**South Carolina**

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**Licensure Term**

Community Residential Care Facilities

**Opening Statement**

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

**Legislative and Regulatory Update**

There are no recent legislative or regulatory changes affecting CRCFs.

**Definition**

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

**Disclosure Items**

Prior to admission, there shall be a written agreement between the resident, and/or his/her responsible party, and the facility.

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

**Facility Scope of Care**

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

**Third Party Scope of Care**

When a facility engages a source other than the facility to provide services, normally provided by the facility, there shall be a written agreement with the source that describes how and when the services are to be provided, the exact services to be provided, and that these services are to be provided by qualified individuals. The source shall comply with this regulation in regard to resident care, services, and rights.

**Admission and Retention Policy**

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

**Resident Assessment**

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

Medication Management

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

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

Square Feet Requirements

Rooms for one resident must be a minimum of 100 square feet and multiple-occupancy resident units must provide square feet per resident. Facilities must have 20 square feet per licensed bed of living and recreational areas combined, excluding bedrooms, halls, kitchens, dining rooms, bathrooms, and rooms not available to residents. Facilities must also have 15 square feet of floor space in the dining room per licensed bed.

Residents Allowed Per Room

A maximum of three residents is allowed per resident unit.
Bathroom Requirements

One toilet is required for every six licensed beds with at least one handwash lavatory adjacent to each toilet. One tub/shower is required for every eight licensed beds.

Life Safety

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

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

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

Unit and Staffing Requirements for Serving Persons with Dementia

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

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

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

**Staffing Requirements**

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

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

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

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

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

**Administrator Education/Training**

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

Administrators must complete 18 hours of continuing education per year.
**Staff Education/Training**

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

**Entity Approving CE Program**

The South Carolina Department of Labor, Licensing and Regulation Board of Long Term Health Care Administrators is responsible for the CE Program.

**Medicaid Policy and Reimbursement**

Medicaid generally does not cover services offered in a CRCF.

**COVID-19 Public Health Emergency**

There are no permanent regulatory changes related to the COVID-19 public health emergency. Infection control requirements listed in the regulation states Staff/volunteer practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the Blood borne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; the Centers for Disease Control and Prevention (CDC); and R.61-105; and other applicable Federal, State, and local laws and regulations.

**Citations**


South Carolina Code of Regulations, Chapter 61: Department of Health and Environmental Control, Section 84: Standards for Licensing Community Residential Care Facilities.


South Carolina Code of Laws, Title 44 - Health, Chapter 36: Alzheimer's Disease and Related Disorders, Article 5: Special Care Disclosure, Section 44-36-520: Information respecting form of Alzheimer’s care or treatment provided. https://www.scstatehouse.gov/code/t44c036.php