

# South Carolina

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**Licensure Term** Community Residential Care Facilities

**Definition** A community residential care facility offers room and board and a degree of personal assistance for a period of time in excess of 24 consecutive hours for two or more persons 18 years or older. It is designed to accommodate residents' changing needs and preferences, maximize residents' dignity, autonomy, privacy, independence, and safety, and encourage family and community involvement. Included in this definition is any facility that offers a beneficial or protected environment specifically for individuals who have mental illness or disabilities and facilities that are referred to as 'assisted living,' provided they meet the definition of community residential care facility.

**Regulatory and Legislative Update** Community Residential Care Facilities (CRCFs), also called assisted living facilities, are licensed by the South Carolina Department of Health and Environmental Control, Healthcare Quality to provide room, board, and a degree of personal care to two or more adults unrelated to the owner. Providers that care for two or more persons are licensed as CRCFs.

There are no recent legislative or regulatory changes affecting CRCFs.

**Facility Scope of Care** CRCFs offer room and board and provides/coordinates a degree of personal care for a period of time in excess of 24 consecutive hours.

**Limitations of Services** Individuals seeking admission shall be identified as appropriate for the level of care, services, or assistance offered. The facility shall establish admission criteria that are consistently applied and comply with local, State, and Federal laws and regulations. The facility shall admit and retain only those persons appropriate for placement in a CRCF in compliance with the standards of this regulation. The regulation specifies persons who should not be admitted or retained in the Admission/Retention section.

**Move-in Requirements Including Required Disclosures/Notifications** Prior to admission, there shall be a written agreement between the resident, and/or his/her responsible party, and the facility.

1. An explanation of the specific care, services, and/or

- equipment provided by the facility, e.g., administration of medication, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility
2. Disclosure of fees for all care, services, and/or equipment provided;
  3. Advance notice requirements of not less than thirty (30) days to change fee amount for care, services and/or equipment;
  4. Refund policy to include when monies are to be forwarded to resident upon discharge/transfer/relocation;
  5. The date a resident is to receive his/her personal needs allowance;
  6. The amount a resident receives for his/her personal needs allowance;
  7. Transportation policy;
  8. Discharge/transfer provisions to include the conditions under which the resident may be discharged and the agreement terminated, and the disposition of personal belongings;
  9. Documentation of the explanation of the Resident's Bill of Rights and the grievance procedure.

**Resident Assessment  
Requirements and Frequency**

A resident assessment is required but there is not a specific required form. A written assessment must be completed no later than 72 hours after admission. The assessment must include a procedure for determining the nature and extent of the problems and needs of a resident/potential resident to ascertain if the facility can adequately address those problems, meet those needs, and to secure information for use in the development of the individual care plan. Included in the process is an evaluation of the physical, emotional, behavioral, social, spiritual, nutritional, recreational, and, when appropriate, vocational, educational, and legal status/needs of a resident/potential resident. Consideration of each resident's needs, strengths, and weaknesses also must be included in the assessment. Using the written assessment, the facility shall develop within seven (7) days of admission an Individual Care Plan (ICP) with participation of the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, as evidenced by their signatures and date. An ICP is a documented regimen of appropriate care/services or written action plan prepared by the facility for each resident based on resident's needs and preferences and which is to be implemented for the benefit of the resident.

A physical examination shall be completed for residents within thirty (30) days prior to admission and at least annually thereafter. The physical examination shall address:

1. The appropriateness of placement in a CRCF;
2. Medications/treatments ordered;

3. Self-administration status;
4. Identification of special conditions/care required, e.g., a communicable disease, dental problems, podiatric problems, Alzheimer's disease and/or related dementia, etc.; and,
5. The need of (or lack thereof) for the continuous daily attention of a licensed nurse.

### **Medication Management**

Facility staff members may administer routine medications, acting in a surrogate family role, provided these staff members have been trained to perform these tasks by individuals licensed to administer medications. Facility staff members may administer injections of medications only in instances where medications are required for diabetes and conditions associated with anaphylactic reactions under established medical protocol. A staff licensed nurse may administer certain other injections as well.

Facilities may elect not to permit self-administration. Self-administration of medications by a resident is permitted if: specific written orders of the physician or other authorized healthcare provider are obtained on a semi-annual basis or staff shall document the resident demonstration to self-administer medication.

### **Staffing Requirements**

An Alzheimer's Special Care Unit or Program is a facility or area within a facility providing a secure, special program or unit for residents with a diagnosis of probable Alzheimer's disease and/or related dementia to prevent or limit access by a resident outside the designated or separated areas, and that advertises, markets, or otherwise promotes the facility as providing specialized care/services for persons with Alzheimer's disease and/or related dementia or both.

Facilities offering special care units or programs for residents with Alzheimer's disease must disclose the form of care or treatment provided that distinguishes it as being especially suitable for the resident requiring special care. The facility must comply with the Alzheimer's Special Care Disclosure Act.

Staff are required to have annual training specific to the physical/mental condition of the persons being cared for in the facility to include communication techniques (cueing and mirroring), understanding and coping with behaviors, safety, activities, etc.

An administrator, appropriately licensed, has the authority and responsibility to manage the facility, is in charge of all functions

and activities of the facility.

There must be a staff member actively on duty and present in the facility at all times that the facility is occupied by residents and to whom the residents can immediately report injuries, symptoms of illness, or emergencies.

There must be at least one staff person or direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours (from 7:00 am. to 7:00 p.m., or as otherwise approved by the Department of Health and Environmental Control).

