



SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH

## Regulation 60-84 Standards for Community Residential Care Facilities

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## SECTION 100

### DEFINITIONS AND LICENSE REQUIREMENTS

#### 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 licensed 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; doing laundry; cleaning room; managing money; shopping; using public transportation; making telephone calls; obtaining appointments; administration of medication; and other similar activities.

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

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

E. 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 to 12) air changes per hour (ACH), and direct exhaust of air from the room to the outside of the building or recirculation of air through a high efficiency particulate air (HEPA) filter.

F. Alzheimer's Special Care Unit or Program. A facility or area within a facility providing a secure, special program or unit for residents with a diagnosis of probable Alzheimer's disease and/or related

dementia to prevent or limit access by a resident outside the designated or separated areas, and that advertises, markets, or otherwise promotes the facility as providing specialized care/services for persons with Alzheimer's disease and/or related dementia or both.

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

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

I. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific treatments, care, or services to residents, e.g., advanced practice registered nurse, physician assistant.

J. 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).

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

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

M. 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.

N. 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.

O. Consultation. A visit by Department representative(s) who will provide information to the licensee with the goal of facilitating compliance with these regulations.

P. Department. The S.C. Department of Public Health (DPH).

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

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



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

T. Dispensing Medication. The transfer or 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.

U. 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 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; or 3) 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.

V. Facility. A community residential care facility licensed by the Department.

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

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

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

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

AA. Investigation. A visit by a Department representative(s) to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to this regulation.

BB. 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.

CC. Legend Drug.

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

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

b. "Rx only" or;

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

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

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

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

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

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

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

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

II. 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. Failure to provide adequate supervision resulting in harm to residents, including altercations or acts of assault between residents, may constitute neglect. 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.

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

KK. 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.

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

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

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

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

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

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

QQ. Physician Assistant. An individual currently licensed as such by the S.C. Board of Medical Examiners.

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

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

TT. 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.

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

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

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

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

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

ZZ. Responsible Party. A person who is authorized by law to make decisions on behalf of a resident, to include, but not be limited to, a court-appointed guardian (or legal guardian as referred to in the Resident's Bill of Rights) or conservator, or health care or other durable power of attorney.

AAA. Restraint. Any means by which movement of a resident is inhibited, i.e., physical, mechanical, chemical. In addition, devices shall be considered a restraint if a resident is unable to easily release from the device.

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

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

DDD. Self-Administration. A procedure by 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 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.

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

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

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

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

## **102. References.**

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

1. R.60-20, *Communicable Diseases*;
2. R.61-25, *Retail Food Establishments*;
3. R.61-51, *Public Swimming Pools*;
4. R.61-58, *State Primary Drinking Water Regulations*;
5. R.61-67, *Standards for Wastewater Facility Construction*;

6. R.61-105, *South Carolina Infectious Waste Management Regulations*;

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

1. Underwriters Laboratories--Fire Resistance Directory;

2. Underwriters Laboratories--Building Materials List;

3. Occupational Safety and Health Act of 1970 (OSHA);

4. Omnibus Adult Protection Act;

5. Alzheimer's Special Care Disclosure Act;

6. Food and Nutrition Board of the National Research Council, National Academy of Sciences;

7. National Sanitation Federation;

8. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, December 30, 2005;

9. U.S. Pharmacopoeia.

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

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

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

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

C. Compliance with Structural Standards. Facilities licensed at the time of promulgation of this regulation, shall be allowed to continue utilizing the previously-licensed structure without modification.

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

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

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

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

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

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

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

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

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

5. Facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, *e.g.*, interstate highways, shall not be considered as dividing otherwise adjoining or contiguous property. Facilities owned by the same entity, separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

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

7. Facilities may furnish respite care provided compliance with the standards of this regulation are met.

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

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

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

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

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

#### M. Change of License.

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

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

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

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

## **SECTION 200**

### **ENFORCING REGULATIONS**

#### **201. General.**

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

#### **202. Inspections/Investigations.**

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

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

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

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

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

E. Reports of inspections or investigations conducted by the Department, including the facility response, shall be provided to the public upon written request with the redaction of the names of those individuals in the report as provided by 1976 Code Sections 44-7-310 and 44-7-315.

F. In accordance with 1976 Code Section 44-7-270, the Department may charge a fee for plan inspections, construction inspections, and licensing inspections.



