



SOUTH CAROLINA  
DEPARTMENT OF  
PUBLIC HEALTH

## Regulation 61-13 Standards for Licensing Intermediate Care Facilities for Individuals with Intellectual Disabilities

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## SECTION 100—DEFINITIONS

For the purpose of these standards the following definitions shall apply:

A. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing to be inflicted physical injury on a client by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional or that is part of a written individual care plan by a physician or other legally authorized healthcare professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between clients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a client or within the client's hearing distance, regardless of the client's age, ability to comprehend, or disability, including threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

B. Active Treatment. An aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services.

C. Administrator. The individual designated by the licensee to have the authority and responsibility to manage the facility and to be in charge of all functions and activities of the facility.

D. Adult. A person eighteen (18) years of age or older.

E. Airborne Infection Isolation (AII). A room designed to maintain Airborne Infection Isolation (AII), formerly called a negative pressure isolation room. An Airborne Infection Isolation (AII) room is a single-occupancy client-care room used to isolate persons with suspected or confirmed infectious tuberculosis (TB) disease. Environmental factors are controlled in Airborne Infection Isolation (AII) rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. Airborne Infection Isolation (AII) rooms may provide negative pressure in the room (so that air flows under the door gap into the room), an air flow rate of six to twelve (6 to 12) air changes per hour (ACH), and direct exhaust of air from the room to the outside of the building or recirculation of air through a high efficiency particulate air (HEPA) filter.

F. Client. Any individual determined to have intellectual disability or a related condition, and resides and receives services in a licensed facility.

G. Control Station. An area of a facility which is the central focus of client management, nursing function, and service for a client living area. A control station may also be used for administrative functions by other disciplines which provide services to the clients of the facility. A control station shall not serve more than forty-four (44) beds.

H. Department. The South Carolina Department of Health and Environmental Control.

I. Designee. A physician, dentist, osteopath or podiatrist selected by a prescriber to sign orders for medication or treatment in the prescriber's absence.

J. Exploitation.

1. Causing or requiring a client to engage in activity or labor that is improper, unlawful, or against the reasonable and rational wishes of the client;

2. An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a client by an individual for the profit or advantage of that individual or another individual; or

3. Causing a client to purchase goods or services for the profit or advantage of the seller or another individual through undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the client through cunning arts or devices that delude the client and cause him or her to lose money or other property.

4. Exploitation does not include requiring a client to participate in an activity or labor that is a part of a written plan of care or prescribed or authorized by the client's attending physician.

K. Facility. An Intermediate Care Facility for Persons with Intellectual Disability.

L. Incident. An unusual unexpected adverse event or accident resulting in harm, injury, or death of staff or clients, for example, medication errors, adverse medication reactions, client elopement.

M. Intellectual Disability. The significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

N. Interdisciplinary Team. A group designated by the facility to provide or supervise care, treatment, and services provided by the facility. The group normally includes the following persons: registered nurse, dietary, social services, direct care staff members, nurse aides, and activity professionals.

O. Intermediate Care Facility for Individuals with Intellectual Disabilities ("ICF-IID"). A facility that serves four (4) or more persons with intellectual disability or persons with related conditions and provides health or rehabilitative services on a regular basis to individuals whose mental and physical conditions require services including room, board, and active treatment for their intellectual disability or related conditions. For purposes of this regulation, the definitions of "Intermediate Care Facility for Individuals with Intellectual Disabilities" and "Habilitation Center for Persons with Intellectual Disability or Persons with Related Conditions" are the same and both terms are utilized interchangeably.

P. Licensee. The individual, corporation, organization, or public entity that has been issued a license to provide care, treatment, and services at a facility and with whom rests the ultimate responsibility for compliance with this regulation.

Q. Neglect. The failure or omission of a direct care staff member or direct care volunteer to provide the care, goods, or services necessary to maintain the health or safety of a client including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Failure to provide adequate supervision resulting in harm to clients, including altercations or acts of assault between clients, may constitute neglect. Neglect may be repeated conduct or a single incident that has produced or could result in physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect.



R. Nonlegend Medication. A medication that may be sold without a prescription and that is labeled as stock or labeled for use by the consumer in accordance with the requirements of the laws of this state and the federal government.

S. Qualified Intellectual Disability Professional (QIDP). An individual who possesses the following minimal qualifications:

1. Has at least one (1) year of experience working directly with persons with intellectual disability or other developmental disabilities; and

2. Is a doctor of medicine or osteopathy, a registered nurse or an individual who holds at least a bachelor's degree in one of the following professional categories: occupational therapy; occupational therapy assistant; physical therapy; physical therapy assistant; psychology; sociology; speech-language pathology or audiology; recreation; dietetics; or human services.

T. Related Condition. A severe, chronic condition found to be closely related to intellectual disability or to require treatment similar to that required for persons with intellectual disability and must meet the following conditions:

1. Attributed to cerebral palsy, epilepsy, autism, or any other condition other than mental illness found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability and requires treatment or services similar to those required for these persons;

2. Manifested before twenty-two (22) years of age;

3. Likely to continue indefinitely; and

4. Results in substantial functional limitations in three (3) or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living.

## **SECTION 200—LICENSE REQUIREMENTS (II)**

### **201. Scope of Licensure**

A. No person, private or public organization, political subdivision, or governmental agency shall establish, maintain, or represent itself (advertise or market) as an ICF-IID in South Carolina without first obtaining a license from the Department. Admission of clients or the provision of care, treatment, and/or services to clients prior to the effective date of licensure is a violation of S.C. Code Section 44-7-260(A). (I)

B. A license shall be effective for the period of time specified on its face by the Department.

C. A new facility, or one that has not been continuously licensed under these or prior standards, shall not admit clients until permission is granted by the Department.

D. Separate licenses are required for facilities not maintained on the same premises. Separate licenses may be issued for facilities maintained in separate buildings on the same premises. Each building of a licensed facility shall be staffed in accordance with Section 600.

## **202. License Application**

Applicants for license shall file an application under oath on a form and frequency specified by the Department. An application shall be signed by the owner(s) if an individual or partnership; or in the case of a corporation, by two (2) of its officers; or in the case of a governmental unit, by the head of the governmental department having jurisdiction over it. The application shall set forth the full name and address of the facility for which the license is sought and owner(s); the names of persons in control thereof; and such additional information as the Department may require, including affirmative evidence of ability to comply with reasonable standards, rules, and regulations as may be lawfully prescribed. No proposed facility shall be named nor may an existing facility have its name changed to the same or similar name as a facility licensed in the state.

## **203. Compliance**

An initial license shall not be issued to an applicant until the applicant demonstrates to the Department substantial compliance with the applicable licensing standards. A facility shall make a copy of the licensing standards accessible to all facility staff. In the event a licensee with an existing ICF-IID or other facility licensed by the Department applies for licensure for an additional ICF-IID or other facility, the currently licensed ICF-IID or other facility shall be in substantial compliance.

## **204. Compliance with Structural Standards**

Facilities licensed at the time of promulgation of these regulations shall be allowed to continue utilizing the previously-licensed structure without modification.

## **205. Licensing Fee**

Each applicant shall pay a license fee prior to the issuance of a license. The annual license fee shall be five dollars (\$5.00) per licensed bed. Such fee shall be made payable by check or credit card to the Department and is not refundable.

## **206. Change of License**

A facility shall request issue of an amended license, by application to the Department, prior to any of the following circumstances:

- A. Change of ownership by purchase or lease;
- B. Change of facility's name or address;
- C. Addition of licensed beds; or
- D. Elimination of licensed beds.

## **207. Licensed Bed Capacity**

A facility shall not exceed the bed capacity identified on the face of the license. A licensee shall obtain authorization from the Department before establishing new care, treatment, or services or occupying additional beds or renovated space. The midnight census of the facility shall not exceed the rated capacity of the license. (I)

## **208. Exceptions to Licensing Standards**

The Department reserves the right to make exceptions to these standards where it is determined that the health and welfare of the community requires the services of the facility. When an “exception” applies to an existing facility, it will continue to meet the standards in effect at the time it was licensed.

## **SECTION 300—ENFORCEMENT OF REGULATIONS**

### **301. General**

The Department shall utilize inspections, investigations, consultations, or other pertinent documentation regarding a proposed or licensed facility in order to enforce this regulation.

### **302. Inspections and Investigations**

A. Inspections shall be conducted prior to initial licensing of a facility. The Department, at its own determination, may also conduct subsequent inspections. (I)

B. All facilities are subject to inspection or investigation at any time without prior notice by individuals authorized by the South Carolina Code of Laws. (I)

C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, and records at the time of the inspection. If photocopies are made for the Department inspector, they shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify individuals in enforcement action proceedings. Physical area of inspections shall be determined by the extent to which there is potential impact or effect upon clients as determined by the inspector. (I)

D. A facility found noncompliant with the standards of this regulation or governing statute shall submit an acceptable written plan of correction to the Department that shall be signed by the Administrator and returned by the date specified by the Department. The written plan of correction shall describe: (II)

1. The actions taken to correct each cited deficiency;
2. The actions taken to prevent recurrences (actual and similar); and
3. The actual or expected completion dates of those actions.

E. In accordance with S.C. Code Section 44-7-270, the Department may charge a fee for plan reviews, construction inspections, and licensing inspections.

## **SECTION 400—ENFORCEMENT ACTIONS**

### **401. General**

When the Department determines that a facility is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of a facility, the Department, upon proper notice to the licensee, may impose a monetary penalty, and deny, suspend, or revoke its license.

## 402. Violation Classifications

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health and safety of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition, one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of this time may be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety, or well-being of persons in the facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time may be considered a subsequent violation.

D. Class I and II violations are indicated by notation after each applicable section, as “(I)” or “(II).” Sections not annotated in that manner denote Class III violations. A classification at the beginning of a section and/or subsection applies to all subsections following, unless otherwise indicated.

