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. Application...The application shall set forth the full name and address of the facility for which the license is sought and of the owner in the event his or her address is different from that of the facility, the names of the persons in control of the facility.
   I. 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.  
D. If the facility permits any portion of a resident’s record to be generated by electronic or optical means, there shall be policies and procedures to prohibit the use or authentication by unauthorized users.  

SECTION 600 - STAFF/TRAINING  
601. General  
A. ...Training requirements and qualifications for the tasks performed shall be in compliance with all State, Federal, and local laws, and current professional organizational standards.  
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.  
C. Direct care staff members, in addition to meal service staff, shall have at least the following qualifications:  
1. Ability to render care and services to residents in an understanding and gentle manner;  
2. Sufficient education to be able to perform their duties;  
3. A working knowledge of regulations applicable to their scope of work;  
4. Be an adult, or, if not an adult, the facility shall assure that there is compliance with State, Federal, and local laws pertaining to the employment of children.  
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.

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

602. 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.

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

C. Within eighteen (18) months of the effective date of this regulation, persons working in the facility as nurse aides shall be certified in South Carolina. As an exception, facility nonlicensed/noncertified staff who are enrolled in a nurse aide training and competency evaluation program approved by the S.C. Department of Health and Human Services and who have been working in the facility four (4) months or less are exempt from Section 604.C. Licensed nurses or applicants for such licensure who have been granted a permit to practice nursing in accordance with rules adopted by the South Carolina Board of Nursing are exempt from Section 604.C.

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

606. Staffing
A. Licensed Nursing Staff. An adequate number of licensed nurses shall be on duty to meet the total nursing needs of residents. Licensed nursing staff shall be assigned to duties consistent with their scope of practice as determined through their licensure and educational preparation.
1. The facility shall designate a registered nurse as a full-time Director of Nursing...

607. Inservice Training (II)
A. Staff members shall be provided the necessary training to perform the duties for which they are responsible.
B. Before performing any duties, all newly-hired staff members shall be oriented to the facility organization and physical plant, specific duties and responsibilities of staff members, and residents’ needs. All staff members shall be instructed in the provisions of S.C. Code Ann. Section 43-35-5 et seq. (1976, as amended), “Omnibus Adult Protection Act” and S.C. Code Ann. Section 44-81-10 et seq. (1976, as amended), “Bill of Rights for Residents of Long-Term Care Facilities” as well as other rights and assurances as required in this regulation.
C. All staff shall be provided inservice training programs that identify training needs related to problems, needs, care of residents and infection control and are sufficient to assure staff’s continuing competency. Training for the tasks each staff member performs shall be conducted in order to provide the care, treatment, procedures, and/or services delineated in Section 1000.
D. All licensed nurses shall possess a valid Healthcare Provider cardio-pulmonary resuscitation (CPR) certificate within six (6) months of their first day on the job in the facility.
E. Those staff members who operate motor vehicles that transport residents shall have a valid driver’s license.
F. Training shall be provided to staff members by appropriate resources, e.g., licensed or registered individuals, video tapes, books, in context with their job duties and responsibilities, prior to their date of initial resident contact (unless otherwise as noted below) and at a frequency determined by the facility, but at least annually.
1. All staff members:
   a. Emergency procedures and disaster preparedness to address various types of potential disasters such as evacuation, bomb threat, earthquake, flood, hurricane, tornado and others within forty-eight (48) hours of their first day on the job in the facility (See Section 1500);
   b. Fire response training (See Section 1603);
   c. Confidentiality of resident information and records and the protection of resident rights (review of “Bill of Rights for Residents of Long-Term Care Facilities,” etc.).
2. Direct care staff members, all of the training listed in Section 607.F.1, and:
   a. Management/care of individuals with contagious and/or communicable disease, e.g., hepatitis, tuberculosis, HIV infection;
   b. Use of restraints that promote resident safety, including alternatives to physical and chemical restraints, in accordance with the provisions of Section 1012 (for designated staff members only);
   c. Prevention of pressure-related wounds;
   d. Aseptic techniques, such as handwashing and scrubbing practices, proper gowing and masking, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of equipment and supplies.

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.
   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).

702. Fire/Disasters
A. The Division of Health Licensing shall be notified immediately via telephone or fax regarding any fire, regardless of size or damage that occurs in the facility, and followed by a complete written report to include fire department reports, if any, to be submitted within a time period determined by the facility, but not to exceed seven (7) business days.
B. Any natural disaster in the facility which requires displacement of the residents, or jeopardizes or potentially jeopardizes the safety of the residents, shall be reported to the Division of Health Licensing via telephone or fax immediately, with a complete written report that includes the fire department report from the local fire department, if appropriate, submitted within a time period as determined by the facility, but not to exceed seven (7) business days.