### **203. Consultations.**

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

## **SECTION 300**

### **ENFORCEMENT ACTIONS**

#### **301. General.**

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

#### **302. Violation Classifications.**

Violations of standards in this regulation are classified as follows:

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

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety or well-being of persons in the facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

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

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

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

1. Specific conditions and their impact or potential impact on health, safety or well-being of the residents including, but not limited to: deficiencies in medication management, such as evidence that residents are not routinely receiving their prescribed medications; serious waste water problems, such as toilets not operating or open sewage covering the grounds; housekeeping/maintenance/fire and life safety-related problems that pose a health threat to the residents; power/water/gas or other utility and/or service outages; residents exposed to air temperature extremes that jeopardize their health; unsafe condition of the building/structure such as a roof in danger of collapse; indictment of an administrator for malfeasance or a felony, which by its nature, such as drug dealing, indicates a threat to the residents; direct evidence of abuse,

neglect, or exploitation; lack of food or evidence that the residents are not being fed properly; no staff available at the facility with residents present; unsafe procedures/treatment being practiced by staff; (I)

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

3. Efforts by the facility to correct cited violations;

4. Overall conditions of the facility;

5. History of compliance; and

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

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

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

**MONETARY PENALTY RANGES**

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

**SECTION 400**

**POLICIES AND PROCEDURES**

**401. General (II).**

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

## SECTION 500

### STAFF/TRAINING

#### 501. General (II).

A. Before being employed or contracted as a staff member/direct care volunteer by a licensed community residential care facility, a person shall undergo a criminal background check pursuant to 1976 Code Section 44-7-2910. Staff members/direct care volunteers/private sitters of the facility shall not have a prior conviction or pled no contest (*nolo contendere*) to abuse, neglect, or exploitation of a child or a vulnerable adult as defined in 1976 Code Section 43-35-10, *et seq.* (I)

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

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

D. Staff members/direct care volunteers shall have at least the following qualifications: (I)

1. Capable of rendering care/services to residents;
2. Sufficient education to be able to perform their duties, and to speak, read, and write English;
3. Demonstrate a working knowledge of applicable regulations.

E. There shall be accurate and current information maintained regarding all staff members/volunteers of the facility, to include at least address, phone number, and personal/work/training background.

F. All staff members/direct care volunteers shall be assigned certain duties and responsibilities which shall be in writing and in accordance with the individual's capability.

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

#### 502. Administrator (II).

A. The facility administrator shall be licensed as a CRCF administrator in accordance with 1976 Code Section 44-7-260.

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

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

### **503. Staff (I).**

A. There shall be a staff member actively on duty and present in the facility at all times that the facility is occupied by residents and to whom the residents can immediately report injuries, symptoms of illness, or emergencies. This staff member shall recognize and report significant changes in the physical or mental condition of each resident and shall ensure that appropriate action is taken.

B. The number and qualifications of staff members/direct care volunteers shall be determined by the number and condition of the residents. There shall be sufficient staff members/direct care volunteers to provide supervision, direct care and basic services for all residents. The minimum number of staff members/direct care volunteers that shall be maintained in all facilities:

1. In each building, there shall be at least one staff member/direct care volunteer for each eight (8) residents or fraction thereof on duty during all periods of peak hours.

2. In each building, during non-peak hours, there shall be at least one staff member/volunteer on duty for each thirty (30) residents or fraction thereof. A staff member/volunteer shall be awake and dressed at all times. Staff member(s)/volunteer(s) shall be able to appropriately respond to resident needs during non-peak hours.

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

C. The facility shall maintain documentation to ensure the facility meets Sections 503.B.1 and 503.B.2.

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

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

1. Basic first-aid to include emergency procedures as well as procedures to manage/care for minor accidents or injuries;

2. Procedures for checking and recording vital signs (for designated staff members only);

3. Management/care of persons with contagious and/or communicable disease, *e.g.*, hepatitis, tuberculosis, HIV infection;

4. Medication management including storage, administration, receiving orders, securing medications, interactions, and adverse reactions;

5. Depending on the type of residents, care of persons specific to the physical/mental condition being cared for in the facility, *e.g.*, dementia; cognitive disability; mental illness; or aggressive, violent, and/or inappropriate behavioral symptoms *etc.*, to include communication techniques (cueing and mirroring), understanding and coping with behaviors, safety, activities, *etc.*

6. Use of restraint techniques;
7. OSHA standards regarding blood-borne pathogens;
8. Cardiopulmonary resuscitation for designated staff members/direct care volunteers to ensure that there is a certified staff member/direct care volunteer present whenever residents are in the facility;
9. Confidentiality of resident information and records;
10. Bill of Rights for Long-Term Care Facilities per 1976 Code Section 44-81-10, *et seq.*;
11. Fire response training within twenty-four (24) hours of their first day on the job in the facility (See Section 1503);
12. Emergency procedures/disaster preparedness within twenty-four (24) hours of their first day on the job in the facility (See Section 1400); and
13. Activity training (for the designated staff only).

**B. Job Orientation.**

All new staff members/direct care volunteers shall have documented orientation to the organization and environment of the facility, specific duties and responsibilities of staff members/direct care volunteers, and residents' needs within twenty-four (24) hours of their first day on the job in the facility.