E. In arriving at a decision to take enforcement action, the Department will consider the following factors: specific conditions and their impact or potential impact on the health, safety, or well-being of the clients; efforts by the facility to correct cited violations; behavior of the licensee that reflects negatively on the licensee’s character, such as illegal or illicit activities; overall conditions of the facility; history of compliance; any other pertinent conditions that may be applicable to current statutes and regulations including participating in, or offering, or implying an offer to participate in the practice generally known as rebates, kickbacks, or fee-splitting arrangements. (I)

F. When a decision is made to impose monetary penalties, the Department may utilize the following schedule as a guide to determine the dollar amount:

### Frequency of violation of standard within a thirty-six (36) month period:

#### MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$200-1000	\$100-500	\$100
2nd	500-2000	200-1000	100-500
3rd	1000-5000	500-2000	200-1000
4th	5000	1000-5000	500-2000
5th	5000	5000	1000-5000
6th and more	5000	5000	5000

## **SECTION 500—POLICIES AND PROCEDURES (II)**

A. Policies and procedures addressing each section of this regulation regarding client care, rights, and the operation of the facility shall be developed, implemented, and revised as needed in order to accurately reflect actual facility operation and shall be documented and maintained in the facility. The policies and procedures shall address the provision of any special care offered by the facility. Information shall include the means by which the facility shall meet the specialized needs of the affected clients, such as those who are physically or developmentally disabled, in accordance with any laws which pertain to that service offered. The facility shall establish a time period for review, not to exceed two (2) years, of all policies and procedures and such reviews shall be documented. These policies and procedures shall be accessible at all times in hard copy or electronically.

B. By its application, the licensee agrees to comply with all standards in this regulation. The policies and procedures shall describe the means by which the facility shall ensure the standards described in this regulation are met.

## **SECTION 600—STAFF AND TRAINING**

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

A. A facility shall have appropriate staff in numbers and training to meet the needs and conditions of the clients. Training and qualifications for the tasks each staff member performs shall be in compliance with all professional standards and applicable federal and state laws.

B. Prior to being employed or contracted as a staff member or direct care volunteer by a facility, a person shall undergo a criminal background check pursuant to S.C. Code Section 44-7-2910. (I)

C. The facility shall maintain accurate and current information regarding all staff members and volunteers of the facility, including at least: address, phone number, and health, work, and training background. The facility shall assign duties and responsibilities to all staff members and volunteers in writing and in accordance with the facility's policy and the individual's capability.

### **602. Administrator (II)**

A. Each facility shall have a full-time Administrator.

B. The facility Administrator shall be either a Qualified Intellectual Disability Professional (QIDP) or a licensed nursing home administrator and shall have the necessary authority and responsibility for management of the facility. Any change in the position of the Administrator shall be reported immediately by the governing board or owner to the Department in writing.

1. For facilities utilizing a QIDP in this capacity, such notification shall include, at a minimum, the name of the appointed individual, effective date of the appointment, educational background, professional experience, and professional certificates and/or licenses.

2. For facilities utilizing a licensed nursing home administrator in this capacity, such notification shall include, at a minimum, the name of the appointed individual, effective date of the appointment, and the number and expiration date of the current South Carolina Nursing Home Administrator's license or written verification of an emergency license.

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, for example, 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. The maximum number of facilities under the management of a single administrator will be determined based on the number of clients residing in the facilities, the extent of client needs, and the physical location of the facilities. Only facilities located within the same five (5) number zip code or no further than a twenty (20) miles radius of the facility shall be managed by a single administrator. No single administrator shall be responsible for more than a total of thirty-two (32) beds in multiple facilities unless approved by the Department.

### **603. Direct Care Staff (I)**

A. The facility shall maintain personnel adequate in number and skill in the facility at all times when clients are present to ensure safety and supervise clients in accordance with their individual program plans. When there are no clients in the facility, a responsible staff member shall be available by telephone.

1. The facility's policy shall clearly define the authority, responsibility, and function of each category of personnel. (II)

2. Personnel shall be assigned only those duties for which they are trained.

B. The facility shall employ registered or practical nurses that are currently and continuously licensed to practice in South Carolina during the period of their employment. The facility shall maintain in the facility a copy of the license of each registered or practical nurse employed. Only licensed registered or practical nurses may perform duties requiring a registered or practical nurse. (II)

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

A. The facility shall employ or arrange for licensed nursing services which are sufficient to care for the client's health needs including individuals who are determined to need twenty-four-hour (24-hour) nursing care. If the facility utilizes only licensed practical nurses to provide health services, the facility shall have a contractual arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical nurse in regard to the health aspects of the individual plans of care.

B. The facility shall maintain a responsible direct care staff person on duty and awake on a twenty-four-hour (24-hour) basis (when clients are present) to respond to injuries and symptoms of illness and to handle emergencies in each facility building housing clients for whom a physician has ordered a medical care plan or clients who are aggressive, assaultive, or security risks.

C. The facility shall maintain at least one (1) staff member to eight (8) clients or a fraction thereof on duty on the first and second shift. The facility shall maintain one (1) staff member to sixteen (16) clients or a fraction thereof on duty on the third shift. In facilities serving less than sixteen (16) clients, the facility shall maintain one (1) additional staff member per shift for each eight (8) non-mobile clients or a fraction thereof present in the facility.

D. The facility shall provide the necessary professional services required to implement each client's individual program plan.

E. The facility shall require staff members who operate motor vehicles that transport clients to possess a valid driver's license.

F. If the facility has a volunteer program, a facility staff person shall be designated to direct the program. Volunteers shall consult with licensed staff prior to any changes in client care or treatment. The facility may elect to prohibit volunteers to work in the facility.

### **605. Inservice Training (I)**

The facility shall require all staff members and volunteers to complete the necessary training to perform their duties and responsibilities. The facility shall document all inservice training. The following training shall be provided by appropriate resources, such as, licensed, registered, or certified persons; books; or electronic media, to all staff members prior to client contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, for example, cardiopulmonary resuscitation (CPR):

- A. Orientation of the facility organization and physical plant;
- B. Specific duties and responsibilities as outlined in the job description;
- C. Provisions of S.C. Code Sections 43-35-5, et seq., "Omnibus Adult Protection Act," and S.C. Code Sections 44-81-10, et seq.;
- D. "Bill of Rights for Residents of Long-Term Care Facilities" as well as other rights and assurances as required in this regulation;
- E. Confidentiality of client information and records;
- F. 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 initial client contact (See Section 1400);
- G. Fire response training (See Section 1702);
- H. CPR for designated staff members and direct care volunteers to ensure that there is a certified staff member or direct care volunteer present whenever clients are in the facility;
- I. Management and care of individuals with contagious and/or communicable disease, for example, hepatitis, tuberculosis, or HIV infection;
- J. Use of restraints that promote client safety, including alternatives to physical and chemical restraints, in accordance with the provisions of Section 1009 (for designated staff members only);
- K. OSHA standards regarding blood-borne pathogens;
- L. Infection control procedures; and

M. Depending on the type of clients, care of persons specific to the physical or mental condition being cared for in the facility, such as, mental illness or aggressive, violent, and/or inappropriate behavioral symptoms, to include communication techniques (cueing and mirroring), understanding and coping with behaviors, safety, and activities.

#### **606. Health Status (I)**

A. All staff members and direct care volunteers who have contact with clients, including food service staff members and direct care volunteers, shall have a health assessment within twelve (12) months prior to hire. The health assessment shall consist of an evaluation of the individual's health status by a physician, registered nurse, or other legally authorized healthcare provider pursuant to written standing orders and/or protocol approved by a physician's signature. The health assessment shall also include tuberculin skin testing as described in Section 1503.

B. If a staff member or direct care volunteer is working at multiple facilities operated by the same licensee, copies of records for tuberculin skin testing and the pre-employment health assessment shall be accessible at each facility.

#### **607. Volunteer Workers**

A. 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.

B. 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 604.

### **SECTION 700—REPORTING**

#### **701. Accidents and/or Incidents**

A. A facility shall maintain a record of each accident and/or incident, including usage of mechanical or physical restraints, involving clients, staff members or volunteers, occurring in the facility or on the facility grounds. A facility's record of each accident and/or incident shall be documented, reviewed, investigated, and if necessary, evaluated in accordance with facility policies and procedures, and retained by the facility for six (6) years after the client's death, discharge, or transfer.

B. Accidents and/or incidents occurring to clients within the facility or on the facility grounds requiring reporting to the Department include, but are not limited to,:

1. Crime(s) against client;
2. Confirmed or suspected cases of abuse, neglect, or exploitation;
3. Medication error causing adverse reaction;
4. Hospitalization as a result of the accident and/or incident;
5. Elopement for more than twenty-four (24) hours or due to cognitive impairment;
6. Severe hematoma, laceration or burn requiring medical attention or hospitalization;



7. Fracture of bone or joint;
8. Severe injury involving use of restraints;
9. Attempted suicide; or
10. Fire.

C. A facility shall immediately report every serious accident and/or incident that results in client's death or significant loss of function or damage to a body structure, not related to the natural course of a client's illness or underlying condition or normal course of treatment, and resulting from an accident and/or incident occurring to client within the facility or on the facility's grounds to the client's next-of-kin or responsible party, the attending physician, and the Department via telephone, email, or facsimile within twenty-four (24) hours of the serious accident and/or incident.

D. A facility shall submit a written report of its investigation of every serious accident and/or incident to the Department within five (5) days of the serious accident and/or incident. A facility's written report to the Department shall provide at a minimum:

1. Facility name;
2. License number;
3. Type of accident and/or incident;
4. Date accident and/or incident occurred;
5. Number of clients directly injured or affected;
6. Client record number or last four (4) digits of Social Security Number;
7. Client age and sex;
8. Number of staff directly injured or affected;
9. Number of visitors directly injured or affected;
10. Name(s) of witness(es);
11. Identified cause of accident and/or incident;
12. Internal investigation results if cause unknown; and
13. Brief description of the accident and/or incident including the location of the occurrence and treatment of injuries.

E. A facility shall retain a report of every serious accident and/or incident with all of the information provided to the Department and the names, injuries, and treatments associated with each client, staff and/or visitor involved. A facility shall retain all serious accident and/or incident records for six (6) years after the client's death, discharge, or transfer.

