws and regulations;

3. Separately from poisonous substances, such as cleaning and germicidal agents, or body fluids;

4. In a manner that provides for separation between topical and oral medications, and which provides for separation of each resident's medication;

5. In medicine preparation rooms or cabinets that are well-lighted and of sufficient size to permit orderly storage and preparation of medications. Keys to the medicine preparation room, cabinet, refrigerator or medication cart at the staff work area shall be under the control of a designated licensed nurse.

D. Nonlegend medications that can be obtained without a prescription such as aspirin, milk of magnesia and mineral oil, may be retained and labeled as stock in the facility for administration as ordered by a physician or other legally 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 legally authorized healthcare provider to self-administer medications, such medications shall be stored in accordance with facility policies and procedures. (I)

F. Prescribed and over-the-counter medications may be maintained at bedside upon physician orders if kept in an individual cabinet or compartment that is locked, such as the drawer of the resident's night stand, in the room of each resident who has been authorized in writing to self-administer by a physician or other legally authorized healthcare provider, in accordance with facility policies and procedures. (II)

G. Medications listed in Schedule II of the Federal Controlled Substance Act shall be stored in separately locked, permanently affixed, compartments within a locked medicine preparation room, cabinet or a medication cart, unless otherwise authorized by a change in the state or federal law pertaining to the unit dose distribution system. (I)

### **1307. Medication Control and Accountability (II)**

A. Records of receipt, administration and disposition of all medications shall be maintained in sufficient detail to enable an accurate reconciliation.

B. Medication, supplies and devices shall not be administered and/or provided to residents beyond the expiration date of those items. (I)

C. Medications that have been discontinued may be secured in the staff work area with a written order by the attending physician. Such medications shall not be held beyond a ninety-day (90-day) period unless so ordered by the physician or other legally authorized healthcare provider, but in no case held beyond the expiration date of the medication.

D. Separate control sheets shall be maintained on any controlled substances listed in Schedules II, III, IV, and V, State and Federal Controlled Substance Act. This record shall contain the following information: date, time administered, name of resident, dose, signature of individual administering, name of physician

or other legally authorized healthcare provider ordering the medication and all scheduled controlled substances balances (See Section 1303.G).

### **1308. Emergency Medications (II)**

A. Each facility shall maintain, upon the advice and written approval of the Medical Director and consultant pharmacist, an emergency medication kit or cart of designated medicines and equipment at each staff work area for the use of physicians or other legally authorized healthcare providers in treating the emergency needs of residents. As an exception, the facility may determine that one (1) emergency medication kit can be readily accessible to, and adequately meet the needs of two (2) or more staff work areas. If such is the case, the facility's written policies shall include the location(s) of the emergency medication kit(s) and the justification for this determination. There shall not be less than one (1) emergency medication kit on each resident floor.

B. The emergency medication kit or cart shall be sealed and stored in a secured area to prevent unauthorized access and to assure a proper environment for preservation of the medications within, but in such a manner as to allow immediate access.

C. An inventory of medications maintained in the kit shall be attached to or placed in the kit. Another inventory list shall be maintained at the staff work area for quick reference.

D. Whenever the emergency medication kit or cart is opened, the use of contents shall be documented by the nursing staff and it shall be restocked and resealed by the pharmacist within four (4) business days.

### **1309. Disposition of Medications**

A. Upon discharge of a resident, unused medications, biologicals, medical supplies and solutions may be released to the resident, family member, or responsible party, unless prohibited by facility policies and procedures, the attending physician or other legally authorized healthcare provider.

B. When resident medications, biologicals, medical supplies or solutions have deteriorated or exceeded their expiration date or there are partially unused medications, or medication containers are misbranded, they shall be destroyed by a licensed nurse or other legally authorized healthcare provider or returned to the pharmacy. (II)

C. When noncontrolled legend drugs, biologicals, medical supplies and solutions are destroyed, the following shall be documented: date of destruction, medication name, strength, quantity, mode of destruction, and the name of the individual performing the destruction and witnessed by a licensed nurse or pharmacist. (I)

D. The destruction of controlled substances shall be accomplished pursuant to the requirements of R.60-4. (I)

## **SECTION 1400 – MEAL SERVICE**

### **1401. General (II)**

A. Facility meal service programs shall be inspected and approved by the Department, and shall be regulated, inspected, and graded pursuant to R.61-25.

B. When meals are catered to a facility, such meals shall be obtained from a meal service establishment graded by the Department, pursuant to R.61-25. (I)

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 for proper maintenance of food temperatures and a sanitary mode of transportation that are approved by the Department.

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.

E. Efforts shall be made to accommodate the religious, cultural, and ethnic preferences of each resident and consider variations of eating habits, unless the orders of a physician or other legally authorized healthcare provider contraindicate.

F. Nourishment stations, if provided, shall contain a handwashing sink equipped for handwashing, equipment for serving nourishment between scheduled meals, refrigerator, and storage cabinets.

G. At least one (1) dietary refrigerator shall be provided on each resident floor and shall have a thermometer accurate to plus or minus two (2) degrees Fahrenheit. In addition, if a refrigerator(s) is in a resident room for food storage, the same thermometer requirement applies.

H. Medications, nursing supplies, or biologicals shall not be stored in the dietary department or any refrigerator or storage area utilized by the dietary department.

I. The preparation of meals shall only be conducted in areas of the facility that have been approved by the Department. Extended operations of a facility's meal service program shall not be located in rooms used for other purposes, such as, sleeping, living, laundry.