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

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

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

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

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

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

2. Facilities allowing the use of private sitters shall establish written policies and procedures for private sitters.

3. 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:

- a. Residents' rights;
  - b. Confidentiality;
  - c. Disaster preparedness;
  - d. Emergency response procedures;
  - e. Safety procedures and precautions; and
  - f. Infection control.
4. There shall be accurate current information maintained regarding private sitters including:
- a. Name, address and telephone number;
  - b. Documentation of orientation to the facility, including residents' rights, regulation compliance, policies and procedures, training, and duties;
  - c. Date of initial resident contact may be maintained by the facility, if applicable.
- B. The facility shall maintain the following documentation regarding private sitters:
- 1. A health assessment (in accordance with Section 505.A) within twelve (12) months prior to initial resident contact or his or her first day working as a private sitter;
  - 2. A criminal record check (See Section 501.B.) completed prior to working as a private sitter;
  - 3. Determination of TB status (See Section 1702.D.) prior to initial resident contact or his or her first day working as a private sitter.
- C. Private sitters shall not be included in the minimum staffing requirements of Section 503.B.
- D. Private sitters shall sign in and sign out with facility staff upon entering or leaving the facility. Private sitters shall display identification in accordance with facility policies and procedures that is visible at all times while on duty.

## **SECTION 600**

### **REPORTING**

#### **601. Accidents and/or Incidents.**

A. A facility shall maintain a record of each accident and/or incident, including usage of mechanical/physical restraints, involving residents, staff members or volunteers, occurring in the facility or on the facility grounds. A facility's record of each accident and/or incident shall be documented, reviewed, investigated, and 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/or 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 and/or incident occurring to resident within the facility or on the facility grounds. Serious accidents and/or 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 and/or incident;
5. Severe hematoma, laceration or burn requiring medical attention or hospitalization;
6. Fracture of bone or joint;
7. Severe injury involving use of restraints;
8. Attempted suicide; or
9. Fire.

C. A facility shall immediately report every serious accident and/or 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 and/or incident.

D. A facility shall submit a written report of its investigation of every serious accident and/or incident to the Department within five (5) days of the serious accident and/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 and/or incident;
4. Date accident and/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 and/or incident;

12. Internal investigation results if cause unknown; and

13. Brief description of the accident and/or incident including the location of occurrence and treatment of injuries.

E. A facility shall retain a report of every serious accident and/or 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/or incident records for six (6) years after the resident stops receiving services.

F. The administrator or his or her designee shall report every 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 a resident's condition, to the extent that serious health concerns and/or injuries, *e.g.*, fracture, behavioral 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 condition 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 to the South Carolina Long-Term Care Ombudsman Program in accordance with 1976 Code Section 43-35-25.

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

A. The administrator or his or her designee shall notify the Department via telephone or email of any fire in the facility and submit to the Department a complete written report including fire department reports, if any within seventy-two (72) hours of the occurrence of the fire.

B. The administrator or his or her designee shall report any natural disaster or fire requiring displacement of the residents or jeopardizing or potentially jeopardizing the safety of the residents to the Department via telephone or email immediately, with a complete written report including the fire department or other reporting authority (as applicable) submitted within seventy-two (72) hours.

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

All cases of diseases and animal bites which are required to be reported to the appropriate county health department shall be accomplished in accordance with R.60-20.

## **604. Administrator Change.**

The licensee shall notify the Department via telephone or email within seventy-two (72) hours of any change in administrator status. The licensee shall provide the Department in writing within ten (10) days the name of the newly-appointed administrator, the effective date of the appointment, copy of the administrator's license and the hours each day the individual will be working as the administrator of the facility.



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

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

#### **606. Emergency Placement Notification.**

In instances where evacuees have been relocated, the Department shall be notified by the relocating facility in writing no later than the following workday, the name of the individuals relocated and the name, address and phone number of the sheltering facility(ies) to which the residents have been relocated.

#### **607. 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 10 days of the closure, the facility shall notify the Department of the provisions for the maintenance of the records, the identification of those residents displaced, the relocated site, and the dates and amounts of resident refunds. On the date of closure, the license shall be returned to 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 within twenty-four (24) hours of the closure via telephone, email or facsimile. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the location where the residents have been/will be transferred, the manner in which the records are being stored, and the anticipated date for reopening.

The Department shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards of the facility prior to its reopening. If the facility is closed for a period longer than one year, and there is a desire to re-open, the facility shall re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

#### **608. Zero Census.**

In instances when there have been no residents in a facility for any reason for a period of 90 days or more, the facility shall notify the Department in writing that there have been no admissions, no later than the 100th day following the date of departure of the last active resident. At the time of that notification, the Department shall consider, upon appropriate review of the situation, the necessity of inspecting the facility prior to any new and/or re-admissions to the facility. The facility shall still submit an application and pay the licensing fee to keep the license active, even though the facility is at zero census or temporarily closed. If the facility has no residents for a period longer than one year, and there is a desire to admit a resident, the facility shall re-apply to the 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.