F. The Administrator or his or her designee shall report every incident involving a client that leaves the premises for more than twenty-four (24) hours without notice to staff members of intent to leave to local law enforcement, the client's responsible party, and the Department. The Administrator or his or her designee shall immediately notify local law enforcement and the responsible party by telephone when a cognitively impaired client leaves the premises for any amount of time without notice to staff members.

G. The Administrator or his or her designee shall report changes in a client's condition, to the extent that serious health concerns and/or injuries, for example, fracture, behavioral changes or heart attack, are evident, to the attending physician and the responsible party immediately, not to exceed twenty-four (24) hours, consistent with the severity or urgency of the condition in accordance with facility policies and procedures. (I)

H. The Administrator or his or her designee shall report abuse and suspected abuse, neglect, or exploitation of clients to the Vulnerable Adults Unit of the South Carolina Law Enforcement Division (SLED) in accordance with S.C. Code Section 43-35-25.

## **702. Fire and Disasters (II)**

A. The facility shall immediately notify the Department via telephone, email, or facsimile regarding any fire, regardless of size or damage that occurs in the facility, or any natural disaster in the facility which requires displacement of the clients or jeopardizes or potentially jeopardizes the safety of the clients.

B. The facility shall submit a complete written report regarding any fire or natural disaster to the Department to include the fire department reports, if any, within a time period as determined by the facility but not to exceed five (5) days.

## **703. Communicable Diseases and Animal Bites (I)**

A. All cases of reportable diseases, animal bites, any occurrences such as epidemic outbreaks or poisonings, or other unusual occurrences that threaten the health and safety of clients or staff shall be reported in accordance with Regulation 61-20, Communicable Diseases.

B. The facility shall isolate any client who has a communicable disease which poses a threat to the health or safety of other clients, if ordered by the attending physician. If the attending physician determines the client cannot be managed at the facility or the physical layout prohibits isolation, the facility shall make arrangements for transfer of the client to an appropriate facility at the earliest practical time.

## **704. Emergency Placements**

The facility shall notify the Department no later than the following workday when evacuees have been relocated to the facility by providing the names of the individuals received.

## **705. Facility Closure**

A. Prior to the permanent closure of a facility, the licensee shall notify the Department in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility shall notify the Department of the provisions for the maintenance of the facility records as required by regulation, the identity of those clients displaced, and the relocated site. On the date of closure, the current original license shall be returned to the Department.

B. In instances where a facility temporarily closes, the licensee shall notify the Department in writing within fifteen (15) days prior to temporary closure. In the event of temporary closure due to an emergency, the facility shall notify the Department in writing within twenty-four (24) hours of the closure. At a minimum this notification shall include, but not be limited to, the reason for the temporary closure, the manner in which the records are being stored, the identification of those clients displaced, the relocated site, and the anticipated date of reopening. The Department shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards to the facility prior to its reopening.

#### **706. Zero Census**

In instances when there have been no clients in a facility for any reason, for a period of ninety (90) days or more, the facility shall notify, in writing, the Department no later than the one-hundredth (100th) day following the date of discharge or transfer of the last active client. If the facility has no clients for a period longer than one (1) year, and there is a desire to reopen, the facility shall reapply to the Department and shall be subject to all licensing requirements at the time of that application, including Certificate of Need review and construction-related requirements for a new facility. Instances of zero census do not relieve the facility of the requirement to pay licensing fees that may be due during that time.

### **SECTION 800—CLIENT RECORDS**

#### **801. Content (II)**

A. A facility shall maintain adequate and complete records for each client. All entries shall be legibly written in ink or typed, dated, and signed, including title. 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 the use of initials in lieu of licensed nurses' signatures is not encouraged, initials shall be acceptable provided such initials can be readily identified by signature on each sheet on which the initials are used, or by signature on a master list which is maintained in the record at all times.

B. A minimum client record shall include the following:

1. Identification data:

a. Name, county, date of birth, sex, marital status, religion, county of birth, father's name, mother's maiden name, husband's or wife's name (if applicable), health insurance number, social security number, diagnosis, case number dates of care, name of the person providing information, and contact information for person(s) to be notified in case of emergency.

b. Admission agreement specifying available services and costs, and documentation of the explanation of the client bill of rights and grievance procedures.

c. Name and telephone number of attending physician.

d. Date and time of admission.

2. Consent form for treatment signed by the client or his or her legal representative.

3. Record of physical examination:

a. Physical examination, to include but not be limited to, diagnosis and identification of special conditions or care required, completed within one (1) month prior to or within forty-eight (48) hours after admission.

b. Physician's orders for medication, treatment, care, and diet, which must be reviewed and reordered at least once every three (3) months by the physician.

4. Individual Program Plan. An individual program plan shall be formulated or adopted within thirty (30) days of admission. This plan shall be updated as necessary, but at least annually, to reflect the current problems and needs of each client.

5. Social services. A social history, psychosocial assessment, and progress notes shall be documented and updated as necessary.

6. Activity services. An activity assessment and progress notes shall be documented and updated as necessary.

7. Dietary services. A dietary assessment and progress notes shall be documented and updated as necessary.

8. Nursing care record. Record of all pertinent factors pertaining to the client's condition.

9. Assessments and progress notes regarding psychological, behavioral, and therapeutic services shall be documented and updated as necessary by the interdisciplinary team.

10. Record of all physicians' visits subsequent to admission. Progress notes shall be entered after each visit to or by the physician. Physician's orders for medications, treatment, care, and diet shall be written in ink and signed by the prescriber or his or her designee.

11. Discharge summary.

## **802. Physician Orders**

A. All physician orders for medication and treatment shall be recorded in the client's record, signed and dated by the physician or nurse receiving the orders. All orders, including verbal orders, shall be signed and dated by the prescribing physician or his or her designee within forty-eight (48) hours. (I)

B. No one, except a licensed nurse or pharmacist, may accept verbal orders from physicians for medication or nursing treatment and care. Verbal orders in other specialized departments or services, as authorized in facility policy and procedures, may be accepted by those departments or services, for example, orders pertaining to physical therapy may be received by a physical therapist. (I)

C. The use of a rubber stamp signature or electronic representation shall be acceptable under the following conditions:

1. The physician whose signature the rubber stamp represents is the only one who uses it; and

2. The physician places in the administrative office of the facility a signed statement to the effect that he or she is the only one who has the rubber stamp and is the only one who will use it.

D. The use of rubber stamp signatures shall not be permitted on orders for "controlled substances."

### **803. Individual Program Plan (II)**

The facility shall provide an individual program plan for each client that is developed by the interdisciplinary team made up of the professions, disciplines, and service areas necessary to identify each client's needs and design appropriate programs, and shall be signed and dated by the client or his or her responsible party and a staff member on the interdisciplinary team. The individual program plan shall include the identified needs, the specific objectives to meet these needs, and the methods and schedules for implementing the designed programs. The individual program plan shall be updated and/or revised as changes in client needs occur, but not less than semi-annually by the interdisciplinary team.

### **804. Record Storage**

A. Records of clients are the property of the facility and shall not be removed without court order. Access to the medical record shall be granted to the legal guardian or any individual legally authorized in writing to act on behalf of the client.

B. On discharge, transfer, or death of a client, the medical records shall be completed within fifteen (15) days and filed in an inactive file in an orderly manner. Records shall be retained in a safe storage area or electronically and none shall be disposed of less than six (6) years after discharge, transfer, or death of a client.

C. Facilities that microfilm before six (6) years have expired shall film the entire record.

D. In the event of change of ownership, all client records shall be transferred to the new owner(s). (II)

E. Prior to the closing of a facility for any reason, the facility shall arrange for preservation of records to ensure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements.

## **SECTION 900—ADMISSION AND RETENTION (I)**

A. A facility shall make admission decisions based on a preliminary evaluation of the client that is conducted or updated by the facility or outside sources. The preliminary evaluation shall contain background information as well as current assessments of functional, developmental, behavioral, social, health, and nutritional needs and if the client is likely to benefit from placement in the facility.

B. A facility shall admit only those persons having a diagnosis of intellectual disability or other related condition and be in need of a continuous program of training directed toward:

1. The acquisition of behaviors and skills needed to function with greater independence; and/or
2. The prevention or deceleration of the loss of current functions.

C. Within one (1) month prior to or within forty-eight (48) hours after admission, all first time clients shall have a physical examination including the tuberculosis testing requirements of Section 1504.

D. Within one (1) month prior to or within forty-eight (48) hours of client admission, a dietitian, occupational therapist, or speech therapist shall conduct an assessment to determine the diet and food consistency the client can manage.

## **SECTION 1000—CLIENT CARE AND SERVICES**

### **1001. Client Care Policies**

A. A facility shall designate a committee to develop client care policies. (II)

B. The facility's client care policy committee shall include the Administrator and designated professional representatives from the healthcare, dietary, pharmaceutical, social services, and psychological areas. (II)

C. A facility's review of client care policies shall occur at least once every two (2) years and shall cover at least the following:

1. Admission and transfer;
2. Dietary services;
3. Habilitation services;
4. Pharmaceutical services;
5. Physician services;
6. Nursing services;
7. Client rights; and
8. Behavior management.

D. Actual practices and procedures shall be in accordance with facility policy. (II)

E. A facility shall retain minutes of meetings of the client care policy committee relating to policies, procedures, or evaluations of the facility.

### **1002. Training and Habilitation**

A. A facility shall provide each client with developmental training utilizing assessment-based programs to ensure achievement and maintenance of his or her highest level of self-care independence. A facility shall encourage and assist each client to achieve his or her highest level of independence. (I)

B. A facility shall provide each client with developmental training and/or assistance in the activities of daily living as his or her needs indicate.

C. A facility shall provide training and assistance on a continuum of care from the basic skills of proper body alignment and joint movement to preparation for independent community living.

### **1003. Client Activities**

A. A facility shall provide a regular and ongoing program of varied, meaningful activities designed to meet the needs and interests of each client and to promote his or her physical, social, and emotional well-being. A facility shall provide activities that include appropriate group activities and activities for individuals with particular interests and needs. A facility shall make activities available to give the clients

an opportunity for participation. A facility shall not force clients to participate in any activity. A facility shall provide activities in accordance with the client's individual program plan.

