

Effective: 03/19/12

**OWNER - NURSING HOME AND COMMUNITY RESIDENTIAL CARE FACILITY
PROCEDURES FOR CONDUCTING CRIMINAL RECORDS CHECKS
Bureau of Health Facilities Regulation
Department of Health & Environmental Control**

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**Bureau of Health Facilities Regulation
Department of Health & Environmental Control**

PROCEDURES—OWNER BACKGROUND CHECKS

In order to obtain a license to operate a nursing home or a community residential care facility, Section [44-7-264](#) of the South Carolina Code of Laws requires that the person, or persons, required to sign the application for licensure pursuant to Section [44-7-270](#) shall undergo a state and national fingerprint-based criminal records check. This applies to initial licenses and licenses that are renewed annually. For licenses that are renewed annually, the background check must occur within the effective dates. We recommend having the background check completed at least three months prior to the expiration date of the license in order to prevent delaying the issuance of the renewed license. Your fingerprints will be used to check the criminal history records of the FBI. Before initiating a criminal background check on an individual, read and become familiar with §[44-7-264](#), “Criminal Record Checks Required for Nursing Home and Community Residential Care Licensure”. A copy of the law is included as a Section in these procedures.

A. RESTRICTIONS ON RELEASING RESULTS:

In accordance with Public Law 92-544 the Department is not permitted to forward or disclose the results.

B. SOUTH CAROLINA RESIDENTS-PROCEDURES

L-1 Enrollment Services (a.k.a. SAFRAN MorphoTrust USA) has been contracted by the South Carolina State Law Enforcement Division (SLED) to conduct the electronic fingerprint scan. The following procedures will assist you with having the scan completed.

1. **Appointment Form:** **Without submitting this form to our office we have no way of knowing if there is a problem with your result.** We cannot emphasize enough the importance of completing the Health Care Owner-Electronic Scan Applicant Information form and mailing it to our Department (see Section G for form). Completing this form will ensure that the Department can match the background check results with the facilities for which the applicant is authorized to sign the application. The form is also used to track your results after you have been scanned and take action should a problem occur with the system (see Section D, Results Not Received and a Rejected Scan). Mailing instructions are included on the form. An example of the form is included as Section G in these procedures. The form is also located on our Website at <http://www.scdhec.gov/health/licen/crc.htm> .

2. **Appointments:** Appointments with L-1 Enrollment Services are primarily made via the internet. If you do not have internet access, you can call to schedule an appointment and arrange payment with L-1 Enrollment Services at their toll free number 1-866-254-2366. The company does not accept walk-ins.

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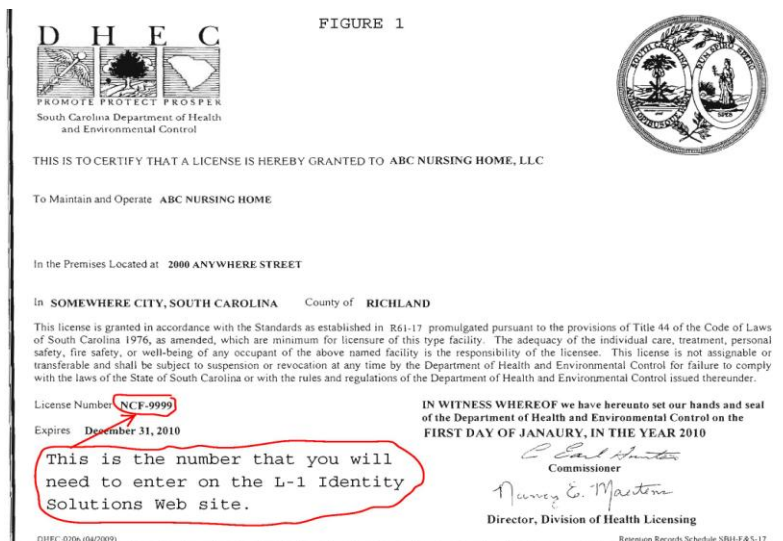
3. **Internet Appointments:** To schedule an appointment online, go to the L-1 Enrollment Services (SAFRAN MorphoTrust USA) Website at <https://sc.ibtfingerprint.com/>. Enter the Direct Caregiver’s first and last name in the spaces provided. Then click “Go”.

