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To: Community Residential Care, Hospice and Home Health Agency Administrators

From: Dennis L. Gibbs, Director
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Subject: Level of Care Criteria for Residents of Community Residential Care Facilities

Section 801., Regulation 61-84, Standards for Licensing Community Residential Care Facilities, list requirements for individuals eligible for admission and retention in community residential care facilities. Section 801.B., states, "The facility shall admit and retain only those persons whose needs can be met by the accommodations and services provided. "Section 801.C.3., states, "Persons not eligible for admission/retention are: Any person needing hospitalization or nursing care." Section 801.D., states, "Residents whose condition changes to a degree that nursing home care may be required, ... shall be examined by physician or other authorized healthcare provider regarding the possible necessity for transfer to a facility where the resident's eligibility for admission is appropriate." Section 801.C.4., states, "Anyone needing the continuous daily attention of a facility staff licensed nurse. Nursing care may be furnished to residents in need of short-term intermittent nursing care while convalescing from illness or injury, provided the nursing services are not furnished by facility staff members, e.g., the utilization of home health nurses for sterile dressing changes or for observation related to surgical site." Section 801.E. states, "When the provision of care/services in the facility, combined with other appropriately licensed services, in accordance with facility policy, e.g., hospice, home health, as may be ordered by a physician or other authorized health care provider, does not meet the needs of the resident, or if any resident becomes in need of continuous medical or nursing supervision, or the facility does not have the capability to provide necessary care/services, the resident shall be transferred within 30 days to a location which shall meet those needs. The administrator shall coordinate this transfer with the resident, next-of-kin/responsible party, and sponsor."

Representatives from the Department of Health and Environmental Control, Department of Health and Human Services, Department of Mental Health, Board of Long Term Health Care Administrators, South Carolina Home Care Association, Carolina's Center for Hospice and End of Life Care, South Carolina Association of Residential Care Homes, South Carolina Association of Non-Profit Homes for The Aging, South Carolina Health Care Association, and other licensed providers have met and discussed what constitutes Community Residential Care Facility and Nursing Home levels of care.

The following guidance material was developed based on discussions during those meetings and subsequent comments received by the Department:

An individual **will not be allowed to be admitted or remain** in a licensed Community Residential Care Facility when the resident requires one of the following. This list should be used for guidance and does not contain all situations that require evaluation of a resident for Nursing Home or other appropriate placement.

1. Daily skilled monitoring/observation due to an unstable or complex medical condition, e.g., brittle diabetics, dialysis patients with complications such as infections in the blood.

2. Serious aggressive, violent or socially inappropriate behavioral symptoms which can not be controlled or improved in the facility.

3. Medications that require frequent dosage adjustment, regulation and monitoring, e.g., diabetics receiving sliding scale insulin.

4. Intravenous medications or fluids, regular intra-muscular and subcutaneous injections by staff. This does not include injections administered on a part-time or intermittent basis by non-staff licensed nurses. Routine injection(s) scheduled daily or less frequently of insulin do not qualify. A staff licensed nurse may administer influenza and vitamin B-12 injections and perform tuberculin skin tests.

5. Care of urinary catheter that can not be managed independently by the resident.

6. Treatment of stage 2, 3 or 4 decubitus, or multiple pressure sores or other widespread skin disorder (Important considerations include: Signs of infections, full thickness tissue loss, or requirement of sterile technique.)

7. Nasogastric tube feeding or having to be fed by a syringe or straw due to difficulties in swallowing. Gastrostomy tube feedings that can not be managed independently by the resident

8. Suctioning of the nose and/or mouth.

9. Tracheostomy or sterile care of the tracheostomy that can not be managed independently by the resident.

10. Receiving oxygen for the first time, which requires adjustment and evaluation of oxygen concentration.

11. Dependency in all activities of daily living for more than 14 days, for example, bedridden; incapable of locomotion; unable to transfer; totally incontinent of urinary and/or bowel function; must be totally bathed and dressed and toileted and need extensive assistance to eat. The facility should develop a transfer plan by the tenth day of total dependency for transfer on the fifteenth day if the resident is not improving.

12. Sterile dressing changes. Non-staff licensed nurses may perform these for 7 days before discharge is appropriate.

The facility must also meet all the requirements of the Bill of Rights for Residents of Long-Term Care Facilities, Omnibus Adult Protection Act, and the Alzheimer's Special Care Disclosure Act during admission, care, and transferring of residents to another facility. The Bill of Rights for Residents of Long-Term Care Facilities stipulates a resident may be discharged or transferred to another facility against their wishes for the resident's welfare, the welfare of other residents and for medical reasons. The resident must be given at least 30 days written notice, unless the discharge or transfer is for the welfare of the other residents. In that case a written notice within a reasonable time is required. The Omnibus Adult Protection Act defines neglect as the failure or omission of a caregiver to provide the care, goods or services necessary to maintain the health or safety of a vulnerable adult including but not limited to, food, clothing, medicine, shelter, supervision and medical services. The Alzheimer's Special Care Disclosure Act requires facilities to disclose to the responsible party the form of care or treatment provided that distinguishes it as being especially applicable to or suitable for persons with Alzheimer's disease. The Department will consider all relevant factors, including physicians' orders and personal preferences for placement when evaluating resident care and placement.

JLP/roc