B. A facility shall utilize community resources and volunteers to the fullest possible extent.

C. A facility shall provide flexible visiting hours and encourage visitation by relatives and friends, with minimal restrictions. A facility shall grant reasonable exceptions to visiting hours.

D. A facility shall provide ample space, supplies, and equipment for all pertinent activities. Examples include: books, magazines, newspapers, games, arts and crafts, radio, and television.

E. If a facility implements a pet therapy program, the following guidelines shall be met:

1. Pets utilized for the program shall be free of fleas, ticks, and intestinal parasites, and have been screened by a veterinarian prior to client contact, and shall present no apparent threat to the health, safety, and well-being of the clients;

2. Pets utilized for the program shall be inoculated or vaccinated as required by law, with written verification of current inoculations on file at the facility; and

3. Pets shall be properly cared for and housed, if applicable.

#### **1004. Therapeutic and Behavioral Services**

A. A facility shall provide therapeutic services such as physical therapy, occupational therapy, and speech therapy based on each client's individual needs. A facility shall provide these therapies based upon the interdisciplinary team's recommendation and shall be administered by qualified persons. A facility shall obtain a physician's order for physical therapy evaluation and/or treatment.

B. A facility shall provide psychological and behavioral management services for clients as needed and recommended by the facility's interdisciplinary team.

#### **1005. Physician Services**

A. An annual physical examination by a physician, physician assistant, or nurse practitioner shall be performed on each client in addition to preventative and general care as deemed necessary by the attending physician.

B. The attending physician shall review all prescribed medications at least once every three (3) months.

C. Physician's progress notes shall be recorded as needed and shall be consistent with the observed condition of the client.

D. Special exams or consultations. A facility shall develop written policies and procedures regarding the acceptance of unsigned radiological, laboratory, or other consultative reports requested by a physician.

E. A facility shall not, under any circumstances, restrict client, guardian, or representative choice in attending physician coverage provided the physician is licensed to practice in South Carolina and agrees to provide medical services required by facility policy and applicable regulations.

F. A facility shall have at least one (1) licensed physician available on call at all times.

### **1006. Dental Services**

A. Within one (1) month of client admission, a physician, dentist, or registered nurse shall conduct an oral assessment on each client to determine the condition of gums and teeth.

B. The facility shall provide clients with daily dental care assistance as necessary.

C. A facility shall maintain names of dentists who can render emergency and other dental treatments. A facility shall encourage clients to utilize dental services of their choice.

### **1007. Oxygen Therapy**

A. A facility shall provide oxygen for the treatment of clients when ordered by a physician or other legally authorized healthcare provider. (I)

B. A facility shall post “No Smoking” signs conspicuously when oxygen is dispensed, administered, or stored. A facility shall appropriately secure all cylinders in an upright position.

### **1008. Personal Hygiene (II)**

Each client shall be assured of good personal hygiene, clean clothing, removal or trimming of facial hair, trimming of nails, and freedom from offensive body odors.

### **1009. Safety Restraints for Behavioral or Medical Conditions (I)**

A. A facility shall develop written policies and procedures on restraints that may be used.

B. The client’s individual program plan and/or the physician’s order shall include the length of time the restraint is to be used, but use of restraints shall not be used for more than twelve (12) consecutive hours.

C. The facility may employ safety restraints only:

1. As an integral part of an individual program plan intended to manage and eliminate the behaviors for which the restraint is utilized; or

2. As an emergency measure with a physician’s order at the time they are applied; or

3. As a health-related protection prescribed by a physician.

D. If a client residing in a facility without twenty-four (24) hour nursing personnel requires continuous physical restraint for more than twenty-four (24) hours, the client shall be transferred to a facility which provides the specialized services required and which employs twenty-four (24) hour nursing personnel.

## **SECTION 1100—RIGHTS AND ASSURANCES**

A. A facility shall comply with all current state, federal, and local laws and regulations concerning client care, treatment, procedures, and/or services, client rights and protections, and privacy and disclosure requirements, such as, S.C. Code Section 44-81-10, Bill of Rights for Residents of Long-Term Care Facilities, and S.C. Code Sections 43-35-5, et seq., Omnibus Adult Protection Act. (I)



B. A facility shall prominently display inside the facility all posted notices required in the Bill of Rights for Residents of Long-Term Care Facilities, the Omnibus Adult Protection Act, and other notices as required by law.

C. A facility shall have a grievance and complaint procedure to be exercised on behalf of the clients to enforce the Bill of Rights for Residents of Long-Term Care Facilities that includes the address and telephone number of the Department and a provision prohibiting retaliation against the client should the grievance right be exercised. Clients shall be made aware of this procedure and it shall be posted adjacent to the Bill of Rights for Residents of Long-Term Care Facilities.

## **SECTION 1200—MEDICATION MANAGEMENT**

### **1201. General (I)**

A. Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid, shall be properly managed in accordance with state, federal, and local laws and regulations. Such management shall address the securing, storing, and administering of medications, medical supplies, first aid supplies, and biologicals, their disposal when discontinued or expired, and their disposition at discharge, transfer, or death of a client.

B. Applicable medication-related reference materials such as Physicians' Desk Reference and information on the use of medications shall be readily available at each staff work area in order to provide staff members with adequate information concerning medications. At least one (1) such reference in the facility shall have been published within the previous year and none shall be older than three (3) years.

### **1202. Medication and Treatment Orders (I)**

A. Medication and treatment, to include oxygen, shall be administered to clients only upon orders (to include standing orders) of a physician or other legally authorized healthcare provider.

B. All orders (including verbal) shall be received only by licensed nurses or other legally authorized healthcare providers, and shall be authenticated and dated by a physician or other legally authorized healthcare provider within forty-eight (48) hours. This restriction shall not be construed to prohibit the issuance and acceptance of verbal orders in other specialized departments or services in accordance with facility policies and procedures, for example, orders pertaining to respiratory therapy modalities may be given to respiratory therapy personnel and physical therapy orders to physical therapists.

C. Physicians' orders for medication, treatment, care, and diet shall be reviewed and reordered no less frequently than every three (3) months.

D. All medication orders that do not specifically indicate the number of doses to be administered or the length of time the medication is to be administered shall automatically be stopped in accordance with facility policies and procedures.

### **1203. Administering Medication (I)**

A. Medications shall be administered in accordance with orders from the attending physician, dentist, or other individual legally authorized to prescribe medications.

B. Medications and medical supplies ordered for a specific client shall not be provided to or administered to any other client.

C. Medications shall be administered in accordance with state practice acts by individuals licensed to administer medications, including a licensed respiratory care practitioner. The administration of medication shall include, but not be limited to,:

1. Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);
2. Verifying the dosage with the physician's orders;
3. Giving the individual dose to the proper client;
4. Monitoring the ingestion or application of the dose; and
5. Promptly recording on the medical administration records, as it is administered, the date, time, dose given, mode of administration, and identification of the individual who administered the medication.

D. Doses of medication shall be administered by the same licensed nurse or other legally authorized healthcare provider who prepared them for administration. Preparation of doses for more than one (1) scheduled administration shall not be permitted.

E. Self-administration of medications by clients shall be permitted only on the specific written orders of the client's attending physician or other legally authorized healthcare provider, verified by observation of the client by a licensed nurse, and recorded on the medication administration records by that same person. Facilities may elect to prohibit self-administration. The facility shall not allow clients to self-administer controlled substances.

F. The facility shall maintain a daily documented review of all scheduled controlled substances, Schedules II, III, IV, and V, by nurses including verification that the count was correct, and if incorrect, an explanation of the discrepancy and any corrective actions taken. The review shall include controlled substances in an unsealed emergency medication kit or cart.

G. Non-licensed facility staff members may administer nonlegend drugs, such as, aspirin, milk of magnesia, mineral oil, medicated shampoo, provided that these staff members have been trained to perform these tasks in the proper manner by individuals licensed to administer medications and the training is documented and maintained in the record of the non-licensed staff member.

#### **1204. Pharmacy Services (I)**

A. The facility shall maintain a written agreement with a consulting pharmacist to direct, supervise, and be responsible for pharmacy services in the facility in accordance with accepted professional principles and appropriate state, federal, and local laws and regulations.

B. At least once every three (3) months the pharmacist shall:

1. Review the medication profile for each client for potential adverse reactions, allergies, interactions and laboratory modifications. The attending physician shall be advised of recommended changes in the medication regimen, medication therapy duplication, incompatibilities or contraindications;
2. Review medication storage areas and emergency medication kits;

3. Review all medications in the facility for expiration dates and ensure the removal of discontinued or expired medications from use;

4. Verify proper storage of medications and biologicals in the facility and make recommendations concerning the handling, storing, and labeling of medications;

5. Examine the controlled substances records and affirm to the Administrator that this inventory is correct; and

6. Assess the facility's pharmaceutical services to ensure the services have been properly implemented and maintained and submit to the Administrator a written report of each pharmaceutical assessment including recommendations.

C. In addition to the services enumerated in Section 1204.B, the pharmacist shall participate in the formulation of pharmacy service policies and procedures and coordinate pharmacy services.

D. Facilities that maintain stocks of legend medications and biologicals for client use within the facility shall obtain and maintain from the South Carolina Board of Pharmacy a valid, current, non-dispensing drug outlet permit, displayed in a conspicuous place in the facility.

#### **1205. Medication Containers (I)**

A. The labeling of medications and biologicals shall be based on currently accepted professional principles. Labels shall identify, at a minimum, the name of the medication or biological, strength, and lot number. As appropriate, labels shall include client name and any identifying number. The prescribing physician's name and directions for use shall be on the label. If a physician or other authorized healthcare provider changes the dosage of a medication, the medication shall be returned to the pharmacy for relabeling. In lieu of this procedure, it is acceptable to attach a label to the container that states, "Directions changed; refer to MAR and physician or other authorized healthcare provider orders for current administration instructions."

B. Medication containers that have been damaged, compromised, or without labels, or that have damaged, incomplete, or makeshift labels, are considered to be misbranded and are prohibited and shall be destroyed in accordance with Section 1209.