4. **DHEC: Owner-Nursing Home or Community Residential Care Facility:** This is the only option that you can choose for a person that is authorized to sign the license application for a nursing home or community residential care facility. Once you select this option, click “Go”.

5. **License Information:** Enter the license numbers for the facilities that you are authorized to sign the license application for whereby the background check will be applicable based on the effective and expiration date for each license. Include a space between each number.

For Example: **NCF-9999 CRC-8888 CRC-7777 NCF-6666.**

You can enter a total of 12 license numbers. Regardless of the number of licenses, please complete the [Health Care Owner-Electronic Scan Applicant Information](#) form (Section G) with all the license numbers for the applications that you are authorized to sign whereby the date of the background check will be applicable based on the effective and expiration dates of each license. Failure to do so may result in you having to pay for an additional background check. Please remember that the date the background check is conducted, must fall between the effective and expiration date of the license in order to be applicable. The license number is located in the bottom left corner of the license that was issued by the Department (see Figure 1).



6. **Reason Fingerprinted:** Select the following from the Web site:

Residential Care or Nursing Home, Owner

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PL 92-544 (SCAA SEC. 44-7-264)

7. **Additional Information:** Click “Go” and then follow the remaining prompts on the screen to complete the online application.

8. **Confirmation Number:** Print your confirmation number and bring it to the scheduled appointment.

9. **Identification (ID) Requirements:** If you are being fingerprinted at an L-1 Solution Center in South Carolina (SC), you will need a valid SC Drivers License. If you do not possess a valid SC Drivers License, you will need to present two forms of identification of which one must be a photo ID. Acceptable forms of identification are listed below:

Column A - Valid Photo Identification	Column B - Valid Supplementary Identification
<input type="checkbox"/> U.S. Passport (unexpired or expired)	<input type="checkbox"/> Voter registration card
<input type="checkbox"/> Driver’s License or Photo ID Card (issued by U.S. State or Territory)	<input type="checkbox"/> U.S. Military card or draft record
<input type="checkbox"/> Photo ID Card issued by federal, state, or local govt.	<input type="checkbox"/> U.S. Social Security Card
	<input type="checkbox"/> Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal

10. **Payment:** The cost for the fingerprint scan is **\$51.50** (\$25 SLED + \$16.50 FBI + \$10 L-1 Enrollment Services). Do not send payment to our office as payment is made to L-1 Enrollment Services. Payment can be made on-line when making the appointment. This can be done by credit/debit card, direct withdrawal from a bank account (e-check). You can also indicate on-line, that payment will be made at the time of the appointment with a business check or money order. If the employer is paying, an escrow account can be established and pre-funded. The applicant uses a billing code to pay and the account is debited at the time of appointment. All checks are to be made payable to L-1 Enrollment Services.

C. NON-RESIDENT MANUAL CARD SCAN PROCESSING-PROCEDURES

Applicants who reside outside of South Carolina where they do not have access to an L-1 Enrollment Services center located in South Carolina, must use the L-1 Enrollment Services Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a “hard card” into an electronic record enables an applicant to have their fingerprint record processed as quickly as if they had traveled to an electronic fingerprint processing location in South Carolina. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

1. **Request a Fingerprint Card:** FBI fingerprint cards are provided by our Department. Application packets sent to non-resident applicants will include a fingerprint card with pre-printed agency codes. You may request a fingerprint card through our office either by letter, phone, or e-mail at:

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SCDHEC - FBI Program
Bureau of Health Facilities Regulation
2600 Bull Street
Columbia, SC 29201

