

# 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 state Board of Health and Environmental Control, Division of Health Licensing 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. Effective May 3, 2018, H4935 created the "South Carolina Palliative Care and Quality of Life Study Committee" to submit a report on the state of palliative care in South Carolina, including in assisted living.

Regulations have been in effect since 1986. Revised regulations, which included a number of new requirements, took effect in June 2015. For example, the staff member or direct care volunteer on duty must be awake and dressed at all times, the Individual Care Plan must be developed within seven days of admission, the regulations now specify when a facility may and may not admit or retain a resident, and the regulations now specify when self-administration of medications is permitted.

**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, facilities must provide residents: an explanation of care provided by the facility; disclosure of fees; refund policy; the date residents receive their personal needs allowance and the amount; transportation policy; discharge and transfer provisions; and documentation of the explanation of the Resident's Bill of Rights and the grievance procedures.

Facilities caring for persons with Alzheimer's disease must disclose: the form of care and treatment that distinguishes it as being suitable for persons with Alzheimer's disease; the admission/transfer and discharge criteria; care planning process; staffing and training; physical environment; activities; the role of family members; and the cost of care.

**Facility Scope of Care**

CRCFs provide room and board and a degree of personal assistance. The core services provided include, but are not limited to: three meals a day; snacks; housekeeping services; assistance with eating, bathing, dressing, toileting, and walking; medication assistance; continuous staffing; and transportation to medical appointments.

**Third Party Scope of Care**

Individuals requiring short-term, intermittent nursing care while convalescing from illness or injury may utilize the services of home health nurses.

**Admission and Retention Policy**

The regulations enumerate circumstances in which a CRCF may not admit or retain people. For example, facilities may not admit or retain residents who are dangerous to themselves or others, in need of daily attention of a licensed nurse, or require hospital or nursing care. Specifically, facilities may not admit or retain any person needing daily skilled monitoring or observation due to an unstable or complex medical condition, medications requiring frequent dosage adjustment or intravenous medications or fluids by staff or a responsible party. Additionally, a facility may not admit or retain any person whose needs cannot be met by the accommodations and services provided by the facility.

**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.

### **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 for medication 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 a minimum of 80 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 International Building Code, 2006 edition, as its basic code reference. 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 cost of additions or renovations to the building exceeds 50 percent of the then market value of the existing building 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.

### **Staffing Requirements**

An administrator must be in charge of all functions and activities of the facility and must be available and responsible within a reasonable time and distance. There must be at least one staff person or direct care volunteer for every eight residents during all periods of peak resident activity (from 7 a.m. to 7 p.m., or as otherwise approved by the Department of Health and Environmental Control). During night-time hours, at least one staff member or direct care volunteer must be on duty and awake for every 30 residents. 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. Additional staff members must be provided if the department determines that the minimum staff requirements are inadequate to provide appropriate care, services, and supervision to the residents of a facility (for example, to ensure a resident's personal safety when safety precautions are needed until the resident is assessed by a physician or other authorized healthcare provider for relocation to a higher level of care and subsequently relocated to an appropriate facility). Each facility must designate a staff member responsible for developing recreational programming.

### **Administrator Education/Training**

Administrators must have an associate's degree, at least one year of experience, and be licensed by the South Carolina Board of Long Term Care Administrators.

Administrators must complete 18 hours of continuing education per year. Courses must meet the domains of practice.

### **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); communicable diseases; medication management; care of persons specific to the physical/mental condition being cared for in the facility; use of restraints (for designated staff); Occupational Safety and Health Administration standards regarding blood borne pathogens; CPR for designated staff; confidentiality; bill of rights; fire response and emergency procedures to be completed within 24 hours of their first day on the job; and activity training. Communities must provide such training not less than annually.

### **Entity Approving CE Program**

The South Carolina Board of Long Term Care Administrators approves continuing education courses; however, NAB-approved courses are automatically approved.

### **Medicaid Policy and Reimbursement**

Medicaid generally does not cover services offered in community residential care facilities. Under a 1915(c) waiver, respite care may be covered in a licensed CRCF, but services are only provided due to the short-term absence or need for relief of those normally providing care; home and community based services are not covered.

### **Citations**

State Register, Regulation Number 61-84: Standards for Licensing Community Residential Care Facilities. Promulgated by the Board of Health and Environmental Control, administered by the Division of Health Licensing. [June 26, 2015]  
<https://www.scdhec.gov/Agency/docs/health-regs/61-84.pdf>

Assisted Living and Community Residential Care Facilities, A Practical Guide for Consumers. Developed by the South Carolina Community Residential Care Facilities Committee. [January 4, 2013]  
[http://www.state.sc.us/dmh/crcf/crcf\\_guide.pdf](http://www.state.sc.us/dmh/crcf/crcf_guide.pdf)

Alzheimer's Special Care Disclosure Act; Section 44-36-520  
<https://www.scdhec.gov/health/docs/hlalzheimer.pdf>