C. Medications for each client shall be maintained in the original container(s) including unit dose systems. Opening blister packs to remove medications for destruction or adding new medications for administration, except under the direction of a pharmacist, is prohibited.

#### **1206. Medication Storage (I)**

A. Medications shall be stored and safeguarded in a locked medicine preparation room or locked cabinet at or near the staff work area to prevent access by unauthorized individuals. Medication carts utilized for storage shall be locked when not in use. Expired or discontinued medications shall not be stored with current medications. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life.

B. Medications requiring refrigeration or freezing shall be stored in a refrigerator or freezer as appropriate at the temperature range established by the manufacturer used exclusively for that purpose in the medicine preparation room, or in a locked refrigerator used exclusively for medications. Food and drinks shall not be

stored in the same refrigerator or freezer in which medications and biologicals are stored. Refrigerators and freezers shall be provided with a thermometer accurate to plus or minus two (2) degrees Fahrenheit.

C. Medications shall be stored:

1. Under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, safety, and security;

2. In accordance with manufacturer's directions and in accordance with all applicable state, federal, and local laws and regulations;

3. Separately from poisonous substances, such as cleaning and germicidal agents, or body fluids;

4. In a manner that provides for separation between topical and oral medications, and which provides for separation of each client's medication; and

5. In medicine preparation rooms or cabinets that are well-lighted and of sufficient size to permit orderly storage and preparation of medications. Keys to the medicine preparation room, cabinet, refrigerator or medication cart at the staff work area shall be under the control of a designated licensed nurse.

D. Nonlegend medications that can be obtained without a prescription such as aspirin, milk of magnesia, and mineral oil, may be retained and shall be labeled as stock in the facility for administration as ordered by a physician or other legally authorized healthcare provider.

E. The medications prescribed for a client shall be protected from use by any other individuals. For those clients who have been authorized by a physician or other legally authorized healthcare provider to self-administer medications, such medications shall be stored in accordance with facility policies and procedures.

F. Prescribed and over-the-counter medications may be maintained at bedside upon physician orders if kept in an individual cabinet or compartment that is locked, such as the drawer of the client's night stand, in the room of each client who has been authorized in writing to self-administer by a physician or other legally authorized healthcare provider, in accordance with facility policies and procedures.

G. Medications listed in Schedule II of the Federal "Controlled Substances Act" shall be stored in separately locked, permanently affixed, compartments within a locked medicine preparation room, cabinet, or medication cart, unless otherwise authorized by a change in the state or federal law pertaining to the unit dose or multi-dose system.

### **1207. Medication Control and Accountability (I)**

A. Records of receipt, administration, and disposition of all medications shall be maintained in sufficient detail to enable an accurate reconciliation. The pharmacist or designee shall verify that drug records are in order and that an account of all drugs is maintained.

B. Medications that have been discontinued may be secured in the staff work area with a written order by the attending physician. Such medications shall not be held beyond a ninety (90) day period unless so ordered by the physician or other legally authorized healthcare provider, but in no case held beyond the expiration date of the medication.

C. Separate control sheets shall be maintained on any controlled substances listed in Schedules II, III, IV, and V, State and Federal “Controlled Substances Act.” This record shall contain the following information: date, time administered, name of client, dose, signature of individual administering, name of physician or other legally authorized healthcare provider ordering the medication and all scheduled controlled substances balances (See Section 1203.F).

### **1208. Emergency Medications (I)**

If the facility determines a need for an emergency medication kit or cart, the kit or cart shall comply with the provisions of Regulation 61-4, Controlled Substances.

### **1209. Disposition of Medications (I)**

A. Upon discharge of a client, unused medications, biologicals, medical supplies, and solutions may be released to the client, family member, or responsible party, unless prohibited by facility policies and procedures, the attending physician, or other legally authorized healthcare provider.

B. When client medications, biologicals, medical supplies, or solutions have deteriorated or exceeded their expiration date or there are partially unused medications, or medication containers are misbranded, they shall be destroyed by a licensed nurse or other legally authorized healthcare provider.

C. When non-controlled legend drugs, biologicals, medical supplies, and solutions are destroyed, the following shall be documented: date of destruction, medication name, strength, quantity, mode of destruction, and the name of the individual performing the destruction and witnessed by a licensed nurse or pharmacist.

D. The destruction of controlled substances shall be accomplished pursuant to the requirements of Regulation 61-4.

## **SECTION 1300—VITAL STATISTICS**

### **1301. General**

Facilities shall comply with Regulation 61-19, Vital Statistics, with regard to vital statistics.

### **1302. Death Certificates**

Facilities shall file death certificates in accordance with R.61-19 and the South Carolina Code of Laws.

## **SECTION 1400—EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS**

### **1401. Disaster Preparedness (II)**

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 facility shall update its plan annually or as needed, and shall rehearse it at least annually. The facility shall maintain a record of the rehearsal, including its date and time, a summary of actions and recommendations, and the names of the participants.

B. The disaster and 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 or facilities to which the clients will be relocated during a disaster; and
- c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated clients that can be accommodated; sleeping, feeding, and medication plans for the relocated clients; 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 clients, which addresses:

- a. The relocation needs of the clients and staff contingent upon the type of disaster or emergency confronted;
- b. Procedures for providing appropriate medical support, food, water, and medications during relocation based on the needs and number of the clients; and
- c. Estimated time to accomplish the relocation during normal conditions; and
- d. Primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated clients, to include:

- a. How care will be provided to the relocated clients, including licensed and nonlicensed staff members that will meet the staffing requirements of Section 604 for clients who are relocated;
- b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility; and
- c. A 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 or emergency evacuation plan shall be updated to reflect the new licensed bed capacity and submitted to the Department along with the application for bed capacity change.

D. Only those facilities 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 these 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 clients;

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.

2. 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 Department to request an exemption from the evacuation order.

3. 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.

### **1402. Emergency Call Numbers**

A facility shall post emergency call data in a conspicuous place and shall include at least 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 staff members and volunteers to be notified in case of emergency.

### **1403. Continuity of Essential Services (II)**

A facility shall maintain a written plan to be implemented to ensure the continuation of essential client 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.

## **SECTION 1500—INFECTION CONTROL AND ENVIRONMENT**

### **1501—Staff Practices (I)**

Staff and 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 and practices shall be in compliance with applicable regulations and guidelines of the Occupational Safety and Health Administration, for example, the Bloodborne Pathogens Standard; the Centers for Disease Control and Prevention, for example, Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices and the Hospital Infection Control Practices Advisory Committee; Regulation 61-105; and other applicable state, federal and local laws and regulations.

### **1502. Tuberculosis Risk Assessment (I)**

A. All facilities shall conduct an annual tuberculosis risk assessment in accordance with CDC guidelines to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

B. The risk classification, such as low risk or medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for staff and clients and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, such as, healthcare organizations that encompass multiple sites or types of services, specific areas defined by

geography, functional units, client population, job type, or location within the setting, may have separate risk classifications.

### **1503. Staff Tuberculosis Screening (I)**

A. Tuberculosis Status. Prior to date of hire or initial client contact, the tuberculosis status of direct care staff shall be determined in the following manner in accordance with the applicable risk classification:

#### **B. Low Risk:**

1. Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for *Mycobacterium tuberculosis* (BAMT): All staff (within three (3) months prior to contact with clients) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.

2. Periodic TST or BAMT is not required.

3. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

#### **C. Medium Risk:**

1. Baseline two-step TST or a single BAMT: All staff (within three (3) months prior to contact with clients) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.

2. Periodic testing (with TST or BAMT): Annually, of all staff who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, staff with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen shall be accomplished by educating the staff about symptoms of TB disease (including the staff and/or direct care volunteers responses), documenting the questioning of the staff about the presence of symptoms of TB disease, and instructing the staff to report any such symptoms immediately to the Administrator or director of nursing. Treatment for latent TB infection (LTBI) shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.

3. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

#### **D. Baseline Positive or Newly Positive Test Result:**

1. Staff with a baseline positive or newly positive test result for *M. tuberculosis* infection (such as TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, such as, cough, weight loss, night sweats, or fever, shall have a chest radiograph



performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). These staff members will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (such as the Department's TB Control program).

2. Staff with positive TST results (regardless of when that conversion was first documented) shall document that conversion, document a subsequent negative chest radiograph, and receive a negative assessment for signs and symptoms of TB before they may be hired or admitted, as appropriate.

3. Staff who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician, and permitted to return to work only with approval by the Department TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.

#### **1504. Client Tuberculosis Screening (I)**

A. Tuberculosis Status. Prior to admission, the tuberculosis status of a client shall be determined in the following manner in accordance with the applicable risk classification:

B. For Low Risk and Medium Risk:

1. Admission/Baseline two-step TST or a single BAMT: All clients within one (1) month prior to admission unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly-admitted client has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered within one (1) month prior to admission to the facility to serve as the baseline.

2. Periodic TST or BAMT is not required.

3. Post-exposure TST or a BAMT for clients upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all clients who have had exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

C. Baseline Positive or Newly Positive Test Result:

1. Clients with a baseline positive or newly positive test result for *M. tuberculosis* infection (such as TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, such as, cough, weight loss, night sweats, or fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These clients will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (such as the Department's TB Control program).

2. Clients with positive TST results (regardless of when that conversion was first documented) shall document that conversion, document a subsequent negative chest radiograph and receive a negative assessment for signs and symptoms of TB before they may be admitted, as appropriate.

3. Clients who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room (See Section 100.E), required to undergo evaluation by a physician, and permitted to return to the facility only with approval by the Department's TB Control program.

### **1505. Housekeeping (II)**

A. A facility and its grounds shall be uncluttered, clean, and free of vermin and offensive odors. A facility shall maintain sufficient cleaning supplies and equipment at all times. Housekeeping shall at a minimum include:

1. Cleaning each specific area, including storage areas, of the facility. Accumulated waste material shall be removed daily or more often if necessary;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area. Cleaning and disinfection shall be appropriate to the area and the equipment's purpose or use and shall include client room preparation for new occupants;

3. Storage and/or use of chemicals indicated as harmful on the product label, cleaning materials, and supplies shall be secure and inaccessible to clients;

4. Cleaning of all exterior areas, such as, porches and ramps, and removal of safety impediments such as snow, ice, and standing water; and

5. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.