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.

SECTION 800 - RESIDENT RECORDS

801. Content
A. All entries in the resident record shall be legible and complete, and shall be separately authenticated and dated promptly by the individual, identified by name and discipline, who is responsible for ordering, providing or evaluating the service or care furnished. Authentication may include written signatures or computerized or electronic entries. If an entry is signed on a date other than the date it was made, the date of the signature shall also be entered. Although use of initials in lieu of signatures is not encouraged, initials will be accepted provided such initials can be readily identified within the resident record.
B. Contents of the resident record may be stored in separate files, in separate areas within the facility, and the record shall include the following information:
1. Medical history and physical examination;
2. Consent form for treatment signed by the resident or his or her legal representative;
3. Care and services agreement;
4. Healthcare directives and special information, e.g., advance directive information, do-not-resuscitate (DNR) orders, allergies;
5. Incidents involving the resident;
6. Medical treatment;
7. Orders, including telephone and standing orders, for all medication, care, services, therapy, procedures, and diet from physicians or other legally authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted;
8. Individual Care Plan;
9. Provisions for routine and emergency medical care, to include the name and telephone number of the resident’s physician;
10. Assessments and progress notes, e.g., dietary, activity, therapy;
11. Record of administration of each dose of medication;
12. Record of the use of restraints, if applicable, including time, type, reason and authority for applying;
13. Treatment, procedure, wound care report (dictated or written into the record after treatment, procedure, or wound care) to include at least:
   a. Description of findings;
   b. Techniques utilized to perform treatments and procedures;
   c. Specimens removed, if applicable;
   d. Name of provider;
14. Progress notes generated by physicians and healthcare professionals;
15. Notes of observation, including temperature, pulse, respiration, blood pressure and weight when indicated by physician’s orders or by a change in the resident’s condition;
16. Special procedures and preventive measures performed, e.g., isolation for symptoms, diagnosis, and/or treatment of infectious conditions including but not limited to tuberculosis, influenza, pneumonia, therapies;
17. Reports of all laboratory, radiological, and diagnostic procedures along with tests performed and the results appropriately authenticated;
18. Consultations by physicians or other healthcare professionals;
19. Photograph of resident, if the resident or his or her responsible party approves;
20. Date and hour of discharge or transfer, as applicable;
21. Discharge and/or transfer summary, including care and condition at discharge or transfer, date and time of discharge or transfer, instructions for self-care, instructions for obtaining post-treatment or procedure emergency care, and signature of physician authorizing discharge or transfer;
22. Date and circumstances of death, as applicable.

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

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

E. Records shall be maintained on all outpatients and shall be completed immediately after treatment is rendered. These records shall contain sufficient identification data, a description of what was done and/or prescribed for the outpatient and shall be signed by
804. Record Maintenance
A. Organization.
1. The administrator shall designate a staff member the responsibility for the maintenance of resident and outpatient records.
2. Resident and outpatient records shall be properly indexed and filed for ready access by staff members.
B. Accommodations.
1. The licensee shall provide space, supplies, and equipment adequate for the maintenance, protection and storage of resident and outpatient records.
2. The facility shall maintain records pertaining to resident personal funds accounts, as applicable, financial matters, statements of resident rights and responsibilities, and resident possessions (provided that the facility has been notified by the resident or responsible party that items have been added or removed).
3. The licensee shall determine the medium in which information is stored. The information shall be readily retrievable and accessible by staff, as needed.
4. Records of residents and outpatients shall be maintained for at least six (6) years following discharge or death. Facilities that microfilm (or use other processes that accurately reproduce or form a durable medium) inactive records before six (6) years have expired shall process the entire record. Records may be destroyed after six (6) years provided that:
   a. Records of minors must be retained until after the expiration of the period of election following achievement of majority as prescribed by statute; and
   b. The facility retains an index, register, or summary cards providing such basic information as dates of admission and discharge, and name of responsible physician for all records so destroyed.
5. Records of residents and outpatients are the property of the facility and shall not be removed without court order. As an exception, when a resident moves from one licensed facility to another within the same provider network (same licensee), the original record may follow the resident; the sending facility shall maintain documentation of the resident’s transfer and discharge date and identification information. In the event of change of licensee, all resident records or copies of resident records shall be transferred to the new licensee.
6. When a resident is transferred from one facility to another, a transfer summary, to include copies of relevant documents, shall accompany the resident to the receiving facility at the time of transfer or be forwarded immediately after the transfer. Documentation of the information forwarded shall be maintained in the resident record.
7. Upon discharge or death of a resident, the record shall be completed and filed in an inactive file within a time period as determined by the facility, but no later than thirty (30) days after discharge or death.
8. Facilities shall comply with R.61-19 with regard to vital statistics.
C. Access.
1. The resident and outpatient record is confidential. Records containing protected or confidential health information shall be made available only to individuals granted access to that information, in accordance with State, Federal, and local laws.
2. A facility may charge a fee for the search and duplication of a resident record in accordance with S.C. Code Ann. Section 44-7-325 (1976, as amended).