## SECTION 700

### RESIDENT RECORDS

#### 701. Content (II).

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

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

1. Consultations by physicians or other authorized healthcare providers;
2. Orders and recommendations for all medication, care, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted. Verbal orders received shall be documented and include the date/time of receipt of the order, description of the order, and identification of the individual receiving the order;
3. Care/services provided, e.g., hospice, home health;
4. Medications administered and procedures followed if an error is made;
5. Special procedures and preventive measures performed;
6. Notes of observation. In instances that involve significant changes in a resident's medical condition and/or the occurrence of a serious incident, notes of observation shall be documented at least daily until the condition is stabilized and/or the incident is resolved. In all other instances, notes of observation for residents shall be documented at least monthly;
7. Time, circumstances, and condition of discharge, transfer, or death;
8. Provisions for routine and emergency medical care, to include the name and telephone number of the resident's physician, plan for payment, and plan for securing medications;
9. Special information, e.g., do-not-resuscitate orders, allergies, power of attorney, responsible party, etc.
10. Photograph of resident. Resident photographs shall be at a minimum two and one half inches by three and one half inches (2 ½ by 3 ½ inches) in size, dated and no more than twenty- four (24) months old unless significant changes in appearance have occurred necessitating a more recent photograph.

#### 702. Assessment (II).

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

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

A. Using the written assessment, the facility shall develop within seven (7) days of admission an ICP with participation of the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, as evidenced by their signatures and date. The ICP shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually with the resident, administrator (or designee), and/or the sponsor or responsible party as evidenced by their signatures and date.

B. The ICP shall describe:

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

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

3. Advance directives/healthcare power of attorney, as applicable;

4. Recreational and social activities which are suitable, desirable, and important to the well-being of the resident;

5. Nutritional needs.

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

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

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

B. When a resident is transferred from one facility to another, a transfer summary to include at a minimum, copies of the most recent physical examination, the two-step tuberculosis test, the ICP and medication administration record (MAR), shall be forwarded to the receiving facility at the time of transfer or immediately after the transfer if the transfer is of an emergency nature. The transfer summary shall include the date sent and the signature of the transferring facility staff member. (I)

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

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

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

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

G. Records of residents shall be maintained for at least six (6) years following the discharge of the resident. Other regulation-required documents, e.g., fire drills, activity schedules, etc., shall be retained at least 12 months or since the last Department general inspection, whichever is the longer period.

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

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

## **SECTION 800**

### **ADMISSION/RETENTION**

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

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

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

C. The facility shall not admit or retain any of the following persons in compliance with the standards of this regulation:

1. Any person who is likely to endanger him/herself or others as determined by a physician or other authorized healthcare provider;

2. Any person other than an adult; (II)

3. Any person needing hospitalization or nursing home care;

4. Any person needing daily skilled monitoring/observation due to an unstable or complex medical condition, e.g., brittle diabetes, dialysis patients with complications such as infections in the blood;

5. Any person needing medications that require frequent dosage adjustment, regulation and/or monitoring, e.g. diabetics receiving sliding scale insulin;

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

7. Any person needing care of urinary catheter that cannot be managed independently by the resident;
8. Any person needing treatment of stage 2, 3 or 4 decubitus ulcers, or multiple pressure sores or other widespread skin disorder (important considerations include: signs of infection, full thickness tissue loss, or requirement of sterile technique);
9. Any person needing nasogastric tube feeding or having to be fed by a syringe or straw due to difficulties in swallowing. Gastronomy tube feedings that cannot be managed independently by the resident;
10. Any person needing suctioning of the nose and/or mouth;
11. Any person needing tracheostomy or sterile care of the tracheostomy that cannot be managed independently by the resident; or
12. Any person receiving oxygen for the first time, which requires adjustment and evaluation of oxygen concentration.

D. The facility shall not retain any of the following persons in compliance with the standards of this regulation:

1. Any person who has a serious aggressive, violent or socially inappropriate behavioral symptoms which cannot be controlled or improved in the facility.

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

3. Any person needing the continuous daily attention of a licensed nurse, *e.g.* care of a urinary catheter that cannot be managed independently, treatment of stage 2, 3, or 4 decubitus ulcers. Nursing care may be furnished to residents in need of short-term intermittent nursing care (no more than fourteen (14) consecutive days) while convalescing from illness or injury, provided the nursing services, *e.g.*, the utilization of a home health nurse for sterile dressing changes or for observation related to a surgical site, are furnished by a licensed nurse facility staff member or a home health nurse.

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

F. When the provision of care/services in the facility, combined with other appropriately licensed services, in accordance with facility policy, *e.g.*, hospice, home health, as may be ordered by a physician or other authorized healthcare provider, does not meet the needs of the resident, or if any resident becomes in need of continuous medical or nursing supervision, or if the facility does not have the capability to provide necessary care/services, the resident shall be transferred within 30 days to a location which shall meet those needs. The administrator shall coordinate this transfer with the resident, next-of-kin/responsible party, and sponsor.