B. Dry dusting and dry sweeping are prohibited.

### **1506. Clean and Soiled Linen and Clothing (II)**

A. Clean Linen and Clothing.

1. Proper storage facilities shall be provided for keeping clean linen, restraints, and client clothes in sanitary condition prior to use. Clean linen and clothing storage rooms shall be used only for the storage of clean linen and clothing. Clean linen and clothing shall be separated from storage of other materials.

2. A supply of clean, sanitary linen and clothing shall be available at all times.

3. Clean linen and clothing shall be transported in a sanitary manner, such as, covered.

B. Soiled Linen and Clothing.

1. A soiled linen storage room shall be provided.

2. Soiled linen and clothing shall neither be sorted, rinsed, nor washed outside the laundry service area.

3. Provisions shall be made for collecting and transporting soiled linen and clothing.

4. Soiled linen and clothing shall be kept in enclosed or covered nonabsorbent containers or washable laundry bags.

5. Soiled linen and clothing shall not be transported through client rooms, kitchens, food preparation or storage areas.

6. If linen chutes are used, the soiled linen and clothing shall be enclosed in bags before placing in the chute.

7. Facilities shall utilize Standard Precautions in the handling of all soiled linen and clothing. Labeling or color-coding of bagged soiled linen and clothing is sufficient provided all on-site or off-site handlers recognize the containers as requiring compliance with Standard Precautions.

#### **1507. Contaminated Dressings and Pathological Waste (I)**

A. A facility shall dispose of all contaminated dressings, pathological, and other similar waste by incineration or other approved means. A facility shall clearly identify containers for contaminated waste as such and shall not be accessible by unauthorized persons.

B. A facility shall dispose of dressings and contaminated wastes in client rooms only if such wastes are placed in a closed, clearly identified container, double bagged, and removed from the client room after attending the client.

#### **1508. Refuse Disposal**

A. A facility shall deposit all garbage and refuse in suitable watertight containers. A facility shall dispose of rubbish and garbage in accordance with local requirements.

B. A facility shall cover and store refuse containers outside on an approved platform constructed of concrete, wood, or asphalt and secured in such a manner so as to prevent overturning by animals, the entrance of flies, or the creation of a nuisance. A facility shall thoroughly clean garbage and trash containers as necessary to prevent the creation of a nuisance.

#### **1509. Cleaning and Use of Equipment and Supplies**

A facility shall disinfect or sterilize medical equipment coming into contact with clients after each use to maintain such equipment in a clean and sanitary condition. Disposable materials and equipment shall be used by one (1) client only, in accordance with manufacturer's recommendations and then disposed of in an acceptable manner. (II)

### **SECTION 1600—MEAL SERVICE**

#### **1601. General (II)**

A. Facility meal service programs shall be inspected and approved by the Department, and shall be regulated, inspected, and permitted pursuant to Regulation 61-25, Retail Food Establishments. Facilities preparing food on-site and licensed for sixteen (16) beds or more subsequent to the promulgation of these regulations shall have kitchen equipment which meets the requirements of R.61-25. Existing facilities with sixteen (16) licensed beds or more may continue to operate with equipment currently in use; however, only certified or classified equipment shall be used when replacements are necessary. Those facilities with fifteen (15) beds or less shall be regulated pursuant to R.61-25 with certain exceptions in regard to food equipment (may utilize non-certified or non-classified food equipment).

B. When meals are catered to a facility, such meals shall be obtained from a retail food establishment permitted by the Department, pursuant to R.61-25.

C. If food is prepared at a central kitchen and delivered to separate facilities or separate buildings and/or floors of the same facility, the method of transportation shall be in compliance with all applicable sections of R.61-25 and approved by the Department.

D. Food shall be prepared by methods that conserve the nutritive value, flavor and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the daily nutritional needs of the clients in accordance with written dietary policies and procedures.

E. Efforts shall be made to accommodate the religious, cultural, and ethnic preferences of each client and consider variations of eating habits, unless the orders of a physician or other legally authorized healthcare provider contraindicate.

F. Nourishment stations, if provided, shall contain a handwashing sink equipped for handwashing, equipment for serving nourishment between scheduled meals, refrigerator, and storage cabinets.

G. At least one (1) dietary refrigerator shall be provided on each client floor and shall have a thermometer accurate to plus or minus two (2) degrees Fahrenheit. In addition, if a refrigerator(s) is in a client room for food storage, the same thermometer requirement applies.

H. Medications, nursing supplies, or biologicals shall not be stored in the dietary department or any refrigerator or storage area utilized by the dietary department.

I. The preparation of meals shall only be conducted in areas of the facility that have been approved by the Department. Extended operations of a facilities meal service program shall not be located in rooms used for other purposes, for example, sleeping, living, laundry.

#### **1602. Food and Food Storage (II)**

A. At least a three (3) day supply of staple foods and a two (2) day supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and prescribed special or therapeutic diets.

B. All food in the facility shall be from food sources approved or considered satisfactory by the Department, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption. Home canned food usage shall be prohibited. (I)

#### **1603. Food Equipment and Utensils (II)**

Drinking containers made of porous materials shall not be used unless the containers have smooth liners which can be easily cleaned. These containers and/or liners shall be sanitized at least weekly or more often as necessary and identified for individual client use. Disposable containers shall be replaced at least weekly.

#### **1604. Meals and Services**

A. The dining area shall provide a comfortable and relaxed environment. Table service shall be planned in an attractive and colorful manner for each meal.

B. A minimum of three (3) nutritionally-adequate meals in each twenty-four-hour (24-hour) period shall be provided for each client unless otherwise directed by the client's physician or other legally authorized healthcare provider. Clients shall be allowed to choose between a variety of foods offered. Personal preferences as to the times clients receive their meals may be honored. This may include offering smaller, more frequent meals, or snacks, or postponing meals to honor a client's request, such as, to sleep or not to eat. The condition of the client shall dictate the manner in which meal service is adjusted to suit personal preferences. Meal service systems, such as, four (4) meal plans and/or buffet dining, may be offered in order to facilitate the client receiving a variety of foods. (II)

C. Not more than fourteen (14) hours shall elapse between the scheduled serving of the evening meal and breakfast the following day. (II)

**EXCEPTION:** There may be up to sixteen (16) hours between the scheduled serving of the evening meal and breakfast the following day if approved by the client's attending physician and the client, and if a nourishing snack is provided after the evening meal.

D. Food shall be cut, chopped, ground or blended to meet individual needs.

E. The same menu items shall not be repetitively served during each seven (7) day period except to honor specific, individual client requests. Substitutes of similar nutritive value shall be offered to clients who refuse food served.

F. Food and snacks shall be available and offered between meals at no additional cost to the clients. Individual client food and snack preferences shall be honored when reasonable. (II)

#### **1605. Meal Service Staff (II)**

A. Sufficient staff members shall be available to serve food and to provide individual attention and assistance, as needed.

B. The facility shall maintain trained staff members to supervise the preparation and serving of the proper diet to the clients including having sufficient knowledge of food values in order to make appropriate substitutions when necessary.

C. Clients shall not be permitted to engage in food preparation unless the following criteria are met:

1. The individual program plan of the client has indicated food preparation as suitable and/or beneficial to the client; and

2. The client is directly supervised by staff members, for example, a staff member in the food preparation area with the client.

D. Meal service staff shall have the responsibility of accompanying the food to the floor, when necessary.

#### **1606. Diets (II)**

A. All diets shall be prescribed, dated and signed by the physician and be prepared in conformance with physicians' orders giving consideration to individual client preferences.

B. The necessary equipment for preparation of client diets shall be available and utilized.

C. A diet manual published within the previous five (5) years shall be available and shall address at a minimum:

1. Food sources and food quality;
2. Food protection storage, preparation and service;
3. Meal service staff health and cleanliness;

4. Dietary Reference Intakes (DRIs) of the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences food serving recommendations; and

5. Menu planning, including plans appropriate to special needs, such as, diabetic, low-salt, low-cholesterol, or other diets appropriate for clients.

### **1607. Menus**

A. Menus shall be planned and written at a minimum of four (4) weeks in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available. At least the current day's menu shall be posted in one (1) or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing. Cycled menus shall be rotated so that the same weekly menu is not duplicated for at least a period of two (2) weeks.

B. Each menu shall be approved in writing by a dietitian before meals are prepared and served.

C. A file of tested recipes, adjusted to appropriate yield, shall correspond to items on the posted menus.

### **1608. Ice and Drinking Water (II)**

A. Ice shall be prepared on-site from a water system in accordance with Regulation 61-58, State Primary Drinking Water Regulations, or shall come from a source permitted under Regulation 61-54, Wholesale Commercial Ice Manufacturing. Ice shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside the ice container in an inverted self-draining position and allowed to air dry. The ice scoop and holding tray shall be sanitized daily.

B. Potable drinking water shall be available and accessible to clients at all times.

C. The use of common cups shall be prohibited.

D. Ice delivered to client areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use.

E. Drinking fountains of a sanitary angle jet design shall be properly regulated and maintained. There shall be no possibility of the mouth or nose becoming submerged. If drinking fountains are not provided, single service cups shall be used.

## **SECTION 1700—FIRE PREVENTION**

### **1701. Arrangements for Fire Department Response and Protection (I)**

A. A facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, a suitable written plan for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to required action.

B. A facility shall meet all of the requirements prescribed by the South Carolina State Fire Marshal.

C. Where a facility is located outside of a service area or range of a public fire department, a facility shall make arrangements to have the nearest fire department respond in case of fire. A facility shall keep a copy of the agreement on file in the facility.

### **1702. Fire Response Training (I)**

A. Each employee of the facility shall receive within twenty-four (24) hours of initial client contact and annually thereafter instructions covering:

1. The fire plan;
2. The fire evacuation plan, including routes and procedures;
3. How to report a fire;
4. How to use the fire alarm system;
5. Location and use of fire-fighting equipment;
6. Methods of containing a fire; and
7. Specific responsibilities of the individual.