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

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

805. Electronic Resident Records
A. Electronic records are subject to all of the standards of this regulation.
B. A facility that maintains electronic records shall:
   1. Retain the hard copy originals of any materials that cannot be electronically stored;
   2. Employ an off-site backup storage system as protection in the event that the on-site system is damaged or destroyed;
   3. Use an imaging mechanism that is able to copy documents with signatures;
   4. Assure that records, once put in electronic form, are unalterable.
C. Electronic signatures may be used any place in the resident or outpatient record that requires a signature, provided signature identification can be verified and an electronic signature may be legally used. Electronic authorization shall be limited to a unique identifier (confidential code) used only by the individual making the entry to preclude the improper or unauthorized use of any electronic signature.

1000 RESIDENT CARE AND SERVICES

1008. Laboratory Services
A. Laboratory services required in connection with the care or treatment to be performed shall be provided or arrangements made to obtain such services.
B. Laboratories that examine materials derived from the human body for diagnosis, prevention, or treatment purposes shall be certified by the Centers for Medicare and Medicaid Services (CMS). Some laboratory tests, i.e., blood sugar levels or hemoglobin, may not require the certification; however a Clinical Laboratories Improvement Amendments (CLIA) “Certificate of Waiver” shall be obtained from the Department’s CLIA Program if those tests are performed.
C. Expired laboratory supplies shall be disposed of in accordance with facility policies and procedures.

1013. Discharge/Transfer
F. The facility shall have a written transfer agreement with one (1) or more hospitals that provides reasonable assurance that transfer of residents will be made between the hospital and the facility whenever such transfer is deemed medically appropriate by the attending physician; or, the facility shall have on file documented evidence that it has attempted in good faith to effect a transfer agreement. The transfer agreement shall be dated and signed by authorized officials who are a party to the agreement. The agreement shall provide reasonable assurance of mutual exchange of information necessary or useful in the care
and treatment of individuals transferred between the facilities. The agreement may be updated following a change of administrator; the agreement shall be updated following changes in licensee or at any other time as deemed advisable to maintain or further improve continuity of care.

SECTION 1500 - EMERGENCY PROCEDURES/DISASTER PREPAREDNESS

1501. Emergency Care
The facility shall provide for the care of residents in an emergency and make available appropriate equipment and services to render emergency resuscitative and life-support procedures.

1502. Disaster Preparedness
A. All facilities shall develop, by contact and consultation with their county emergency preparedness agency, a suitable written plan for actions to be taken in the event of a disaster and/or emergency evacuation. In the event of mass casualties, the facility shall provide resources as available. The plan shall be updated, as appropriate, annually, or as needed, and rehearsed at least annually. A record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of participants shall be maintained.

B. The disaster/emergency evacuation plan shall include, but not be limited to:
1. A sheltering plan to include:
   a. Facility occupancy at the time of the disaster;
   b. Name, address and phone number of the sheltering facility(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 and volunteers. The letter shall be updated with the sheltering facility at least every three (3) years and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one (1) sheltering facility shall be located in a county other than these counties.
2. A transportation plan, to include agreements with entities for relocating residents, which addresses:
   a. The relocation needs of the residents and staff contingent upon the type of disaster/emergency confronted;
   b. Procedures for providing appropriate medical support, food, water and medications during relocation based on the needs and number of the residents;
   c. Estimated time to accomplish the relocation during normal conditions;
   d. Primary and secondary routes to be taken to the sheltering facility.
3. A staffing plan for the relocated residents, to include:
   a. How care will be provided to the relocated residents, including licensed and nonlicensed staff members that will meet the staffing requirements of Section 606 for residents who are relocated;
   b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility;
   c. Co-signed statement by an authorized representative of the sheltering facility if staffing, bedding, or medical supplies are to be provided by the sheltering facility.
C. In instances where there are proposed changes in licensed bed capacity, the disaster/emergency evacuation plan shall be updated to reflect the new licensed bed capacity and submitted to the Division of Health Licensing along with the application for bed capacity change.