#### **1402. Food and Food Storage (II)**

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

B. Home canned food shall be prohibited.

C. At least a three-day 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.

D. All food in the facility shall be from food sources approved or considered satisfactory by the Department, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. (I)

#### **1403. Food Equipment and Utensils**

A. The storage, cleaning and sanitizing of equipment and utensils utilized shall be in accordance with R.61-25. (II)

B. There shall be written procedures for cleaning, disinfecting and sanitizing all equipment and meal service work areas.

C. Drinking containers made of porous materials shall not be used unless the containers have smooth liners which can be easily cleaned. These containers and/or liners shall be sanitized at least weekly or more often as necessary and identified for individual resident use. Disposable containers shall be replaced at least weekly. (II)

#### **1404. Meals and Services (II)**

A. All facilities shall provide meal services to meet the daily nutritional needs of the residents in accordance with the dietary reference intakes (DRIs) of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences.

B. The dining area shall provide a comfortable and relaxed environment. Table service shall be planned in an attractive and colorful manner for each meal.

C. A minimum of three (3) nutritionally-adequate meals in each twenty-four-hour (24-hour) period shall be provided for each resident unless otherwise directed by the resident's physician or other legally authorized healthcare provider. Residents shall be allowed to choose between a variety of foods offered. Personal preferences as to the times residents receive their meals may be honored. This may include offering smaller, more frequent meals, or snacks, or postponing meals to honor a resident's request, for example, to sleep or not to eat. The condition of the resident shall dictate the manner in which meal service is adjusted to suit personal preferences. Meal service systems, for example, four-meal plans and/or buffet dining, may be offered in order to facilitate the resident receiving a variety of foods.

D. Not more than fourteen (14) hours shall elapse between the scheduled serving of the evening meal and breakfast the following day.

**EXCEPTION:** There may be up to sixteen (16) hours between the scheduled serving of the evening meal and breakfast the following day if approved by the resident's attending physician and the resident, and if a nourishing snack is provided after the evening meal.

E. Food shall be cut, chopped, ground or blended to meet individual needs.

F. The same menu items shall not be repetitively served during each seven (7) day period except to honor specific, individual resident requests. Substitutes of similar nutritive value shall be offered to residents who refuse food served.

G. Food and snacks shall be available and offered between meals at no additional cost to the residents. Individual resident food and snack preferences shall be honored when reasonable.

#### **1405. Meal Service Staff**

A. The meal service operations shall be under the direction of a dietitian or qualified food service supervisor who shall be responsible for supervising the meal service staff, planning, preparation and serving of food and the maintenance of proper records. A staff member shall be designated, by name or position, to act in the absence of this person. (II)

B. A qualified food service supervisor shall be a person who: (II)

1. Is a graduate of a dietetic technician training program approved by the American Dietetic Association;

2. Is a graduate of a course of study meeting the requirements of the American Dietetic Association and approved by the state;

3. Is certified by the Certifying Board for Dietary Managers of the Dietary Managers Association and maintains that credential;

4. Has completed a Dietary Managers Association approved course curriculum necessary to take the certification examination required to become a certified dietary manager; or

5. Has at least three (3) years of training and experience in meal service supervision and management in a military service equivalent in content to the programs described in Sections 1405.B.1 through 1405.B.3.

C. A qualified food service supervisor shall receive consultation from a dietitian who is available on a full-time, part-time or consultant basis. (II)

D. There shall be a dietitian available to provide dietary review, menu planning, and consultation. If a dietitian is not a staff member of the facility, there shall be a valid contract for services between the facility and the dietitian. (II)

E. All meal service staff shall wear clean clothes, maintain personal cleanliness, and conform to hygienic practices while on duty. Shoes worn by meal service staff shall be closed-toed. Only authorized persons shall be allowed in the kitchen. (II)

F. Sufficient staff members shall be available to serve food and to provide individual attention and assistance, as needed. (II)

G. There shall be trained staff members 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. (II)

H. Residents shall not be permitted to engage in food preparation unless the following criteria are met: (II)

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

2. The resident is directly supervised by staff members, for example, shall be in the food preparation area with the resident.

I. Meal service staff shall have the responsibility of accompanying the food to the floor, when necessary.

#### **1406. Diets (II)**

A. All diets shall be prescribed, dated and signed by the physician and be prepared in conformance with physicians' orders giving consideration to individual resident preferences.

B. The necessary equipment for preparation of resident diets shall be available and utilized.

C. A diet manual published within the previous five (5) years shall be available and shall address at a minimum:

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Meal service staff health and cleanliness;
4. Dietary Reference Intakes (DRIs) of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences food serving recommendations;
5. Menu planning, including plans appropriate to special needs, for example, diabetic, low-salt, low-cholesterol, or other diets appropriate for the elderly and/or infirm.

#### **1407. Menus**

- A. Menus shall be planned and written at a minimum of four (4) weeks 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. At least the current day's menu shall be posted in one (1) 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 two (2) weeks.
- B. Each menu shall be approved in writing by a dietitian before meals are prepared and served.
- C. A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

#### **1408. Ice and Drinking Water (II)**

- A. Ice from a water system 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 the ice container and allowed to air dry. The ice scoop and holding tray shall be sanitized daily.
- B. Potable drinking water shall be available and accessible to residents at all times.
- C. The use 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.
- E. Drinking fountains of a sanitary angle jet design shall be properly regulated and maintained. There shall be no possibility of the mouth or nose becoming submerged. If drinking fountains are not provided, single service cups shall be used.