B. A facility shall maintain records of training including the date, names of participating individuals, and a description of the training.

### **1703. Fire Drills (I)**

A. A facility shall conduct a fire drill for each shift at least once every three (3) months.

B. A facility shall maintain records of drills including the date, time, shift, and names of individuals participating, description of the drill, and evaluation.

C. Fire drills shall be designed and conducted to:

1. Ensure that all personnel are capable of performing assigned tasks or duties;
2. Ensure that all personnel know the location, use, and operation of fire-fighting equipment;
3. Ensure that all personnel are thoroughly familiar with the fire plan; and

4. Evaluate the effectiveness of plans and personnel.

## **SECTION 1800—DESIGN AND CONSTRUCTION**

### **1801. General (II)**

A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each client. Facility design shall be such that all clients have access to required services.

### **1802. Codes and Standards (II)**

A. A facility shall be approved for code compliance by local officials (zoning and building) prior to licensure by the Department.

B. Facility design and construction shall comply with applicable provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

C. Unless specifically required otherwise by the Department, all facilities shall comply with the codes and regulations applicable at the time its license was issued.

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

### **1803. Submission of Plans (II)**

A. Plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina. Unless directed otherwise by the Department, a facility shall submit plans at the schematic, design development, and final stages. All plans shall be drawn to scale. Any construction changes from the approved documents shall be approved by the Department. Construction work shall not commence until a plan approval has been received from the Department. During construction the Owner shall employ a registered architect and/or engineer for observation. Upon approval of the Department, construction administration may be performed by an entity other than the architect. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for new construction and for a project that has an effect on:

1. The function of a space;
2. The accessibility to or of an area;
3. The structural integrity of the facility;
4. The active and/or passive fire safety systems (including kitchen equipment such as exhaust hoods or equipment required to be under an exhaust hood);
5. Doors;
6. Walls;



7. Ceiling system assemblies;
8. Exit corridors;
9. Life safety systems; or
10. Increases the occupant load or licensed capacity of the facility.

C. All subsequent addenda, change orders, field orders, and documents altering the Department review must be submitted. Any substantial deviation from the accepted documents shall require written notification, review and re-approval from the Department.

D. Cosmetic changes utilizing paint, wall covering, floor covering, or other, that are required to have a flame-spread rating or other safety criteria shall be documented with copies of the documentation and certifications kept on file at the facility and made available to the Department.

E. Any construction work which violates codes or standards shall be required to be brought into compliance.

#### 1804. Construction Permits

All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by Department.

#### **1805. Client Rooms**

A. Facilities with sixteen (16) or more beds shall provide cubicle curtains with built-in curtain tracks in all multiple bed rooms which will shield each client completely. Curtains shall be flameproof.

B. Beds must be placed at least three (3) feet apart. (II)

C. At least one (1) private room shall be provided in each control station area for purposes of medical isolation, incompatibility, personality conflicts, or other.

#### **1806. Control Station**

A control station shall serve not more than forty-four (44) beds, unless additional services and facilities are provided. In order to permit a control station to serve more than forty-four (44) beds, a facility shall furnish justification showing how the additional beds served will not adversely affect the healthcare provided to each client.

#### **1807. Utility Rooms**

A. Soiled Utility Room. Facilities with sixteen (16) or more beds shall provide at least one (1) soiled utility room per control station which contains a clinical sink, work counter, handwash sink, waste receptacle and soiled linen receptacle.

B. Clean Utility Room. Facilities with sixteen (16) or more beds shall provide at least one (1) clean utility room per control station which contains a counter with a handwash sink and space for the storage and assembly of supplies for nursing procedures.

C. A soiled linen holding, and clean linen holding room shall be provided in facilities with sixteen (16) or more beds.

## **SECTION 1900—FIRE PROTECTION EQUIPMENT AND SYSTEMS (I)**

### **1901. Fire Alarms and Sprinklers**

A. A facility shall include a partial, manual, automatic, and supervised fire alarm system. A facility shall arrange the fire alarm system to transmit an alarm automatically to a third party by an approved method. A facility shall provide a fire alarm system that notifies all occupiable areas and floors of the building by audible and visual alarm. A facility shall provide a fire alarm system that shuts down central recirculating systems and outside air units that serve the area(s) of alarm origination at a minimum.

B. A facility shall include all fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems that connect to the main fire alarm system and triggers the system when activated.

C. A facility shall include a sprinkler system.

D. A facility shall include a fire alarm pull station in or near each control station.

### **1902. Emergency Generator Service**

A. Facilities shall provide certification that construction and installation of the emergency generator service, when provided, complies with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

B. An emergency generator shall deliver emergency electrical service during interruption of the normal electrical service to the distribution system as follows:

1. Exit lights and exit directional signs;
2. Exit access corridor lighting;
3. Lighting of means of egress and staff work areas;
4. Fire detection and alarm systems;
5. Client care areas;
6. Signal system;
7. Equipment necessary for maintaining telephone service and all life safety systems;
8. Elevator service that will reach every client floor where rooms are located other than the ground floor;
9. Fire pump;
10. Equipment for heating client rooms;

11. Public restrooms;
12. Essential mechanical equipment rooms;
13. Battery-operated lighting and a receptacle in the vicinity of the emergency generator;
14. Alarm systems, water flow alarm devices, and alarms required for medical gas systems; and
15. Client records when solely electronically based.

## **SECTION 2000—PREVENTATIVE MAINTENANCE**

A facility shall keep the structure, component parts, amenities and equipment in good repair and operating condition. Repairs and the replacement of component parts, including repairs to equipment requiring routine testing, shall be documented and retained by the facility. A facility shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

## **SECTION 2100—EQUIPMENT AND SYSTEMS**

### **2101. Gases (I)**

A. Gases, flammable and nonflammable, shall be handled and stored in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

B. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. “No Smoking” signs shall be posted conspicuously, and cylinders shall be properly secured in place in an upright position. In “Smoke-Free” facilities, “No Smoking” signs shall not be required in, and in the vicinity of, client rooms where oxygen is being administered provided all four (4) of the following conditions are met:

1. Smoking is prohibited;
2. The facility’s nonsmoking policy is strictly enforced;
3. “Smoke-Free” signs are strategically placed at all major entrances; and
4. The facility has “No Smoking” signs in, and in the vicinity of, client rooms where oxygen is stored as well as all other required areas.

### **2102. Furnishings and Equipment (I)**

- A. A facility shall maintain the physical plant free of fire hazards or impediments to fire prevention.
- B. A facility shall not permit portable electric or unvented fuel heaters.
- C. Fireplaces and fossil-fuel stoves, or wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. A facility shall not use unvented gas logs. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. A facility shall require all wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows to be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

## **SECTION 2200—WATER SUPPLY, HYGIENE, AND TEMPERATURE CONTROL (II)**

A. Plumbing fixtures that require hot water and which are accessible to clients shall be supplied with water that is thermostatically controlled to a temperature of at least one hundred (100) degrees Fahrenheit and not to exceed one hundred twenty (120) degrees Fahrenheit at the fixture.

B. The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per licensed bed at the temperature range indicated in Section 2200.A.

C. Hot water supplied to the kitchen equipment and utensil washing sink shall be supplied as required by R.61-25.

D. Hot water provided for washing linen shall not be less than one hundred sixty (160) degrees Fahrenheit. Should chlorine additives or other chemicals which contribute to the margin of safety in disinfecting linen be a part of the washing cycle, the minimum hot water temperature shall not be less than one hundred ten (110) degrees Fahrenheit, provided hot air drying is used.

## **SECTION 2300—ELECTRICAL**

### **2301. General (I)**

A facility shall maintain all electrical installations and equipment in a safe, operable condition in accordance with the applicable codes and shall be inspected at least annually by a licensed electrician, registered engineer, or certified electrical inspector.

### **2302. Panelboards (II)**

A facility shall label the panelboard directory to conform to the room numbers and/or designations.

### **2303. Lighting**

A. A facility shall provide adequate lighting in spaces occupied by persons, machinery, and equipment within buildings, approaches to buildings, and parking lots. (II)

B. A facility shall provide adequate artificial light and sufficient illumination for reading, observation, and activities. A facility shall provide general lighting in all parts of every client room and at least one (1) light fixture for night lighting in every client room. A facility shall provide a reading light for each client.

C. A facility shall provide switched lighting in all client sleeping rooms. Switches shall be located at the client sleeping room door.

D. A facility shall provide lighting in hallways, stairs, and other means of egress at all times.

#### **2304. Receptacles (II)**

A. A facility shall provide duplex grounding type receptacles in each client room with one (1) duplex receptacle at the head of each bed in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

B. Each client bed location shall have a minimum of two (2) duplex receptacles.

C. Each client bed location shall be supplied by at least two (2) branch circuits.

D. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of the ends of corridors.

#### **2305. Ground Fault Protection (I)**

A. A facility shall have ground fault circuit-interrupter protection for all outside receptacles and bathrooms.

B. A facility shall have ground fault circuit-interrupter protection for any receptacle within six (6) feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.

#### **2306. Exit Signs (I)**

A. A facility shall identify all required exits and ways to access thereto with electronically-illuminated exit signs bearing the word "Exit" in red letters.

B. A facility shall mark changes in egress direction with exit signs with directional arrows.

C. A facility shall maintain exit signs in corridors that indicate two (2) directions of exit, where appropriate.

### **SECTION 2400—HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) (II)**

A. A facility shall not install a HVAC supply or return grille within three (3) feet of a smoke detector. (I)

B. A facility shall not install HVAC grilles in floors.

C. Return air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in a manner that would be an irritant to clients, staff, or visitors.

D. A facility shall have each shower, bath, and restroom with either operable windows or have approved mechanical ventilation.

### **SECTION 2500—GENERAL CONSTRUCTION REQUIREMENTS**

#### **2501. Common Areas (II)**

A. A facility shall provide a minimum of thirty (30) square feet per bed of living, recreational, and dining area combined, excluding bedrooms, halls, kitchens, bathrooms, and rooms not available to clients.