## **SECTION 900**

### **RESIDENT CARE/SERVICES**

#### **901. General.**

A. Prior to admission, there shall be a written agreement between the resident, and/or his/her responsible party, and the facility. The agreement shall be revised upon any changes and shall include at least the following:

1. An explanation of the specific care, services, and/or equipment provided by the facility, e.g., administration of medication, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility;
2. Disclosure of fees for all care, services, and/or equipment provided;
3. Advance notice requirements of not less than thirty (30) days to change fee amount for care, services and/or equipment;
4. Refund policy to include when monies are to be forwarded to resident upon discharge/transfer/relocation;
5. The date a resident is to receive his/her personal needs allowance;
6. The amount a resident receives for his/her personal needs allowance;
7. Transportation policy;
8. Discharge/transfer provisions to include the conditions under which the resident may be discharged and the agreement terminated, and the disposition of personal belongings;
9. Documentation of the explanation of the Resident's Bill of Rights and the grievance procedure. (II)

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

C. The facility shall render care and services in accordance with orders from physicians or other authorized healthcare providers and take precautions for residents with special conditions, e.g., pacemakers, wheelchairs, dementia, etc. The facility shall assist in activities of daily living as needed and appropriate. Each facility is required to provide only those activities of daily living and only to the levels specifically designated in the written agreement between the resident, and/or his/her responsible party/guardian, and the facility. (I)

D. The facility shall provide necessary items and assistance, if needed, for residents to maintain their personal cleanliness, e.g., soap. (II)

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

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

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

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

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

B. Residents shall manage their own funds whenever possible.

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

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

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

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

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

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

## **903. Recreation.**

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

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

C. The facility shall designate a staff member responsible for the development of the recreational program, to include responsibility for obtaining and maintaining recreational supplies. At least one staff person shall be responsible for providing/coordinating recreational activities for the residents.

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

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

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

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

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

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

**EXCEPTION:** Antipsychotic medication administered to residents with Alzheimer's disease or dementia is not considered a chemical restraint if the resident has been prescribed the antipsychotic medication in a physician order and/or PRN and the resident only receives the prescribed dosage of medication as indicated on the physician order and/or PRN and every medication administration is recorded pursuant to the requirements of this regulation.

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

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

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



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

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

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

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

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

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

## **SECTION 1000**

### **RIGHTS AND ASSURANCES**

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

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

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

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

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

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

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

G. Residents shall be assured freedom of movement. Residents shall not be locked in or out of their rooms or any common usage areas (e.g., dining, sitting, activity rooms) in the facility, or in or out of the facility building. Exit doors may be equipped with delayed egress locks as permitted by the codes referenced in Section 1902.A. (I)

**EXCEPTION:** Exit doors may be locked with written approval by the Department and as permitted by the codes referenced in Section 1902.

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

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

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

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

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

M. In instances when a resident moves/relocates, lack of advance notice by the resident of the departure shall not relieve the facility of the obligation to refund the monies due the resident. The facility may charge the resident no more than fourteen (14) days of occupancy, if the resident fails to notify in writing the administrator of the intent to voluntarily relocate. However, if the facility is able to fill the bed vacated by the resident, the facility shall cease charging the resident regardless of the notice given. The facility shall notify the previous resident in writing as soon as it fills the bed with a new resident. This does not apply to residents that participate in the Optional State Supplementation Program (OSS). Voluntary relocation does not occur when a resident of a CRCF seeks to be discharged because a higher level of care is required or because the resident's health, safety, or welfare is endangered.

## SECTION 1100

### RESIDENT PHYSICAL EXAMINATION AND TB SCREENING

#### 1101. General (I).

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

1. The appropriateness of placement in a CRCF;
2. Medications/treatments ordered;
3. Self-administration status;
4. Identification of special conditions/care required, *e.g.*, a communicable disease, dental problems, podiatric problems, Alzheimer's disease and/or related dementia, *etc.*; and,
5. The need of (or lack thereof) for the continuous daily attention of a licensed nurse.

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

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

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

1. Ensure the facility has the capability to provide adequate care and prevent the spread of that condition, and that the staff members/volunteers are adequately trained;
2. Transfer the resident to an appropriate facility, if necessary.

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

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

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

## **SECTION 1200**

### **MEDICATION MANAGEMENT**

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

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

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

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

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

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

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

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

A. Doses of medication shall be administered by the same staff member who prepared them for administration. Preparation shall occur no earlier than one hour prior to administering. Preparation of doses for more than one scheduled administration shall not be permitted. Each physician ordered treatment or medication dose administered/supervised shall be properly recorded by initialing on the resident's medication administration record (MAR) as the medication is administered or treatment record as treatment is rendered. Recording medication administration shall include medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the

medication. If the ordered dosage is to be given on a varying schedule, *e.g.*, “take two tablets the first day and one tablet every other day by mouth with noon meal,” the number of tablets shall also be recorded. The treatment record shall document the type of treatment, date and time of treatment and signature of the individual administering treatment.

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

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

1. Upon the specific written orders of the physician or other authorized healthcare provider, obtained on a semi-annual basis, or

2. The facility shall ascertain by resident demonstration to the staff and document, at least quarterly, that s/he remains capable of self-administering medications.

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

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

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

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

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

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

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

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

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

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

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

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

A. Medications shall be properly stored and safeguarded to prevent access by unauthorized persons. Expired or discontinued medications shall not be stored with current medications. Storage areas shall be locked, and of sufficient size for clean and orderly storage. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life. Medications requiring refrigeration shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36-46 degrees F.). Medications requiring refrigeration shall be kept in a secured refrigerator used exclusively for medications, or in a secured manner in which medications are separated from other items kept in a refrigerator (e.g. Lock Box). All refrigerators storing medications shall have accurate thermometers (within plus or minus 2 degrees).

