

SECTION 1000 - RESIDENT CARE AND SERVICES

1001. General

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

1. An explanation of the specific care, treatment, services, or equipment provided by the facility, *e.g.*, degree of nursing care, administration of medication, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility;
2. Disclosure of fees for all care, treatment, services, or equipment provided;
3. Advance notice requirements to change fees;
4. Refund provisions to include when monies are to be forwarded to resident upon discharge, transfer, or relocation;
5. Transportation provisions in accordance with facility policies and procedures;
6. Discharge and transfer provisions to include the conditions under which the resident may be discharged and the agreement terminated, and the disposition of personal belongings;
7. Documentation of the explanation of the Bill of Rights for Residents of Long-Term Care Facilities and grievance procedures;
8. Arrangements for, or the provision at a specified written cost for the laundering of resident personal clothes.

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

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

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

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

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

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

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

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

1. Body position of bed or chair bound residents changed in accordance with the ICP;
2. Proper skin care provided for bony prominences and weight bearing parts to prevent discomfort and the development of pressure areas, unless contraindicated by physician's orders.

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

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

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

1. Adult-sized Pocket Mask;
2. Adult-sized Bag-Valve-Mask Ventilation Unit (BVM); and
3. Large and Medium Adult-sized Oropharyngeal airway (OPA).

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

1002. Fiscal Management (II)

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

B. Residents shall manage their own money whenever possible.

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

D. Upon written request of the resident or his or her responsible party, the facility may maintain the personal monies for the resident.

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

F. A written report of the balance of resident finances shall be physically provided to each resident by the facility on a quarterly basis in accordance with the Bill of Rights for Residents of Long-Term Care Facilities, regardless of the balance amount, *e.g.*, zero balance.

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

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

1003. Recreation

A. The facility shall offer a regular and ongoing program of varied, meaningful activities designed to suit the interests and physical and cognitive capabilities of the residents who choose to participate. The facility shall provide recreational activities that provide stimulation (intellectual, physical); promote or enhance physical, mental, and/or emotional health; are age-appropriate; and are based on input from the residents and/or responsible party, as well as information obtained in the initial

assessment. These activities shall include appropriate group activities and also activities for individuals with particular interests and needs.

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

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

1. A baccalaureate degree from an accredited college or university with a major area of concentration in recreation, creative arts therapy, therapeutic recreation, art, art education, psychology, sociology, or occupational therapy; or
2. A high school diploma and three (3) years of experience in resident activities in a health care facility; or
3. Served as the facility director of resident activities on the effective date of promulgation of this regulation, and has continuously served as activities director since that time; or
4. Holds current certification from the National Certification Council for Activity Professionals, or the National Council for Therapeutic Recreation Certification.

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

E. At least one (1) current month's resident activity schedule shall be conspicuously posted in order for residents to be made aware of activities offered. This schedule shall include activities, dates, times, and locations. Residents may choose activities and schedules consistent with their interests and physical, mental, and psychosocial health. If a resident is unable to choose for him or herself, staff members shall encourage participation and assist when necessary.

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

G. There shall be adequate staff to provide activity and recreational programs each day to achieve a meaningful experience for the residents. Opportunities for

spontaneous activities shall be available to residents at any time. Community resources and volunteers may be utilized under the direction of the activities director to the fullest possible extent.

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

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

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

1004. Physician Services (II)

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

1. Residents shall be seen by the attending physician at least once every sixty (60) days, unless more frequent visits are indicated. As an exception, another legally authorized healthcare provider who is authorized by the attending physician in writing, may make the sixty (60) day visits and the resident or the resident's responsible party shall be notified in writing of the person who will be making the visits in lieu of the attending physician.

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

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

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

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

1005. Social Services

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

B. Social service history shall be obtained and documented for each resident. This history shall include social and emotional factors related to the resident's condition,

information concerning home situation, financial resources and relationships with other people. The social history shall be obtained within seven (7) business days of admission. The social service history shall be utilized in the preparation of the ICP and maintained current in terms of changes in financial resources, physical condition, mental state or family situation.

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

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

1006. Dental Services

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

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

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

1007. Oxygen Therapy (II)

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

B. When oxygen is dispensed, administered, or stored, "No Smoking" signs shall be posted conspicuously. All cylinders shall be appropriately secured. As an exception, in "Smoke-Free" facilities where smoking is prohibited, and where the facility nonsmoking policy is strictly enforced, and where "Smoke-Free" signs are strategically placed at all major entrances, secondary "No Smoking" signs shall not be required in and in the vicinity of resident rooms where oxygen is being administered. "No Smoking" signs shall be required in and in the vicinity of resident rooms and all other areas of the facility where oxygen is being stored. (I)

1008. Laboratory Services

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

B. Laboratories that examine materials derived from the human body for diagnosis, prevention, or treatment purposes shall be certified by the Centers for Medicare and Medicaid Services (CMS). Some laboratory tests, *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.

1009. Outpatient Services

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

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

1010. Other Services to Residents

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

1011. Transportation (I)

The facility shall arrange for appropriate transportation of residents to other healthcare services provided outside the facility, *e.g.* hospital, medical clinic, dentist, and in accordance with the physician's orders. If a physician's services are not immediately available and the resident's condition requires immediate medical attention, the facility shall provide or secure transportation for the resident to the appropriate healthcare providers, such as, but not limited to, physicians, dentists, physical therapists, or for treatment at renal dialysis facilities.

1012. Restraints (II)

A. 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)

1013. Discharge/Transfer

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

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

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

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

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

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