SECTION 200 - LICENSE REQUIREMENTS AND FEES

201. License Requirements

...B. Compliance.

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

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

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

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

G. Facility Name. No proposed facility shall be named nor shall any existing facility have its name changed to the same or similar name as any other facility licensed in South Carolina. The Department shall determine if names are similar. If an entity owns multiple facilities and elects to use a common name for two (2) or more of the facilities, the geographic area in which the facilities is located may be part of the name.

H. Licensee. The Licensee shall:

1. Have reputable and responsible character;

2. Be knowledgeable of the content of this regulation; and

3. Be responsible for implementing this regulation in the facility.

SECTION 500 - POLICIES AND PROCEDURES

501. General

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

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

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

3. Implement advance directives in accordance with S.C. Code Ann. Sections 4477-10, et seq. (1976, as amended), including provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical treatment and, at the individual’s option, formulate an advance directive. The policies shall not condition treatment or admission upon whether the individual has executed or waived an advance directive;

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

5. Address the conditions that would be acceptable for the safe operation of a microwave oven in a resident room in accordance with the resident’s ICP. A facility may elect to prohibit microwave ovens in resident rooms.

C. All policies and procedures shall:

1. Establish a time period for review of policies and procedures in writing and such reviews shall be documented;
2. Be revised as appropriate in order to reflect actual facility practice;
3. Be accessible to staff, printed or electronically, at all times.

SECTION 600 - STAFF/TRAINING

601. General

...B. Staff members of the facility shall not have a prior conviction or pled no contest (nolo contendere) for child or adult abuse, neglect, or mistreatment, or any other felony. The facility shall coordinate with appropriate abuse-related registries prior to the employment of staff.

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

1. Name, address and telephone number;
2. Date of hire;
3. Past employment, experience, and education;
4. Professional licensure or registration number or certificate or letter of completion;
5. Position in the facility and job description;
6. Documentation of orientation to the facility, including residents’ rights, regulation compliance, policies and procedures, job duties, in-service training and on-going education;
7. Health status, health assessment, and tuberculin testing results;
8. Evidence that a criminal record check has been completed;
9. For former staff members, the date of separation;
10. Date of initial resident contact may be maintained by the facility.
E. Time schedules shall be maintained indicating the numbers and classification of all staff, including relief staff, who work on each shift of duty. The time schedules shall reflect all changes so as to indicate who actually worked.

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

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

602. Criminal Record Check

Prior to employing or contracting with any individual, the facility shall conduct a criminal record check in accordance with S.C. Code Ann. Article 23, Section 44-7-2910, et seq., (1976, as amended).

603. Administrator

A. Each facility shall have a full-time licensed administrator.

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

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

D. A staff member shall be designated, by name or position, 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 individuals filling these positions.

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

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

609. Volunteers

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

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

1. Volunteers shall receive the orientation, training, and supervision necessary to assure resident health and safety before performing any duties. The orientation program shall include, but not be limited to:
a. Resident rights;
b. Confidentiality;
c. Disaster preparedness;
d. Emergency response procedures;
e. Safety procedures and precautions; and
f. Infection control.

2. There shall be accurate current information maintained regarding all volunteers that shall include:

a. Name, address and telephone number;

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

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

1. Facilities shall require that volunteers sign in and out with staff of the facility upon entering or leaving the facility. Volunteers shall wear legible name and title badges that are visible at all times while on duty.

C. At a minimum, volunteers shall be given information necessary to implement medical and physical precautions related to the residents with whom they work and shall respect all aspects of confidentiality. Volunteers shall not take the place of qualified staff.

D. Direct care volunteers shall have the ability to render care and services to residents in an understanding and gentle manner.

E. Documentation maintained for direct care volunteers shall include:

1. A health assessment (in accordance with Section 608) within three (3) months prior to initial date of volunteering or initial resident contact;

2. Familiarization with the disaster plan (See Section 1502) and documented instructions as to any required actions;

3. Fire response training (See Section 1603) within seven (7) days of his or her first day as a direct care volunteer and at least annually thereafter;

4. A criminal record check (See Section 602) completed prior to working as a direct care volunteer;

5. Determination of TB status (See Section 1803) prior to initial resident contact or his or her first day working as a direct care volunteer;

6. Annual influenza vaccination and hepatitis B vaccination series (See Section 1806) unless the vaccine is medically contraindicated or the person is offered the vaccination and declined. In either case, the decision shall be documented.

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

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

2. The facility shall establish written policies and procedures for the private sitter program that includes an orientation to the facility consisting, at least, of the following:
   a. Residents’ rights;
   b. Confidentiality;
   c. Disaster preparedness;
   d. Emergency response procedures;
   e. Safety procedures and precautions; and
   f. Infection control.

3. There shall be accurate current information maintained regarding private sitters including:
   a. Name, address and telephone number;
   b. Documentation of orientation to the facility, including residents’ rights, regulation compliance, policies and procedures, training, and duties;
   c. Date of initial resident contact may be maintained by the facility, if applicable.

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

1. A health assessment (in accordance with Section 608) within three (3) months prior to initial resident contact or his or her first day working as a private sitter;

2. A criminal record check (See Section 602) completed prior to working as a private sitter;

3. Determination of TB status (See Section 1803) prior to initial resident contact or his or her first day working as a private sitter;

4. Annual influenza vaccination and hepatitis B vaccination series (See Section 1806).

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

SECTION 700 - REPORTING

701. Incidents

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

704. Administrator Change

The Division of Health Licensing shall be notified in writing by the licensee within ten
(10) days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual, the effective date of the appointment, and a copy of the administrator’s license.

705. Joint Annual Report

Facilities shall complete and return a “Joint Annual Report” to the Department's Planning and Certificate of Need Division within the time period specified by that Division.