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

1. Facilities in the above counties may elect to seek an exemption from having to evacuate the facility in the event the Governor issues a Mandatory Evacuation Order for an impending hurricane. Facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, or Georgetown counties may request an exemption from an emergency evacuation order if the facility has previously submitted the following to the Department:
   a. A Critical Data Sheet, updated annually, that certifies emergency power supply is available for a minimum of seventy-two (72) hours, a seventy-two (72) hour supply of food, water, and medical supplies is on site, and that adequate staff will be available and on duty to provide continual care for the residents;
   b. A copy of the engineer’s report concerning the wind load the facility should withstand; and
   c. A current approved evacuation plan prior to a declared emergency.

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

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

1503. Licensed Bed Capacity During An Emergency

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

1. Request that the Department concur that an emergency situation does exist by contacting the Division of Health Licensing;
2. Determine the maximum number of residents to be temporarily admitted;
3. Establish an anticipated date for discharge of the temporary residents;
4. Outline how and where the temporary residents will be housed; and
5. Contact the county emergency preparedness agency to advise of additional residents.

B. Other issues such as who will staff the care of the temporary residents, physician orders, additional food for the temporary residents, and handling of medications shall be resolved ahead of time by memoranda of agreement, internal policies and procedures, etc.

C. The facility shall notify the Division of Health Licensing in writing when the temporary residents have been discharged.

1504. Emergency Call Numbers

Although the facility may be in a location that has access to “911” services, emergency call data shall be immediately available, posted in a conspicuous place, at least at every staff work area, and shall include, at a minimum, the telephone numbers of fire and police departments, ambulance service, and the Poison Control Center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of physicians and staff members to be notified in case of emergency.
1505. Continuity of Essential Services
There shall be a written plan to be implemented to assure the continuation of essential resident support services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.

1506. Use of the Facility or Services in Response to a Public Health Emergency
The Department, in coordination with the guidelines of the State Emergency Operations Plan, may, for such period as the state of public health emergency exists and as may be reasonable and necessary for emergency response, require a nursing home to provide services or the use of its facility if the services are reasonable and necessary to respond to the public health emergency as a condition of licensure, authorization, or the ability to continue doing business as a nursing home. When the Department needs the use or services of the facility to isolate or quarantine individuals during a public health emergency, the management and supervision of the nursing home shall be coordinated with the Department to assure protection of existing residents and compliance with the regulation in accordance with S.C. Code Ann. Section 44-4-310 (1976, as amended).

SECTION 1600 - FIRE PREVENTION

1601. Arrangements for Fire Department Response/Protection
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 a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be maintained on file in the facility and a copy shall be forwarded to the Division of Health Licensing. If the agreement is changed, a copy shall be forwarded to the Division of Health Licensing.
C. Fire protection for all facilities shall meet all of the requirements of the South Carolina State Fire Marshal’s Office.

1602. Tests
Fire protection and suppression systems shall be maintained and tested at least annually in accordance with NFPA 10, 13, 14, 15, 25, 70, 72, and 96.

1603. Fire Response Training
A. Each staff member shall receive training within seven (7) days of his or her first day on the job in the facility and at least annually thereafter, addressing at a minimum, the following:
   1. Fire plan;
   2. Reporting a fire;
   3. Use of the fire alarm system;
   4. Location and use of fire-fighting equipment;
   5. Methods of fire containment;
   6. Specific responsibilities, tasks, or duties of each individual when a facility fire occurs.
B. A plan for the evacuation of residents, staff members, and visitors, to include procedures and evacuation routes out of the facility, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility.
1604. Fire Drills
A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, an evaluation of the drill, and the names of staff members directly involved in responding to the drill. Should fire drill requirements be mandated by statute or regulation, then compliance with that statute or regulation shall supersede the provisions of this section.
B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1603.

SECTION 1800 - INFECTION CONTROL AND ENVIRONMENT

1801. Staff Practices
B. There shall be an infection control/QI committee that meets at least annually to address infection control issues consisting of the medical director and representatives from at least administration, nursing, dietary, and housekeeping staff to assure compliance with this regulation regarding infection control.

SECTION 1900 - QUALITY IMPROVEMENT PROGRAM

1901. General
There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care, treatment and services provided by the facility.