B. A facility shall provide all required care, treatment, and services in a manner that does not require clients to ambulate from one site to another outside the building(s), nor impedes clients from ambulating from one site to another due to the presence of physical barriers.

C. A facility shall ensure methods of visual and auditory privacy between client and staff, volunteers, or visitors.

D. A facility shall provide physical space for private client, family, and/or responsible party visiting.

E. A facility shall provide accommodations for family privacy after a client's death.

## **2502. Client Rooms**

A. With the exception of furniture (unless otherwise allowed by facility policy), a client shall have the choice of bringing familiar items from home as part of the furnishing to his or her room, such as, wall pictures, paintings, vases, or other. Each client room shall be equipped with the following as a minimum for each client:

1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow, and pillowcases. Roll-away type beds, cots, bunkbeds, and folding beds shall not be used. It is permissible to utilize a recliner in lieu of a bed or remove a client bed and place the mattress on a platform or pallet provided the physician or other authorized healthcare provider has approved it and the decision is documented in the plan of care. (II)

**EXCEPTION:** In the case of a married couple sharing the same room, a double bed is permitted if requested. For all other requirements, this shall be considered a bedroom with two (2) licensed beds. A roll-away type bed or cot may be temporarily used for family or responsible party staying overnight with the client.

2. A facility shall provide a closet or wardrobe, a bureau consisting of at least three (3) drawers, and a compartmentalized bedside table or nightstand to adequately accommodate each client's personal clothing, belongings, and toilet articles. Built-in storage is permitted.

3. A comfortable chair shall be available for each client occupying the room. In facilities licensed prior to the promulgation of this regulation, if the available square footage of the client room will not accommodate a chair for each client or if the provision of multiple chairs impedes client ability to freely and safely move about within their room, the facility shall provide at least one (1) chair and have additional chairs available for temporary use in the client's room by visitors.

B. If hospital-type beds are used, there shall be at least two (2) lockable casters on each bed, located either diagonally or on the same side of the bed.

C. Beds shall not be placed in corridors, solaria, or other locations not designated as client room areas. (I)

D. No client room shall contain more than two (2) licensed beds. (II)

E. No client room shall be located in a basement.

F. Access to a client room shall not be by way of another client room, toilet, bathroom, or kitchen.

G. A facility shall provide equipment such as bedpans, urinals, and hot water bottles, necessary to meet client needs. Permanent positioning of a portable commode at bedside shall only be permitted if the room is private, the commode is maintained in a sanitary condition, and the room is of sufficient size to accommodate the commode. (II)

H. Side rails may be utilized when required for safety and when ordered by a physician or other authorized healthcare provider. When there are special concerns, such as, clients with Alzheimer's disease and/or related dementia, side rail usage shall be monitored by staff members as per facility policies and procedures. (I)

I. In semi-private rooms, when personal care is being provided, arrangements shall be made to ensure privacy in accordance with Section 1805.A.

J. A facility shall provide at least one (1) private room for assistance in addressing client compatibility issues, client preferences, and accommodations for clients with communicable disease.

K. Infants and small children shall not be assigned to a room with an adult client unless requested by clients and families.

### **2503. Client Room Floor Area**

A. Each client room shall have an outside window. This window shall not open onto a common area screened porch. (I)

B. The client room floor area is a usable or net area and does not include wardrobes (built-in or freestanding), closets, or the entry alcove to the room. The following is the minimum floor space allowed: (II)

1. Rooms for only one (1) client: at least eighty (80) square feet for the licensed bed (there shall be compliance with the minimum square footage requirements of Section 2503.B.2 in instances when family members or responsible party routinely utilize a separate bed for overnight stays with the client);

2. Rooms for more than one (1) client: at least sixty (60) square feet per licensed bed.

C. There shall be at least three (3) feet between beds. (II)

### **2504. Visitor Accommodations**

A. If provided, visitor designated or guest rooms shall not be utilized by clients, prospective clients, or staff members of the facility.

B. No supervisory care shall be given to visitors of the facility, for example, first aid response by staff, tray service, or other supervisory care.

C. Visitors shall be made aware of those provisions and accommodations available so that they may serve themselves, such as, towels, sheets, soap, or other provisions.

D. Any conduct of the visitors which may have an adverse effect on the clients or facility must be promptly and prudently handled, such as client or staff abuse.

E. Those visiting, as well as the clients with whom they are visiting, shall be made fully aware of the conditions under which their stay is acceptable.

F. A facility shall provide adequate space of privacy for the family and significant others at the time of a client's death.

## **2505. Baths and Restrooms (II)**

A. A facility shall have an appropriate number of restrooms to accommodate clients, staff, and visitors. A facility shall have one (1) toilet for each four (4) licensed beds or a fraction thereof and one (1) bathtub or shower for each twelve (12) licensed beds or a fraction thereof.

B. A facility shall have accessible restrooms during all operating hours.

C. A facility shall equip all restrooms with at least one (1) toilet fixture, toilet paper installed in a holder, a lavatory supplied with hot and cold running water, liquid or granulated soap, single-use disposable paper towels or electric air dryer, and a covered waste receptacle. A facility shall provide soap, bath towels, and washcloths to each client as needed. A facility shall not store bath linens assigned to specific clients in centrally located restrooms.

D. A facility shall have approved grab bars securely fastened on at least one (1) side of all toilet fixtures used by clients.

E. A facility shall provide privacy at toilet fixtures and urinals.

F. A facility shall provide restrooms for persons with disabilities in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

G. A facility shall completely cover all restroom floors with an approved, nonabsorbent covering. A facility shall have restroom walls with nonabsorbent, washable surfaces to the highest level of splash.

## **2506. Control Stations**

A. A facility shall provide control stations for nursing and/or other direct care staff. A facility shall design and construct (or set up) control stations in a manner conducive to the type of care provided by the facility or that specific area of the facility and the types of clients served.

B. At or near each control station, there shall be a telephone, an area for maintaining client records and making entries, and a toilet and handwashing sink.

C. At or near each control station, a facility shall make provisions for the following:

1. Secured storage of medications, which may be accomplished by the use of a separately secured medication cart, container, cabinet, or room, provided:

a. The method or methods used are of sufficient size to allow for neat, clean, and orderly storage of medications;

b. Separations are provided for the storage of each client's medications; and



c. Separations are provided for oral and topical medications.

2. Work space or area for the preparation of medications, which may be a counter, table top, or a separate room, to include being a part of a separate medication room.

D. A facility shall not allow a control station to serve more than forty-four (44) beds.

E. A facility shall not have any client room located more than 150 feet from the control station serving that client room.

F. A facility shall have utility areas or rooms for separate storage of clean and soiled supplies and equipment at or near each control station. A facility shall require each utility area to contain a handwashing sink, work counter, waste receptacle, and space for the storage of supplies.

#### **2507. Doors (II)**

A. A facility shall have opaque doors on restrooms for the purpose of privacy.

B. A facility shall require all glass doors, including sliding or patio type doors, to have a contrasting or other indicator that causes the glass to be observable, for example, a decal located at eye level.

C. Doors that have locks shall be unlockable and openable with one action.

D. A facility shall have provisions for emergency entry if client room doors are lockable.

E. Any locked room door in the facility shall have the ability to unlock and open from inside the room.

#### **2508. Elevators (II)**

A facility shall have elevators inspected and tested upon installation, prior to first use, and annually thereafter by a certified elevator inspector.

#### **2509. Handrails and Guardrails (II)**

A. A facility shall provide handrails on at least one (1) side of each corridor.

B. A facility shall provide guardrails forty-two (42) inches high on all porches, walkways, and recreational areas (such as decks and the like) elevated thirty (30) inches or more above grade in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

#### **2510. Janitor's Closet (II)**

A facility shall have at least one (1) lockable janitor's closet per forty-four (44) licensed beds. Facilities having multiple housing units shall have at least one (1) lockable janitor's closet per each housing unit. A facility shall equip each closet with a mop sink or receptor and space for the storage of supplies and equipment.

### **2511. Storage Areas**

A. A facility shall provide adequate general storage areas for client, staff, and volunteer belongings and equipment. A facility shall provide at least ten (10) square feet of general storage per bed throughout the facility.

B. A facility shall provide separate storage for beds, wheel chairs, and other equipment.

C. A facility shall not store supplies and equipment directly on the floor. A facility shall not store supplies and equipment susceptible to water damage or contamination under sinks or other areas with a propensity for water leakage. (II)

### **2512. Telephone Service**

A. A facility shall make at least one (1) telephone available and easily accessible on each floor of the facility for use by clients and/or visitors for their private, discretionary use. Telephones shall be portable to accommodate bedridden or ambulatory-impaired clients. Telephones capable of only local calls are acceptable for this purpose, provided other arrangements exist to provide client and visitor discretionary access to a telephone capable of long-distance service.

B. A facility shall provide at least one (1) telephone on each floor for staff members and volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency.

### **2513. Location**

A. Transportation. A facility shall be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. Parking. A facility shall have a parking area to reasonably satisfy the needs of clients, staff members, volunteers, and visitors.

C. Access to firefighting equipment. A facility shall maintain adequate access to and around the building(s) for firefighting equipment. (I)

### **2514. Outdoor Area**

A. A facility shall enclose all unsafe, unprotected physically hazardous outdoor areas with a fence or natural barrier the size, shape, and density to effectively impede travel to the hazardous area. The outdoor hazardous areas of a facility include, but are not limited to, steep grades, cliffs, open pits, high voltage electrical equipment, high speed or heavily traveled roads, roads exceeding two (2) lanes excluding turn lanes, ponds, and swimming pools. (I)

B. A facility shall have a gate in any fence required as part of a fire exit from the building and the gate in the fence shall unlock in case of emergency in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal. (I)

C. A facility shall protect mechanical or equipment rooms open to the outside of the facility from unauthorized individuals. (II)

## **SECTION 2600—SEVERABILITY**

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations and they shall remain in effect as if such invalid portions were not originally a part of these regulations.

## **SECTION 2700—GENERAL**

Conditions which have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.