### **SECTION 1500 – EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS**

#### **1501. Emergency Care (II)**

The facility shall provide for the care of residents in an emergency and make available appropriate equipment and services to render emergency resuscitative and life-support procedures.

## **1502. Disaster Preparedness (II)**

A. All facilities shall develop, by contact and consultation with their county emergency preparedness agency, a suitable written plan for actions to be taken in the event of a disaster and/or emergency evacuation. In the event of mass casualties, the facility shall provide resources as available. The plan shall be updated, as appropriate, annually, or as needed, and rehearsed at least annually. A record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of participants shall be maintained.

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

1. A sheltering plan to include:

a. Facility occupancy at the time of the disaster;

b. Name, address and phone number of the sheltering facility or facilities 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 and volunteers. The letter shall be updated with the sheltering facility at least every three (3) years and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one (1) 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. The relocation needs of the residents and staff contingent upon the type of disaster or emergency confronted;

b. Procedures for providing appropriate medical support, food, water and medications during relocation based on the needs and number of the residents;

c. Estimated time to accomplish the relocation during normal conditions;

d. 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 licensed and nonlicensed staff members that will meet the staffing requirements of Section 605 for residents who are relocated;

b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility;

c. Co-signed statement by an authorized representative of the sheltering facility if staffing, bedding, or medical supplies are to be provided by the sheltering facility.

C. In instances where there are proposed changes in licensed bed capacity, the disaster and emergency evacuation plan shall be updated to reflect the new licensed bed capacity and submitted to the Department along with the application for bed capacity change.

D. Only those nursing homes located in the coastal counties of Beaufort, Charleston, Colleton, Horry, Jasper, or Georgetown may request exemption from an emergency evacuation order.

1. Facilities in the above counties may elect to seek an exemption from having to evacuate the facility in the event the Governor issues a Mandatory Evacuation Order for an impending hurricane. Facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, or Georgetown counties may request an exemption from an emergency evacuation order if the facility has previously submitted the following to the Department:

a. A Critical Data Sheet, updated annually, that certifies emergency power supply is available for a minimum of seventy-two (72) hours, a seventy-two (72) hour supply of food, water, and medical supplies is on site, and that adequate staff will be available and on duty to provide continual care for the residents;

b. A copy of the engineer's report concerning the wind load the facility should withstand; and

c. A current approved evacuation plan prior to a declared emergency.

2. Once the prerequisites are met and an emergency has been declared, the facility shall draw down the census of the facility and then contact the Department to request an exemption from the evacuation order.

3. A facility shall comply with the mandatory evacuation order unless an exemption from evacuation of the facility for a specific storm has been received from the Department.

### **1503. Licensed Bed Capacity During An Emergency (II)**

A. A facility desiring to temporarily admit residents in excess of its licensed bed capacity due to an emergency shall:

1. Request that the Department concur that an emergency situation exists by contacting the Department;

2. Determine the maximum number of residents to be temporarily admitted;

3. Establish an anticipated date for discharge of the temporary residents;

4. Outline how and where the temporary residents will be housed; and

5. Contact the county emergency preparedness agency to advise of additional residents.

B. The facility shall not require the residents temporarily admitted during the emergency situation to undergo tuberculin screening or submit to an admission history and physical examination.

C. The facility shall notify the Department when the resident census has returned to, or moves below, normal bed capacity by discharge or transfer to licensed beds.



D. If the event occurs after normal business hours, the facility shall contact the Department promptly during the next business day.

E. The facility shall resolve in advance all other issues related to the temporary residents (for example, staff, physician orders, additional food, and handling of medications) by memorandum of agreements, internal policies and procedures, and emergency planning documents.

#### **1504. Emergency Call Numbers (II)**

Although the facility may be in a location that has access to “911” services, emergency call data shall be immediately available, posted in a conspicuous place, at least at every staff work area, and shall include, at a minimum, 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 physicians and staff members to be notified in case of emergency.

#### **1505. 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.

#### **1506. Use of the Facility or Services in Response to a Public Health Emergency (II)**

The Department, in coordination with the guidelines of the State Emergency Operations Plan, may, for such period as the state of public health emergency exists and as may be reasonable and necessary for emergency response, require a nursing home to provide services or the use of its facility if the services are reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business as a nursing home. When the Department needs the use or services of the facility to isolate or quarantine individuals during a public health emergency, the management and supervision of the nursing home shall be coordinated with the Department to assure protection of existing residents and compliance with the regulation in accordance with S.C. Code Section 44-4-310.

### **SECTION 1600 – FIRE PREVENTION**

#### **1601. Arrangements for Fire Department Response and Protection (II)**

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, for example, fire plan and evacuation plan. (I)

B. Facilities located outside 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 maintained on file in the facility and a copy shall be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department. (I)

C. Fire protection for all facilities shall meet all of the requirements of the South Carolina State Fire Marshal’s Office.

## **1602. Tests (II)**

Fire protection and suppression systems shall be maintained and tested at least annually in accordance with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to nursing homes.

## **1603. Fire Response Training (I)**

A. Each staff member shall receive training within forty-eight (48) hours of his or her first day on the job in the facility and at least annually thereafter, addressing at a minimum, the following:

1. Fire plan;
2. Reporting a fire;
3. Use of the fire alarm system;
4. Location and use of fire-fighting equipment;
5. Methods of fire containment;
6. Specific responsibilities, tasks, or duties of each individual when a facility fire occurs.

