

## **SECTION 600 - STAFF/TRAINING**

### **601. General (II)**

A. Appropriate staff members in numbers and training shall be provided to perform those duties that result in compliance with the regulation, to suit the needs and condition of the residents, and to meet the demands of effective emergency on-site action that might arise. 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. (I)

C. Direct care staff members, in addition to meal service staff, shall have at least the following qualifications: (I)

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 (I)**

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. (II)

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. (II)

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. (II)

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. (II)

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. (II)

#### **604. Direct Care Staff (II)**

A. There shall be direct care staff adequate in number and skill in the facility at all times to provide nursing and related care and services to attain or maintain the highest practicable physical, mental, and psychosocial health and safety of each resident, as determined by resident assessments and ICPs. Direct care staff shall be assigned only duties for which they are trained.

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. (I)

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. (I)

#### **605. Medical Staff (I)**

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 (II)**

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. Another registered nurse, who is employed by the licensee, shall be designated in writing to act in his or her absence. In facilities with a licensed bed capacity of twenty-two (22) or fewer beds, the Director of Nursing may be included in the requirements of Section 606.A.2.

2. There shall be at least one (1) licensed nurse per shift for each staff work area. If there are more than forty-four (44) residents per staff work area, there shall be two (2) licensed nurses on first shift and at least one (1) licensed nurse on second and third shift.

3. At least one (1) registered nurse shall be on duty in the facility, or on call, whenever residents are present in the facility.

4. An administrator who is a registered nurse or licensed practical nurse shall not be included in meeting the staffing requirements of this section.

B. Nonlicensed Nursing Staff. The required number of nurse aides and other nonlicensed nursing staff shall be determined by the number of residents assigned to beds at the facility. Additional staff members shall be provided if the minimum staff requirements are inadequate to provide appropriate care and services to the residents of a facility.

1. Nonlicensed nursing staff shall be provided to meet at least the following resident-to-staff ratio schedule:

- a. Nine to one (9 to 1) for shift one (1);
- b. Thirteen to one (13 to 1) for shift two (2);
- c. Twenty-two to one (22 to 1) for shift three (3).

2. When nonstaff members are utilized as sitters or attendants, they shall comply with facility policies and procedures.

C. In those facilities utilizing two (2) twelve-hour (12-hour) shifts, both the licensed and nonlicensed staffing ratios for shift one (1) apply to the twelve-hour (12-hour) shift occurring primarily during the day, and both the licensed and nonlicensed staffing ratios for shift three (3) apply to the twelve-hour (12-hour) shift occurring primarily during the night.

D. In settings and on a nonroutine basis where there is more than one (1) type of level of care, *e.g.*, community residential care, independent living, staff members from the nursing home may temporarily provide assistance in special situations to one (1) or more of the other areas, but at no time may staffing levels in any area of the nursing home fall below minimum licensing standards or diminish the care and services provided.

## **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. (I)

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. (I)

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 gowning and masking, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of equipment and supplies.

## **608. Health Status (II)**

A. All staff members who have contact with residents shall have a health assessment (in accordance with Section 101.II) within three (3) months prior to date of hire or initial resident contact.

B. The health assessment shall include tuberculosis screening in the manner designated by guidelines established by the Department.

C. If a staff member is working at multiple facilities operated by the same licensee, copies of his or her record for tuberculin testing results and the pre-employment health assessment shall be acceptable at each facility.

### **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.

3. 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.

4. Volunteers and paid feeding assistants (as defined in the federal regulations on paid feeding assistants) shall not be included in the minimum staffing requirements of Section 606.

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. (I)

E. Documentation maintained for direct care volunteers shall include: (II)

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).

C. Private sitters shall not be included in the minimum staffing requirements of Section 606.

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.