During "non-peak" hours, at least one staff member or direct care volunteer must be on duty for each 30 residents or fraction thereof. Staff must be awake and dressed at all times to be able to appropriately respond to resident needs during nonpeak hours.

In facilities that are licensed for more than 10 beds, and the facility is of multi-floor design, there shall be a staff member available on each floor at all times residents are present on that floor. Each facility must designate a staff member responsible for developing recreational programming.

**Administrator/Director  
Education and Training  
Requirements**

Administrators must be 21 years of age, have an Associate's degree or higher, onsite work experience under a licensed administrator, pass required exams and be licensed by the South Carolina Board of Long Term Care Administrators.

Administrators must complete 18 hours of continuing education per year.

**Direct Care Staff Education  
and Training Requirements**

Staff must complete in-service training programs that include training in basic first aid; procedures for checking vital signs (for designated staff); contagious and/or communicable diseases; medication management; care of persons specific to the physical/mental condition being cared for in the facility; use of restraints Occupational Safety and Health Administration standards regarding blood borne pathogens; CPR for designated staff; confidentiality of resident information and records; bill of rights for Long-Term Care Facilities; fire response and emergency procedures to be completed within 24 hours of their first day on the job; and activity training (for the designated staff only). Training must be provided prior to resident contact and annually thereafter, unless otherwise specified by certificate.

## **Quality Requirements**

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

The quality improvement program, as a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;
2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;
3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;
4. Analyze the appropriateness of ICP's and the necessity of care/services rendered;
5. Analyze all incidents and accidents, to include all medication errors and resident deaths;
6. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the residents;
7. Establish a systematic method of obtaining feedback from residents and other interested persons, e.g., family members and peer organizations, as expressed by the level of satisfaction with care/services received.

## **Infection Control Requirements**

Staff/volunteer practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the Blood borne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; the Centers for Disease Control and Prevention (CDC); and R.61-105; and other applicable Federal, State, and local laws and regulations.

## **Emergency Preparedness Requirements**

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 and implement the written plan for actions at the time of need. Prior to initial licensing of a facility, the completed plan shall be submitted to the Department for review. Additionally, in instances where there are applications for increases in licensed bed capacity, the emergency and disaster evacuation plan shall be updated to reflect the proposed new total licensed bed capacity. All staff members and volunteers shall be made familiar with this plan and instructed as to any

required actions. A copy of the emergency and disaster evacuation plan shall be available for inspection by the resident and/or responsible party upon request. The emergency and disaster evacuation plan shall be reviewed and updated annually, as appropriate. Staff members shall rehearse the emergency and disaster evacuation plan at least annually and shall not require resident participation.

The disaster/emergency evacuation plan shall include, but not be limited to:

A sheltering plan to include:

- a. The licensed bed capacity and average occupancy rate;
- 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/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.

A transportation plan, to include agreements with entities for relocating residents, which addresses:

- a. Number and type of vehicles required;
- b. How and when the vehicles are to be obtained;
- c. Who (by name or organization) will provide drivers;
- d. Procedures for providing appropriate medical support, food, water, and medications during transportation and relocation based on the needs and number of the residents;
- e. Estimated time to accomplish the relocation;
- f. Primary and secondary routes to be taken to the sheltering facility.

A staffing plan for the relocated residents, to include:

- a. How care will be provided to the relocated residents, including the number and type of staff members that will accompany 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 is to be provided by the sheltering facility.

## **Life Safety Requirements**

The department utilizes the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to community residential care facilities. Unless specifically required otherwise in writing by the department's Division of Health Facilities Construction, all facilities existing when the regulation was promulgated shall meet the codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time the license was issued.

Any additions or renovations to an existing facility shall meet the codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of the addition or renovation. When the work area of additions or renovations to the building exceeds 50 percent of the building area and its essential equipment and systems, the entire building shall meet the then current codes, regulations, and requirements.

Any facility that closes or has its license revoked, and for which application is made at the same site, shall be considered a new building and shall meet the current codes, regulations, and requirements for the building and essential equipment and systems in effect at the time of application for re-licensing.

## **Medicaid Policy and Reimbursement**

The South Carolina Department of Health and Human Services (SCDHHS) eligibility office uses federal guidelines to determine financial eligibility for the South Carolina OSS program.

## **Citations**

Department of Health and Environmental Control, Bureau of Health Facilities Licensing. (2019) Community Residential Care Facilities. <https://scdhec.gov/BHFL/community-residential-care-facilities>

South Carolina Code of Regulations. (2021) Chapter 61: Department of Health and Environmental Control, Section 84: Standards for Licensing Community Residential Care Facilities. <https://scdhec.gov/sites/default/files/Library/Regulations/R.61-84.pdf>

South Carolina Community Residential Care Facilities Committee. (2013) Assisted Living and Community Residential Care Facilities, A Practical Guide for Consumers. <https://lir.sc.gov/lthc/PDF/Residents%20Rights.pdf>

South Carolina Department of Labor, Licensing and Regulation.  
(2018) Board of Long Term Health Care Administrators,  
Continuing Education Laws and Procedures.

[https://llr.sc.gov/lthc/PDF/CEU\\_Laws\\_and\\_Procedures.pdf](https://llr.sc.gov/lthc/PDF/CEU_Laws_and_Procedures.pdf)

South Carolina Code of Laws. (n.d.) Title 44 - Health, Chapter  
36: Alzheimer's Disease and Related Disorders, Article 5:  
Special Care Disclosure, Section 44-36-520: Information  
respecting form of Alzheimer's care or treatment provided.

<https://www.scstatehouse.gov/code/t44c036.php>