B. Medications shall be stored:

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

C. A facility shall maintain records of receipt, administration and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation including:

1. Separate control sheets on any controlled substances. 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

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

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

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

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

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

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

A. Upon discharge of a resident, the facility shall release unused medications to the resident, family member, or responsible party, as appropriate, and shall document the release with the signature of the person receiving the unused medications unless specifically prohibited by the attending physician or other authorized healthcare provider.

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

1. Medication has deteriorated or exceeded its expiration date;

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

C. The destruction of medication shall be witnessed by the administrator or his/her designee, the mode of destruction indicated, and these steps documented. Destruction records shall be retained by the facility for a period of two (2) years.

D. The destruction of controlled substances shall be accomplished only by the administrator or his or her designee and witnessed by the administrator or his or her designee and a staff member trained by individuals licensed to administer medications.

## **SECTION 1300**

### **MEAL SERVICE**

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

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

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

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

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

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

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



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

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

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

### **1303. Meals and Services.**

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

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

C. A minimum of three nutritionally-adequate meals, in accordance with Section 1303.A above, in each 24-hour period, shall be provided for each resident unless otherwise directed by the resident's physician or other authorized healthcare provider. Not more than 14 hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

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

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

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

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

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

### **1304. Meal Service Personnel (II).**

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

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

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

1. Approval to engage in food preparation by a physician or other authorized medical authority;
2. The ICP of the resident has indicated food preparation as suitable/beneficial to the resident;
3. The resident is directly supervised by staff members/volunteers (must be in the kitchen with the resident);
4. Preparing food must be part of an organized program in which daily living skills are being taught;
5. The utilization of residents for preparing food is not a substitute for staff members/volunteers.

### **1305. Diets.**

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

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

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

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Food worker health and cleanliness;
4. Recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences food serving recommendations;
5. General menu planning;
6. Menu planning appropriate to special needs, *e.g.*, diabetic, low-salt, low-cholesterol, or other diets appropriate for the elderly and/or infirmed.

### **1306. Menus.**

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

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

### **1307. Ice and Drinking Water (II).**

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

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

C. The usage of common cups shall be prohibited.

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

## **SECTION 1400**

### **EMERGENCY PROCEDURES/DISASTER PREPAREDNESS**

#### **1401. 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 and implement the written plan for actions at the time of need. Prior to initial licensing of a facility, the completed plan shall be submitted to the Department for review. Additionally, in instances where there are applications for increases in licensed bed capacity, the emergency and disaster evacuation plan shall be updated to reflect the proposed new total licensed bed capacity. All staff members and volunteers shall be made familiar with this plan and instructed as to any required actions. A copy of the emergency and disaster evacuation plan shall be available for inspection by the resident and/or responsible party upon request. The emergency and disaster evacuation plan shall be reviewed and updated annually, as appropriate. Staff members shall rehearse the emergency and disaster evacuation plan at least annually and shall not require resident participation.

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

1. A sheltering plan to include:

a. The licensed bed capacity and average occupancy rate;

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

c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated residents that can be accommodated; sleeping, feeding, and

medication plans for the relocated residents; and provisions for accommodating relocated staff members/volunteers. The letter shall be updated 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. Number and type of vehicles required;
- b. How and when the vehicles are to be obtained;
- c. Who (by name or organization) will provide drivers;
- d. Procedures for providing appropriate medical support, food, water, and medications during transportation and relocation based on the needs and number of the residents;
- e. Estimated time to accomplish the relocation;
- f. Primary and secondary routes to be taken to the sheltering facility.

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

- a. How care will be provided to the relocated residents, including the number and type of staff members that will accompany 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 is to be provided by the sheltering facility.

#### **1402. Emergency Call Numbers.**

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

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

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

## **SECTION 1500**

### **FIRE PREVENTION**

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

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

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

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

Fire protection and suppression systems shall be maintained and tested 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 community residential care facilities.

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

A. Fire response training shall address at a minimum, the following:

1. Fire plan, including the training of staff members/volunteers;
2. Reporting a fire;
3. Use of the fire alarm system, if applicable;
4. Location and use of fire-fighting equipment;
5. Methods of fire containment;
6. Specific responsibilities, tasks, or duties of each individual.

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

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

D. Residents shall be made familiar with the fire plan and evacuation plan upon admission and a copy of the evacuation floor diagram shall be provided to each resident and/or the resident's responsible party.

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

A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member/volunteer shall participate in a fire drill at least once each year. Records of drills shall be

maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members/volunteers and residents directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1504.

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

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

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

## **SECTION 1600**

### **MAINTENANCE**

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

The facility shall keep all equipment and building components (e.g., doors, windows, lighting fixtures, plumbing fixtures) in good repair and operating condition. The facility shall document preventive maintenance. The facility shall comply with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to community residential care facilities.

## **SECTION 1700**

### **INFECTION CONTROL AND ENVIRONMENT**

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

Staff/volunteer practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the *Blood borne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970*; the Centers for Disease Control and Prevention (CDC); and R.61-105; and other applicable Federal, State, and local laws and regulations.