(803) 545-4049 or (803) 545-4370
fordsr@dhec.sc.gov

2. **Completing the Fingerprint Card:** We recommend that applicants obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. The fingerprinting may be either traditional ink rolled fingerprints or electronically captured and then printed. Always use someone that is trained to take fingerprints. **Failure to completely fill out the information on the fingerprint card will result in the card being returned to the applicant, which will delay the licensing process.** You will need to ensure that the information on the card is completed in black ink as follows:

- a.) **Signature of Person Fingerprinted** – sign your legal name in the space provided.
- b.) **Residence of Person Fingerprinted** – enter your home location address in the space provided.
- c.) **Date & Signature of Official Taking Fingerprints** – Be sure that the individual taking your fingerprints has dated and signed the card in the space provided.
- d.) **Employer and Address (License Information)** – **DO NOT enter your employer and address information.** Instead, enter the license numbers for the facilities that you are authorized to sign the license application whereby the background check will be applicable based on the effective and expiration date for each license. Include a space between each number and do not use commas. For Example: **NCF-9999 CRC-8888 CRC-7777 NCF-6666.**

You can enter a total of 12 license numbers. If you have more than 12 licenses numbers, please complete the Health Care Owner-Electronic Scan Applicant Information form (Section G) with all the license numbers for the applications that you are authorized to sign whereby the date of the background check will be applicable based on the effective and expiration dates of each license. **Failure to do so may result in having to pay for an additional background check.** Please remember that the date the background check is conducted, must fall between the effective and expiration date of the license, in order to be applicable. The license number is located in the bottom left corner of the license that was issued by the Department (see Section B, Figure 1).

Initial License - If you are applying for a license for the first time and have not been issued a license number then enter the number as 0000. For Example: **NCF-0000 or CRC-0000**

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e.) **Reason Fingerprinted** – This section of the card should already be stamped with “Residential Care or Nursing Home, Owner PL 92-544 (SCAA SEC. 44-7-264)”. If not, please request another card from our office.

f.) **Applicant Name** – in the spaces provided, enter the last, first, and middle name of the applicant.

g.) **ORI** – This section of the card should already be stamped with “SCDHEC01Z SC DHEC COLUMBIA SC”. If not, please request another card from our office.

h.) **Other Required Information** – Please have the person that is trained to take your fingerprints complete the remaining required information for Citizenship, Social Security Number, Date of Birth, Sex, Race, Height (HGT) Weight (WGT), Eyes (eye color), Hair (hair color), and Place of Birth. You should be prepared to provide the appropriate documents such as Birth Certificate (or Green Card), Social Security Card, and Drivers License that can verify this information to the person taking your fingerprints.

i.) **Example** – With the exception of the fingerprints, Figure 2 is an example of what the fingerprint card should look like when completed.

**FIGURE 2
Fingerprint Card – Owner of Nursing Home or Community Residential Care Facility**

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
		LAST NAME	FIRST NAME	MIDDLE NAME					
		Doe	John	David					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES	ORI	SCDHEC01Z					
(Signature of Applicant)		Phil Smith		SC DHEC					
RESIDENCE OF PERSON FINGERPRINTED		COLUMBIA, SC			DATE OF BIRTH		DOB		
1300 Haven St. New York, NY 10292					Month	Day	Year		
					01	25	1958		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP	SEX	RACE	HGT	WGT	EYES	HAIR	
12/24/10	(Signed by Official)	USA	M	C	72"	165	BN	BL	
		YOUR NO.	LEAVE BLANK						
		OCA							
EMPLOYER AND ADDRESS		FBI NO.	LEAVE BLANK						
NCF-9999 CRC-8888 CRC-7777 NCF-6666									
NCF-8888 CRC-9999 CRC-5555 NCF-4444									
NCF-3333 CRC-4444 CRC-3333 NCF-5555		ARMED FORCES NO.	CLASS _____						
		MNU	REF. _____						
REASON FINGERPRINTED		SOCIAL SECURITY NO.							
Residential Care or Nursing Home, Owner		000-00-0000							
PL 92-544 (SCAA SEC. 44-7-264)		MISCELLANEOUS NO.							
		MNU							

(Note: This example of the card was truncated to save space by eliminating this part of the section where fingerprints would normally appear.)