B. A plan for the evacuation of residents, staff members, and visitors, to include procedures and evacuation routes out of the facility, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility.

## **1604. Fire Drills (I)**

A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, an evaluation of the drill, and the names of staff members directly involved in responding to the drill. Should fire drill requirements be mandated by statute or regulation, then compliance with that statute or regulation shall supersede the provisions of this section.

B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1603.

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

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

A. Staff 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 and practices shall be in compliance with applicable regulations and guidelines of the Occupational Safety and Health Administration, for example, the Bloodborne Pathogens Standard; the Centers for Disease Control and Prevention, for example, Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices and the Hospital Infection Control Practices Advisory Committee; and R.61-105; and other applicable state, federal, and local laws and regulations.

B. There shall be an infection control/QI committee that meets at least annually to address infection control issues consisting of the medical director and representatives from at least administration, nursing, dietary, and housekeeping staff to assure compliance with this regulation regarding infection control.

C. There shall be a tuberculosis infection control program per CDC guidelines. A facility licensed nurse shall be designated at each facility to coordinate the tuberculosis infection control program.

#### **1702. Tuberculosis Risk Assessment (I)**

A. All facilities shall conduct an annual tuberculosis risk assessment (See Section 101.JJJ) in accordance with CDC guidelines (See Section 102.B.9) to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

B. The risk classification, for example, 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 and residents and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, such as, healthcare organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, resident population, job type, or location within the setting may have separate risk classifications.

#### **1703. Staff Tuberculosis Screening (I)**

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

**B. Low Risk:**

1. Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for *Mycobacterium tuberculosis* (BAMT): All staff (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 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.

2. Periodic TST or BAMT is not required.

3. Post-exposure TST or a BAMT for staff 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 or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

**C. Medium Risk:**

1. Baseline two-step TST or a single BAMT: All staff (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 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.

2. Periodic testing (with TST or BAMT): Annually, of all staff who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, staff with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen

shall be accomplished by educating the staff about symptoms of TB disease (including the staff and/or direct care volunteers responses), documenting the questioning of the staff about the presence of symptoms of TB disease, and instructing the staff to report any such symptoms immediately to the Administrator or director of nursing. Treatment for latent TB infection (LTBI) shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.

3. Post-exposure TST or a BAMT for staff 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 or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

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

1. Staff with a baseline positive or newly positive test result for *M. tuberculosis* infection (for example, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, for example, 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). These staff members 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 (for example, the Department's TB Control program).

2. Staff with positive TST results (regardless of when that conversion was first documented) shall document that conversion, document a subsequent negative chest radiograph and receive a negative assessment for signs and symptoms of TB before they may be hired or begin employment, as appropriate.

3. Staff 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 approval by the Department TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.

### 1704. Resident Tuberculosis Screening (I)

A. 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:

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

1. Admission/Baseline two-step TST or a single BAMT: All residents within one (1) month prior to admission 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. In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six (6) months will not be required to undergo additional initial screening.

a. A facility may admit a resident 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.

b. A facility may admit, when appropriate, only those residents referred by South Carolina Department of Social Services (SCDSS) Adult Protective Services subject to documenting a current chest radiograph (negative for TB) and a negative assessment for signs and symptoms of TB followed by two-step TST completed 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 or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

**C. Baseline Positive or Newly Positive Test Result:**

1. Residents with a baseline positive or newly positive test result for *M. tuberculosis* infection (for example, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, for example, 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 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 (for example, the Department's TB Control program).

2. Residents with positive TST results (regardless of when that conversion was first documented) shall document that conversion, document a subsequent negative chest radiograph and receive a negative assessment for signs and symptoms of TB before they may be admitted, as appropriate.

3. 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.G), required to undergo evaluation by a physician, and permitted to return to the facility only with approval by the Department's TB Control program.

**1705. Isolation Procedures (II)**

A. An infection isolation room shall be made available if ordered by the attending physician for a resident who has a communicable disease that poses a threat to the health or safety of other residents or who for some other reason requires isolation and only to the extent that is required to protect the resident and others.

B. Should it be determined that the facility is unable to 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 or her needs.

C. The facility may accept residents with contagious pulmonary tuberculosis and provide appropriate treatment, provided that CDC guidelines are met.

1. Residents with contagious pulmonary tuberculosis shall be separated, for example, Airborne Infection Isolation room, transfer, from all other residents until declared noncontagious by a Department TB physician.

2. When residents with contagious pulmonary tuberculosis are to remain in the facility for treatment instead of being transferred to another facility, isolation procedures shall follow CDC guidelines, including Airborne Infection Isolation requirements.

3. Airborne Infection Isolation rooms may be required to have negative pressure as determined by the facility's tuberculosis risk assessment (See Section 101.JJJ) in the manner designated by guidelines established by the Department.

D. When isolation precautions are implemented, signs directing individuals to the staff work area for further information shall be posted at the entrance to the resident room.

## **1706. Vaccinations (II)**

### **A. Hepatitis B.**

1. All direct care staff who perform tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps shall have the hepatitis B vaccination series unless the vaccine is medically contraindicated or an individual is offered the series and declined. In either case, the decision shall be documented.

2. Each staff member with eligibility as identified in Section 1706.A.1 who elects vaccination shall start the initial dose of the three-dose series within ten (10) days of the date hired and complete the series within six (6) months.

### **B. Influenza.**

1. Direct care staff and residents shall have an annual influenza vaccination unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.