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

A. Tuberculin skin testing is a diagnostic tool for detecting *M. tuberculosis* infection. A small dose (0.1 mil) of purified protein derivative (PPD) tuberculin is injected just beneath the surface of the skin (by the intradermal Mantoux method), and the area is examined for induration (hard, dense, raised area at the site of the TST administration) forty-eight to seventy-two (48 to 72) hours after the injection (but positive reactions can still be measurable up to a week after administering the TST). The size of the indurated area is measured with a millimeter ruler and the reading is recorded in millimeters, including zero (0) mm to

represent no induration. Redness/erythema is insignificant and is not measured or recorded. Authorized healthcare providers are permitted to perform tuberculin skin testing and symptom screening.

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

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

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

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

##### 2. Low Risk:

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

b. Periodic TST or BAMT is not required.

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

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

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

f. Upon hire, staff/direct care volunteers/private sitters with a newly positive test result for *M. tuberculosis* infection (*i.e.*, TST or BAMT) or signs or symptoms of tuberculosis, *e.g.*, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate

an interpretable copy taken within the previous three (3) months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a physician. These staff members/direct care volunteers/private sitters will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (*i.e.*, the Department's TB Control program).

### 3. Medium Risk:

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

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

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

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

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

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

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



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

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

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

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

a. For Low Risk and Medium Risk:

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

2. Periodic TST or BAMT is not required.

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

b. Baseline Positive or Newly Positive Test Result:

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

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

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

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

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

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

### **1703. Housekeeping (II).**

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

A. Interior housekeeping shall at a minimum include:

1. Cleaning each specific area of the facility;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area appropriate to the area and the equipment's purpose or use;

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

B. Exterior housekeeping shall at a minimum include:

1. Cleaning of all exterior areas, e.g., porches and ramps, and removal of safety impediments such as snow and ice;

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

3. Safe storage of chemicals indicated as harmful on the product label, equipment and supplies inaccessible to residents.

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

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

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

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

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

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

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

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

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

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

1. Soiled linen/Clothing shall neither be sorted, rinsed, nor washed outside of the laundry service area;
2. Provisions shall be made for collecting, transporting, and storing soiled linen/clothing;
3. Soiled linen/Clothing shall be kept in enclosed/covered containers;

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

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

## **SECTION 1800**

### **QUALITY IMPROVEMENT PROGRAM**

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

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

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

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;
2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;
3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;
4. Analyze the appropriateness of ICP's and the necessity of care/services rendered;
5. Analyze all incidents and accidents, to include all medication errors and resident deaths;
6. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the residents;
7. Establish a systematic method of obtaining feedback from residents and other interested persons, e.g., family members and peer organizations, as expressed by the level of satisfaction with care/services received.

## **SECTION 1900**

### **DESIGN AND CONSTRUCTION**

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

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

#### **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 applicable to community residential care facilities.

B. Unless specifically required otherwise by the Department, all facilities shall comply with the construction codes and construction regulations applicable at the time its license was issued.

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

A. Plans and specifications shall be submitted to the Department for review and approval for new construction, additions or alterations to existing buildings, replacement of major equipment, buildings being licensed for the first time, buildings changing license type, and for facilities increasing occupant load or licensed capacity. Final plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina and shall bear their seals and signatures. Architectural plans shall also bear the seal of a South Carolina registered architectural corporation. Unless directed otherwise by the Department, submit plans at the schematic, design development, and final stages. All plans shall be drawn to scale with the title, stage of submission and date shown thereon. Any construction changes from the approved documents shall be approved by the Department. Construction work shall not commence until a plan approval has been received from the Department. During construction the owner shall employ a registered architect and/or engineer for observation and inspections. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for review and approval for projects that have 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. That increase the 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, etc. that are required to have a flame-spread rating or to satisfy other safety criteria shall be documented with copies kept on file at the facility and made available to the Department.

#### **1904. Inspections.**

Construction work which violates codes or standards will be required to be brought into compliance. All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by the Department.

### **SECTION 2000**

#### **FIRE PROTECTION, PREVENTION AND LIFE SAFETY (I)**

##### **2001. Alarms.**

A. Facilities with six (6) or more licensed beds shall have a partial, manual, automatic, supervised fire alarm system. The facility shall arrange the system to transmit an alarm automatically to a third party. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculation systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. All fire, smoke, heat, sprinkler flow, and manual fire alarming devices must be connected to and activate the main fire alarm system when activated.

### **SECTION 2100**

#### **GENERAL CONSTRUCTION REQUIREMENTS**

##### **2101. Floor Finishes (II).**

A. Floor coverings and finishes shall meet the requirements of the building codes.

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

##### **2102. Wall Finishes (I).**

A. Wall finishes shall meet the requirements of the building codes.

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

##### **2103. Curtains and Draperies (II).**

In bathrooms and resident rooms, window treatments shall be arranged in a manner to provide privacy.