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3. **Application Form:** Without submitting this form to our office we have no way of knowing if there is a problem with your result. We cannot emphasize enough the importance of completing the Health Care Owner-Electronic Scan Applicant Information form and mailing it to our Department (see Section G for form). Completing this form will ensure that the Department can match the background check results with the facilities for which the applicant is authorized to sign the application. The form is also used to track your results after you have been scanned and take action should a problem occur with the system (see Section D, Results Not Received and a Rejected Scan). Mailing instructions are included on the form. An example of the form is included as Section G in these procedures. The form is also located on our Website at <http://www.scdhec.gov/health/licen/crc.htm> .

4. **Payment:** The cost for the fingerprint scan is **\$51.50** (\$25 SLED + \$16.50 FBI + \$10 L-1 Enrollment Services). Make business check or money order payable to L-1 Enrollment Services. Credit cards are also accepted. For other types of payment, contact L-1 Enrollment Services.

5. **Mailing Instructions:** Mail the fingerprint card and payment to the following address:

L-1 Enrollment Services
Attn: SC DHEC Card Scan
1650 Wabash Ave Suite D
Springfield, IL 62704

D. RESULTS NOT RECEIVED AND A REJECTED SCAN: We cannot emphasize enough the importance of completing the Health Care Owner-Electronic Scan Applicant Information form and mailing it to our Department (see Sections B.1 or C.3 regarding the appointment form and Section G for the form). The form is used by our Department to track your results after you have been scanned and take action should a problem occur with the system. Generally there are three problems that can occur with an electronic fingerprint scan.

1. The wrong agency routing number (ORI) was selected when you made your appointment and the results were sent to the wrong Agency.

2. A technical problem has occurred and the result is lodged in the system.

3. The scan was rejected as the fingerprints are unable to be scanned. In the event a scan is rejected by the FBI, South Carolina SLED will notify L-1 Enrollment Services and they will contact the applicant directly by mail to inform them that their scan was rejected. They will reschedule the applicant for a second scan. The applicant will need to bring a copy of the transaction receipt that was provided to them at the time of the first scan in order to avoid being charged again. Figure 3 below is an example of the transaction receipt.

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Figure 3
Transaction Receipt



**South Carolina
Easy Path
Fingerprinting Services**



Applicant Name: _____
Last First Initial

Agency: _____

Amount Paid: _____ Transaction #: _____

Date: _____ Operator ID: _____

Within 5 days after receiving your Health Care Owner-Electronic Scan Applicant Information form (see Section G), we will check to see if your results have come in. If for any reason our Department has not received your results, we will contact you and ask that we be provided with your full name, date of birth, date of the fingerprint scan, and a copy the transaction receipt (or transaction number). We will contact SCSLED and/or the FBI for resolution.

E. ASSISTANCE

1. **DHEC Contact Information:** The Bureau of Health Facilities Regulation has staff available to answer questions and to assist you with these procedures. You can contact our office by writing to SCDHEC, Bureau of Health Facilities Regulation, 2600 Bull Street, Columbia, SC, 29201; calling our office at (803) 545-4049; (803) 545-4370 or by e-mail at FORDSR@dhec.sc.gov.

2. **L-1 Enrollment Services Contact Information:** If you have questions regarding fingerprint scanning, please contact L-1 Enrollment Services at their toll free number 1-866-254-2366.

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**F. §44-7-264 CRIMINAL RECORD CHECKS REQUIRED FOR NURSING HOME
AND COMMUNITY RESIDENTIAL CARE LICENSURE**

Section [44-7-264](#). (A) To obtain a license to operate a nursing home or a community residential care facility the person, or persons, required to sign the application for licensure pursuant to Section [44-7-270](#) shall undergo a state and national fingerprint-based criminal records check.