2. Persons receiving influenza vaccination shall, as appropriate, receive influenza vaccination each influenza season from October through March. Consideration may be made for availability issues, such as, vaccine shortages.

C. Pneumococcal. Upon admission, residents shall be immunized for *Streptococcus pneumoniae*. Residents shall be vaccinated for *Streptococcus pneumoniae* unless the vaccine is medically contraindicated or the resident is offered the vaccination and declined. In either case, the decision shall be documented.

## **1707. Housekeeping (II)**

A. The facility and its grounds shall be uncluttered, clean, and free of vermin and offensive odors. There shall be sufficient cleaning supplies and equipment available. Housekeeping shall at a minimum include:

1. Cleaning each specific area, including storage areas, of the facility. Accumulated waste material shall be removed daily or more often if necessary;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area. Cleaning and disinfection shall be appropriate to the area and the equipment's purpose or use and shall include resident room preparation for new occupants;

3. Disposable materials and equipment shall be used by one (1) resident only, in accordance with manufacturer's recommendations and then disposed of in an acceptable manner;

4. Storage of chemicals indicated as harmful on the product label, cleaning materials, and supplies in cabinets or well-lighted closets and rooms, inaccessible to residents;

5. Cleaning of all exterior areas, such as, porches and ramps, and removal of safety impediments such as snow, ice and standing water;

6. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.

B. All air filters shall be maintained free of excess dust and combustible material. Filters shall be replaced or cleaned when the resistance has reached a value of recommended replacement by the manufacturer.

C. Dry dusting and dry sweeping are prohibited.

#### **1708. Infectious Waste (II)**

Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with R.61-105.

#### **1709. Pets (II)**

A. Healthy domestic pets that are free of fleas, ticks, and intestinal parasites, and have been screened by a veterinarian within the past twelve (12) months prior to entering the facility, have received required inoculations, if applicable, and that present no apparent threat to the health and safety of the residents, may be permitted in the facility.

B. Pets shall be permitted in resident dining areas only during times when food is not being served and shall not be allowed in the kitchen. 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.

#### **1710. Clean and Soiled Linen and Clothing (II)**

A. Clean Linen and Clothing.

1. Proper storage facilities shall be provided for keeping clean linen, restraints and resident clothes in sanitary condition prior to use. Clean linen not stored separately shall be covered. Clean linen and clothing storage rooms shall be used only for the storage of clean linen and clothing. Clean linen and clothing shall be separated from storage of other materials.

2. A supply of clean, sanitary linen and clothing shall be available at all times.

3. Clean linen and clothing shall be stored and transported in a sanitary manner, for example, covered.

B. Soiled Linen and Clothing.

1. A soiled linen storage room shall be provided.

2. Soiled linen and clothing shall neither be sorted, rinsed, nor washed outside the laundry service area.

3. Provisions shall be made for collecting and transporting soiled linen and clothing.
4. Soiled linen and clothing shall be kept in enclosed or covered nonabsorbent containers or washable laundry bags.
5. Soiled linen and clothing shall not be transported through resident rooms, kitchens, food preparation or storage areas.
6. If linen chutes are used, the soiled linen and clothing shall be enclosed in bags before placing in chute.
7. Facilities shall utilize Standard Precautions in the handling of all soiled linen and clothing. Labeling or color-coding of bagged soiled linen and clothing is sufficient provided all on-site or off-site handlers recognize the containers as requiring compliance with Standard Precautions.

#### **1711. Laundry (II)**

A. Facility-based laundry services shall be conducted in a clean, safe, and well-ventilated area, divided into specific clean and soiled processing areas and properly insulated to prevent transmission of noise, heat, steam, and odors to resident care areas. The facility shall assure that nonfacility-based laundry services to the nursing home exercise every precaution to render all linen safe for reuse.

B. Laundry services shall not be conducted in resident rooms, dining rooms, or in locations where food is prepared, served, or stored. As an element of the resident's ICP, folding of clean personal laundry by residents is permitted in resident rooms.

C. Clean and soiled processing areas shall either be in separate rooms or be provided with ventilation to prevent cross-contamination.

### **SECTION 1800 – QUALITY IMPROVEMENT PROGRAM**

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

### **SECTION 1900 – DESIGN AND CONSTRUCTION**

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

A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each resident. A facility shall be designed so all residents have access to required services.

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

A. Facility design and construction shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

B. Unless specifically required otherwise in writing by the Department, 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 accepted construction documents were professionally stamped and issued.



C. Any facility that closes, has its license revoked, or surrenders its license and applies for re-licensure 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.

### **1903. Submission of Plans (II)**

A. An architect and/or engineer registered in South Carolina shall prepare the plans and specifications. Unless directed otherwise by the Department, plans shall be submitted at the schematic, design development, and final stages. All plans shall be drawn to scale. Any construction changes from the approved documents shall be approved by the Department. Construction work shall not commence until the Department receives a plan approval. During construction, the Owner shall employ a registered architect and/or engineer for observation. Upon approval of the Department, construction administration may be performed by an entity other than the architect. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for new construction and for a project that has an effect on:

1. The function of a space;
2. The accessibility to or of an area;
3. The structural integrity of the facility;
4. The active and/or passive fire safety systems (including kitchen equipment such as exhaust hoods or equipment required to be under an exhaust hood);
5. Doors;
6. Walls;
7. Ceiling system assemblies;
8. Exit corridors;
9. Life safety systems; or
10. Increase in occupant load or licensed capacity of the facility.

C. All subsequent addenda, change orders, field orders, and documents altering the Department review must be submitted. Any substantial deviation from the accepted documents shall require written notification, review and re-approval from the Department.