##### **2104. Gases (I).**

A. 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.

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

#### **2105. Furnishings/Equipment (I).**

A. The facility shall maintain the physical plant to be free of fire hazards or impediments to fire prevention.

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

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

D. Wastebaskets, window dressings, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

### **SECTION 2200**

#### **EXITS**

#### **2201. Number and Locations of Exits (I).**

A. The facility shall maintain halls, corridors and all other means of egress from the building to be free of obstructions.

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

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

### **SECTION 2300**

#### **WATER SUPPLY/HYGIENE**

#### **2301. Design and Construction (II).**

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

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

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

D. Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized. For those facilities sanitizing with hot

water, the sanitizing compartment of the kitchen equipment/utensil washing sink shall be capable of maintaining the water at a temperature of at least 180 degrees F.

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

#### **2302. Cross-connections (I).**

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

### **SECTION 2400**

#### **ELECTRICAL**

#### **2401. Receptacles (II).**

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

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

#### **2402. Ground Fault Protection (I).**

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms.

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

#### **2403. Exit Signs (I).**

A. In facilities licensed for six or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs.

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

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

#### **2404. Emergency Electric Service (I).**

Emergency electric services shall be provided as follows:

A. Exit lights, if required;



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

## **SECTION 2500**

### **HEATING, VENTILATION, AND AIR CONDITIONING**

#### **2501. General (II).**

- A. The HVAC system shall be inspected at least once a year by a certified/licensed technician.
- B. The facility shall maintain a temperature of between 72 and 78 degrees F. in resident areas.
- C. No HVAC supply or return grill shall be installed within three feet of a smoke detector. (I)
- D. HVAC grills shall not be installed in floors.
- E. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the residents/staff/volunteers.
- F. All kitchen areas shall be adequately ventilated in order for all areas to be kept free from excessive heat, steam, condensation, vapors, smoke, and fumes.
- G. Each bath/restroom shall have either operable windows or have approved mechanical ventilation.

## **SECTION 2600**

### **PHYSICAL PLANT**

#### **2601. Facility Accommodations/Floor Area (II).**

- A. Consideration shall be given to the preferences of the residents in determining an appropriate homelike atmosphere in resident rooms and activity/dining areas.
- B. There shall be sufficient living arrangements providing for residents' quiet reading, study, relaxation, entertainment, or recreation, to include living, dining, and recreational areas available for residents' use.
- C. Minimum square footage requirements shall be as follows: (II)
  - 1. Twenty square feet per licensed bed of living and recreational areas combined, excluding bedrooms, halls, kitchens, dining rooms, bathrooms, and rooms not available to the residents;
  - 2. Fifteen square feet of floor space in the dining area per licensed bed.
- D. All required care/services furnished at the facility shall be provided in a manner which does not require residents to ambulate from one site to another outside the building(s), nor which impedes residents from ambulating from one site to another due to the presence of physical barriers.

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

## **2602. Resident Rooms.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Each resident room shall be an outside room with an outside window or door. (I)

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

1. Rooms for only one resident: 100 square feet;
2. Rooms for more than one resident: 80 square feet per resident.

C. Resident sleeping rooms shall be of sufficient size to allow three feet between two beds. (II)

### **2604. Bathrooms/Restrooms (II).**

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

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

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

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

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

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

G. Toilet facilities shall be at or adjacent to the kitchen for kitchen employees.

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

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

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

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

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

M. Bar soap, bath towels, and washcloths shall be provided to each resident as needed. Bath linens assigned to specific residents may not be stored in centrally located bathrooms. Provisions shall be made for each resident to properly keep their bath linens in their room, i.e., on a towel hook/bar designated for each resident occupying that room, or bath linens to meet resident needs shall be distributed as needed, and collected after use and stored properly, per Section 1706.

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

## **2605. Doors (II).**

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

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

C. Bath/restroom door widths shall be at least 36 inches wide.

D. Doors to resident occupied rooms shall be at least 36 inches wide.

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

F. If resident room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room.

G. All resident room doors shall be solid-core. Resident room doors shall be rated and provided with closers and latches as required by the codes referenced in Section 1902.

## **2606. Ramps (II).**

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

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

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

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

E. Ramps shall discharge onto a surface that is firm and negotiable by a wheelchair in all weather conditions and to a location accessible for loading into a vehicle.

#### **2607. Handrails/Guardrails (II).**

Handrails shall be provided on at least one side of each corridor/hallway.

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

#### **2608. Screens (II).**

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

#### **2609. Windows/Mirrors.**

A. The window dimensions and maximum height from floor to sill shall be in accordance with the building codes, as applicable.

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

#### **2610. Janitor's Closet (II).**

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

#### **2611. Storage Areas.**

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

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

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

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

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

## **2612. Telephone Service.**

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

B. At least one telephone shall be provided by the facility on each floor for staff members/volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency; pay station phones are not acceptable for this purpose. Residents shall have telephone privacy pursuant to Section 1001.L.

## **2613. Location.**

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

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

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

## **2614. Outdoor Area.**

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

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

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

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

# **SECTION 2700**

## **SEVERABILITY**

## **2701. General.**

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

## **SECTION 2800**

### **GENERAL**

#### **2801. General.**

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