(B)(1) A nursing home license or community residential care facility license must not be issued to the applicant, and if issued, may be revoked, if the person or any one of the persons required to undergo a criminal records check pursuant to subsection (A) is required to register under the sex offender registry pursuant to Section [23-3-430](#) or has been convicted of:

- (a) abuse, neglect, or exploitation of a child or vulnerable adult, as defined in Section [43-35-10](#);
- (b) any violent crime, as defined in Section [16-1-60](#);
- (c) any other drug related felony;
- (d) forgery, embezzlement, or breach of trust with fraudulent intent, as classified in Section [16-1-90](#)(E); or
- (e) a criminal offense similar in nature to the crimes listed in this subsection committed in another jurisdiction or under federal law.

(2) This section does not prohibit obtaining licensure when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in this section has been pardoned. However, notwithstanding the entry of a pardon, the department may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for licensure for a community residential care facility.

(C) Criminal records checks required pursuant to this section must consist of a fingerprint-based records check conducted by the South Carolina Law Enforcement Division (SLED) for the state check and a fingerprint-based records check conducted by the Federal Bureau of Investigation (FBI) for the national check. An applicant shall submit with the criminal records check application one complete set of the applicant's fingerprints in a manner specified by SLED. Fingerprints submitted to SLED pursuant to this section must be collected in a manner specified by SLED and must be used to conduct a state criminal records check by SLED and to facilitate a national criminal records check by the FBI. SLED is authorized to retain the fingerprints for licensing purposes and for notification of the department regarding criminal charges. The actual cost of obtaining state and national criminal records checks by SLED and the FBI must be paid by the licensure applicant directly to the required entity as specified by SLED."

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G. HEALTH CARE OWNER-ELECTRONIC SCAN APPLICANT INFORMATION



**Health Care Owner–Electronic Scan Applicant Information
Bureau of Health Facilities Regulation**

Upon Completion of Form, Please Mail To: SCDHEC - FBI Program
Health Facilities Regulation
2600 Bull Street
Columbia, SC 29201

FEES and CODING: \$51.50 SCDHEC01Z – Owner (Nursing Home or Community Residential Care)
Reason Fingerprinted: Residential Care or Nursing Home, Owner PL 92-544 (SCAA SEC. 44-7-264)
(NOTE: DO NOT SEND PAYMENT TO OUR DEPARTMENT. CONTACT L1 ENROLLMENT SERVICES REGARDING PAYMENTS AS YOU ARE PAYING THEM DIRECTLY)

APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Daytime Contact # _____

LICENSE INFORMATION: Identify the license number and expiration date for each facility that this background check will apply (i.e. NCF-9999 08/31/2010). Attach additional sheet if more space is needed.

License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____
License #: _____	Expires: _____	License #: _____	Expires: _____

DHEC 0286 (03/2012)

[Records Retention Schedule 12-307]

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**Instructions
Health Care Owner–Electronic Scan Applicant Information
Bureau of Health Facilities Regulation**

Purpose: the purpose of this form is to assist the Department in ensuring that the date the background check is completed falls within the effective and expiration dates of the license in order for the licenses that are to be renewed in accordance with §44-7-264 "Criminal Record Checks Required For Nursing Home And Community Residential Care Licensure".

(NOTE: DO NOT SEND PAYMENT TO OUR DEPARTMENT. CONTACT L1 ENROLLMENT SERVICES REGARDING PAYMENTS AS YOU ARE PAYING THEM DIRECTLY)

Applicant Information: Enter name, address, city, state and zip in the appropriate spaces provided. Enter daytime contact phone number in the appropriate space provided.

License Number Information: Enter the license number that was issued by the Department for each facility the background check is to be applied followed by the expiration date of the license.

Mail Instructions: Mail application to SCDHEC - FBI Program, Health Facilities Regulation, 2600 Bull Street, Columbia, SC, 29201

OFFICE MECHANICS AND FILING: This is a routine form that is used by the Department to gather information to match with the electronic fingerprint scan. This form is for public use and is retained by the Department until no longer needed in accordance with the established records retention schedule. The person completing the form may retain a copy for their records or destroy it when no longer needed.