D. Cosmetic changes utilizing paint, wall covering, floor covering, or other, that are required to have a flame-spread rating or other safety criteria shall be documented with copies of the documentation and certifications kept on file at the facility and made available to the Department.

E. A facility with construction work in violation of codes or standards shall be brought into compliance with applicable codes and standards.

#### **1904. Construction Permits (II)**

All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by the Department.

#### **1905. Utility Rooms**

A. Soiled Utility Room: A facility shall provide at least one (1) soiled utility room per work station which contains a clinical sink, work counter, hand wash sink, waste receptacle and soiled linen receptacle.

B. Clean Utility Room: A facility shall provide at least one (1) clean utility room per work station which contains a counter with hand wash sink and space for the storage and assembly of supplies for nursing procedures.

### **SECTION 2000 – FIRE PROTECTION EQUIPMENT AND SYSTEMS**

#### **2001. Fire Alarms and Sprinklers (II)**

A. A facility shall include a partial, manual, automatic, and supervised fire alarm system. A facility shall arrange the fire alarm system to transmit an alarm automatically to a third party by an approved method. A facility shall provide a fire alarm system that notifies all areas and floors of the building by audible and visual alarm. A facility shall provide a fire alarm system that shuts down central recirculating systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. A facility shall include all fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems that connect to the main fire alarm system and trigger the system when activated.

C. A facility shall include a sprinkler system.

D. A facility shall include a fire alarm pull station in or near each work station.

#### **2002. Emergency Generator Service**

A. Facilities shall provide certification that construction and installation of the emergency generator service comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

B. An emergency generator shall deliver emergency electrical service during interruption of the normal electrical service to the distribution system as follows:

1. Exit lights and exit directional signs;
2. Exit access corridor lighting;
3. Lighting of means of egress and staff work areas;
4. Fire detection and alarm systems;
5. In resident care areas, such as sleeping areas and personal care areas;

6. Signal system;
7. Equipment necessary for maintaining telephone service and all life safety systems.
8. Elevator service that will reach every resident floor when rooms are located on other than the ground floor;
9. Fire pump;
10. Equipment for heating resident rooms;
11. Public restrooms;
12. Essential mechanical equipment rooms;
13. Battery-operated lighting and a receptacle in the vicinity of the emergency generator;
14. Alarm systems, water flow alarm devices, and alarms required for medical gas systems; and
15. Resident records when solely electronically based.

## **SECTION 2100 – PREVENTIVE MAINTENANCE**

A facility shall keep the structure, component parts, amenities and equipment in good repair, operating condition, and documented. A facility shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

## **SECTION 2200 – EQUIPMENT AND SYSTEMS**

### **2201. Gases (I)**

A. Gases, flammable and nonflammable, shall be handled and stored in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

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. In “Smoke-Free” facilities, “No Smoking” signs shall not be required in and in the vicinity of resident rooms where oxygen is being administered provided all 4 of the following conditions are met:

1. Smoking is prohibited;
2. The facility nonsmoking policy is strictly enforced;
3. “Smoke-Free” signs are strategically placed at all major entrances; and
4. A facility shall have “No Smoking” signs in, and in the vicinity of, resident rooms where oxygen is stored as well as all other required areas.

## **2202. Furnishings and Equipment (I)**

- A. A facility shall maintain the physical plant free of fire hazards or impediments to fire prevention.
- B. A facility shall not permit portable electric or unvented fuel heaters.
- C. Fireplaces and fossil-fuel stoves, such as, wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. A facility shall not use unvented gas logs. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.
- D. A facility shall require all wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows to be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

## **SECTION 2300 – WATER SUPPLY, HYGIENE, AND TEMPERATURE CONTROL**

- A. Plumbing fixtures that require hot water and that are accessible to residents shall be supplied with water that is thermostatically controlled to a temperature of at least one hundred (100) degrees Fahrenheit and not to exceed one hundred twenty (120) degrees Fahrenheit at the fixture. (I)
- B. The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per licensed bed at the temperature range indicated in Section 2300.A. (II)
- C. Hot water supplied to the kitchen equipment and utensil washing sink shall be supplied at one hundred twenty (120) degrees Fahrenheit provided all kitchen equipment and utensils are chemically sanitized. For facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment and utensil washing sink shall be capable of maintaining water at a temperature of at least one hundred eighty (180) degrees Fahrenheit. (II)
- D. Hot water provided for washing linen and clothing shall not be less than one hundred sixty (160) degrees Fahrenheit. Should chlorine additives or other chemicals that contribute to the margin of safety in disinfecting linen and clothing be a part of the washing cycle, the minimum hot water temperature shall not be less than one hundred ten (110) degrees Fahrenheit, provided hot air drying is used. (II)

## **SECTION 2400 – ELECTRICAL**

### **2401. General**

A facility shall maintain all electrical installations and equipment in a safe, operable condition in accordance with the applicable codes and shall be inspected at least annually by a licensed electrician, registered engineer, or certified building inspector.

### **2402. Panelboards (II)**

A facility shall label the panelboard directory to conform to the room numbers and/or designations.

### **2403. Lighting**

A. A facility shall provide adequate lighting in spaces occupied by persons, machinery, and equipment within buildings, approaches to buildings, and parking lots. (II)

B. A facility shall provide adequate artificial light and sufficient illumination for reading, observation, and activities. A facility shall provide general lighting in all parts of every resident room and at least one (1) light fixture for night lighting in every resident room. A facility shall provide a reading light for each client.

