501. General (II)
...B. Specifically, there shall be written policies and procedures to:
...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.

601. General (II)
...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. (I)

701. Incidents

A. A record of each incident involving residents or staff members or volunteers, occurring in the facility or on the facility grounds, shall be reviewed, investigated if necessary, evaluated in accordance with facility policies and procedures, and retained.

B. Serious incidents and/or medical conditions as defined in Section 701.C and any sudden or unexpected illness or medication administration error resulting in death or inpatient hospitalization shall be reported immediately via telephone to the attending physician and the resident’s next-of-kin or responsible party. (I)

C. A serious incident is one which results in death or a 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 incident occurring within the facility or on the facility grounds. A serious incident shall be considered as, but not limited to:
1. Falls or trauma resulting in fractures of major limbs or joints;
2. Resident suicides;
3. Medication errors;
4. Resident death or injury in restraints;
5. Criminal events or assaults against residents;
6. Medical equipment errors; or
7. Resident neglect or exploitation, suspected or confirmed resident abuse.

D. The Department’s Division of Health Licensing shall be notified in writing not later than ten (10) days of the occurrence of a serious incident.

E. Reports submitted to the Department shall contain at a minimum: facility name, resident age and sex, date of incident, location, witness names, extent and type of injury and how treated, e.g., hospitalization, identified cause of incident, internal investigation results if cause unknown, identity of other agencies notified of incident and the date of the report.
F. Incidents where residents have left the premises without notice to staff members of intent to leave and have not returned to the facility within twenty-four (24) hours shall be reported to the administrator or his or her designee, local law enforcement, and the resident's responsible party, when appropriate. The Division of Health Licensing shall be notified in writing not later than ten (10) days of the occurrence.

G. Medication errors and adverse medication reactions shall be reported immediately after discovery to the prescriber and other staff in accordance with facility policies and procedures.

H. Changes in the resident's condition, to the extent that serious health concerns, e.g., heart attack, are evident, shall be reported to the attending physician and the next-of-kin or responsible party in a timely manner, consistent with the severity or urgency of the change in accordance with facility policies and procedures. (I)

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).

1012. Restraints (II)
A. There shall be written instructions on how specific restraints shall be applied.
B. There shall be a written order signed by the physician approving use of restraints at the time they are applied to a resident or, in case of emergency, within twenty-four (24) hours after they have been applied.
C. During emergency restraint, residents shall be monitored, their condition recorded at least every fifteen (15) minutes, and they shall be provided with an opportunity for motion and exercise at least every thirty (30) minutes. Prescribed medications and treatments shall be administered as ordered, and residents shall be offered nourishment and fluids and given restroom privileges. (I)
D. Only those devices specifically designed as restraints may be used. Makeshift restraints shall not be used under any circumstance. (I)

1101. General (II)
...F. Other than the limitations of resident movement in special instances, e.g., Alzheimer's unit, residents shall be assured freedom of movement. Residents shall not be locked in or out of their rooms.