C. A facility shall provide lighting in hallways, stairs, and other means of egress at all times.

#### **2404. Receptacles (II)**

A. A facility shall provide duplex grounding type receptacles in each resident room with one (1) duplex receptacle at the head of each bed in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina Fire Marshal.

B. Each resident bed location shall have a minimum of two (2) duplex receptacles.

C. Each resident bed location shall be supplied by at least two (2) branch circuits.

D. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of the ends of corridors.

#### **2405. Ground Fault Protection (I)**

A. A facility shall have ground fault circuit-interrupter protection for all outside receptacles and bathrooms.

B. A facility shall have ground fault circuit-interrupter protection for any receptacle within six (6) 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.

#### **2406. Exit Signs (I)**

A. A facility shall identify all required exits and ways to access thereto with electrically-illuminated exit signs bearing the words "Exit" in red letters.

B. A facility shall mark changes in egress direction with exit signs with directional arrows.

C. A facility shall maintain exit signs in corridors that indicate two (2) directions of exit, where appropriate.

### **SECTION 2500 – HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)**

A. A facility shall not install a HVAC supply or return grill within three (3) feet of a smoke detector. (I)

B. A facility shall not install HVAC grills in floors. (II)

C. Return air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in a manner that would be an irritant to the residents, staff, or volunteers. (II)

D. A facility shall have each shower, bath, and restroom with either operable windows or have approved mechanical ventilation. (II)

## **SECTION 2600 – GENERAL CONSTRUCTION REQUIREMENTS**

### **2601. Common Areas**

A. A facility shall provide a minimum of thirty (30) square feet per bed of living, recreational, and dining area combined, excluding bedrooms, halls, kitchens, bathrooms, and rooms not available to the residents.

B. A facility shall provide all required care, treatment, and services in a manner that does not require residents to ambulate from one site to another outside the building(s), nor impedes residents from ambulating from one site to another due to the presence of physical barriers.

C. A facility shall ensure methods of visual and auditory privacy between resident and staff, volunteers, and visitors.

D. A facility shall provide physical space for private resident, family, and responsible party visiting.

E. A facility shall provide accommodations for family privacy after a resident's death.

### **2602. Resident Rooms**

A. With the exception of furniture unless otherwise allowed by facility policy, a resident shall have the choice of bringing familiar items from home as part of the furnishing to his or her room, for example, wall pictures, paintings, or vases. 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 utilize a recliner in lieu of a bed or remove a resident bed and place the mattress on a platform or pallet provided the physician or other authorized healthcare provider has approved it 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 (2) beds. A roll-away type bed or cot may be temporarily used for family or responsible party staying overnight with the resident.

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

3. A comfortable chair shall be available for each resident occupying the room. 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 his or her room, the facility shall provide at least one (1) chair and 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 (2) 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 be located in a basement.

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

F. A facility shall provide equipment such as bedpans, urinals, and hot water bottles, necessary to meet resident needs. 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. (II)

G. 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, such as 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)

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

I. A facility shall provide at least one (1) private room for assistance in addressing resident compatibility issues, resident preferences, and accommodations for residents with communicable disease.

J. Infants and small children shall not be assigned to a room with an adult resident unless requested by residents and families.

K. A facility shall provide cubicle curtains with built-in curtain tracks in all multiple bed rooms that will shield each resident completely. Curtains shall be flameproof.

L. Beds must be placed at least three (3) feet apart.

M. A facility shall provide at least one (1) private room in each nursing unit for purposes of medical isolation, incompatibility, personality conflicts, or other.

### **2603. Resident Room Floor Area**

A. Each resident room shall have an outside window. This window shall not open onto a common area screened porch. (I)

B. 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 (1) resident: one hundred (100) square feet for the licensed bed (there shall be compliance with the minimum square footage requirements of Section 2603.B.2 in instances when family members or responsible party routinely utilize a separate bed for overnight stays with the resident);

2. Rooms for more than one (1) resident: eighty (80) square feet per licensed bed.

C. There shall be at least three (3) feet between beds. (II)

## **2604. Visitor Accommodations**

A. Visitor designated or guest rooms shall not be utilized by residents, prospective residents, or staff members of the facility.

B. No supervisory care shall be given to visitors of the facility, for example, first aid response by staff, tray service, or other.

C. Visitors shall be made aware of those provisions and accommodations available so that they may serve themselves, for example, towels, sheets, soap.

D. Any conduct of the visitors which may have an adverse effect on the residents and/or facility must be promptly and prudently handled, for example, resident and/or staff abuse.

E. Those visiting as well as the residents with whom they are visiting shall be made fully aware of the conditions under which their stay is acceptable.

F. A facility shall provide adequate space for privacy of the family and significant others at the time of the resident's death.

## **2605. Baths and Restrooms**

A. A facility shall have an appropriate number of restrooms to accommodate residents, staff, and visitors. A facility shall have one (1) toilet for each (4) four licensed beds or fraction thereof and one (1) bathtub or shower for each (12) twelve licensed beds or fraction thereof.

B. A facility shall have accessible restrooms during all operating hours.

C. A facility shall equip all restrooms with at least one (1) toilet fixture, toilet paper installed in a holder, a lavatory supplied with hot and cold running water, liquid or granulated soap, single-use disposable paper towels or electric air dryer, and a covered waste receptacle. A facility shall provide soap, bath towels, and washcloths to each resident as needed. A facility shall not store bath linens assigned to specific residents in centrally located restrooms.

**EXCEPTION:** A facility may store bath linens assigned to specific residents that are for immediate use in a single occupancy (one (1) resident) restroom or a restroom shared by occupants of adjoining rooms, for a maximum of six (6) residents. A facility shall implement a method that distinguishes linen assignment and discourages common usage. (II)

D. A facility shall have approved grab bars securely fastened on all toilet fixtures used by residents.

E. A facility shall provide privacy at toilet fixtures and urinals.

F. A facility shall provide restrooms for persons with disabilities in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

G. A facility shall completely cover all restroom floors with an approved, nonabsorbent covering. A facility shall have restroom walls with nonabsorbent, washable surfaces to the highest level of splash.

H. A facility shall provide grab bars on at least one (1) side of every toilet.



## **2606. Work Stations**

A. A facility shall provide work stations for nursing and/or other direct care staff. The facility shall design and construct (or set up) work stations in a manner conducive to the type of care provided by the facility or that specific area of the facility and the types of residents served.

B. At or near each work station, a facility shall have a telephone, an area for maintaining resident records and making entries, and a toilet and hand washing sink.

C. At or near each work station, a facility shall make provisions for the following:

1. Secured storage of medications, which may be accomplished by the use of a separately secured medication cart, container, cabinet, or room, provided:

a. The method or methods used are of sufficient size to allow for clean and orderly storage of medications;

b. Separations are provided for the storage of each resident's medications;

c. Separations are provided for oral and topical medications.

2. Work space or area for the preparation of medications, which may be a counter, table top, or a separate room, to include being a part of a separate medication room.

D. A staff work area shall be provided for each sixty (60) licensed beds or a fraction thereof.

E. A facility shall not have any resident room located more than one hundred fifty (150) feet from the work station serving that resident room.

F. A facility shall have utility areas or rooms for separate storage of clean and soiled supplies and equipment at or near each work station. A facility shall require each utility area to contain a hand washing sink, work counter, waste receptacle, and space for the storage of supplies.

## **2607. Signal System (II)**

A. A facility shall have a signal system for residents consisting of a call button for each bed, bath, and toilet. A light shall be at or over each resident room door visible from the corridor. A facility shall be a master station that indicates room location and has an indicating alarm in a location continuously monitored by staff.

B. A facility shall have an audio-visual device that cannot be interrupted located in all utility rooms, medicine preparation rooms, lounges, storage rooms and areas where staff congregate.

C. Activation of signal system shall be by pull cord or electronic device. A pull cord shall hang to a maximum of four (4) inches above finished floor.

D. A radio frequency system shall meet all of the requirements listed in this Section and the most current version of UL1069.

## **2608. Doors (II)**

- A. A facility shall have opaque doors on restrooms for the purpose of privacy.
- B. A facility shall require all glass doors, including sliding or patio type doors, to have a contrasting or other indicator that causes the glass to be observable, for example, a decal located at eye level.
- C. Doors that have locks shall be lockable with one action.
- D. A facility shall have provisions for emergency entry if resident room doors are lockable.
- E. Any locked room door in the facility shall have the ability to unlock and open from inside the room.

## **2609. Elevators (II)**

A facility shall have elevators inspected and tested upon installation, prior to first use, and annually thereafter by a certified elevator inspector.

## **2610. Handrails and Guardrails (II)**

- A. A facility shall provide handrails on at least one (1) side of each corridor.
- B. A facility shall provide guardrails forty-two (42) inches high on all porches, walkways, and recreational areas (such as decks) elevated thirty (30) inches or more above grade in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

## **2611. Janitor's Closet (II)**

A facility shall have at least one (1) lockable janitor's closet per work station. A facility shall equip each closet with a mop sink or receptor and space for the storage of supplies and equipment.

## **2612. Storage Areas**

- A. A facility shall provide adequate general storage areas for resident and staff or volunteer belongings and equipment. A facility shall provide at least ten (10) square feet of general storage per bed throughout the facility.
- B. A facility shall provide separate storage for beds, wheel chairs, and other equipment.
- C. A facility shall not store supplies and equipment directly on the floor. A facility shall not store supplies and equipment susceptible to water damage or contamination under sinks or other areas with a propensity for water leakage. (II)

## **2613. Telephone Service**

A. A facility shall make at least one (1) telephone available and easily accessible on each floor of the facility for use by residents and/or visitors for their private, discretionary use. Telephones shall be portable to accommodate bedridden or ambulatory-impaired residents. Telephones capable of only local calls are acceptable for this purpose, provided other arrangements exist to offer residents discretionary access to a telephone capable of long distance service.

B. A facility shall provide at least one (1) telephone on each floor for staff members and volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency.

#### **2614. Location**

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

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

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

#### **2615. Outdoor Area.**

A. A facility shall enclose all unsafe, unprotected physically hazardous outdoor areas with a fence or natural barrier the size, shape and density to effectively impede travel to the hazardous area. The outdoor hazardous areas of a facility include, but are not limited to, steep grades, cliffs, open pits, high voltage electrical equipment, roads exceeding two (2) lanes excluding turn lanes, ponds, and swimming pools. (I)

B. A facility shall have a gate in any fence required as part of a fire exit from the building and the gate in the fence shall unlock in case of emergency in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal. (I)

C. A facility shall protect mechanical or equipment rooms open to the outside of the facility from unauthorized individuals. (II)

### **SECTION 2700 – SEVERABILITY**

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 2800 – GENERAL**

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