

# Regulation 61-125

## Standards for Licensing Crisis Stabilization Unit Facilities

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S.C. Department of Health and  
Environmental Control

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## SECTION 100 – DEFINITIONS AND LICENSURE

### 101. Definitions.

For the purpose of this regulation, the following definitions shall apply:

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing infliction of physical injury on a patient 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 of a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional. Physical abuse does not include altercations or acts of assault between patients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a patient or within the patient's hearing distance, regardless of the patient'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. Administrator. The staff member designated by the licensee to have the authority and responsibility to manage the facility, and is in charge of all functions and activities of the facility.

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

D. Annual. A time period that requires an activity to be performed at least every twelve to thirteen (12 to 13) months.

E. Assessment. A procedure for determining the nature and extent of the problems and needs of a patient or potential patient 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 plan of care ("IPC").

F. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina as a physician, advanced practice registered nurse, or physician assistant to provide specific treatments, care, or services to patients.

G. Blood Assay for *Mycobacterium tuberculosis* ("BAMT"). A general term to refer to *in vitro* diagnostic tests that assess for the presence of tuberculosis ("TB") infection with *M. tuberculosis*. This term includes, but is not limited to, IFN- $\gamma$  release assays ("IGRA").

H. Contact Investigation. Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection ("LTBI") or TB disease, and treatment of these persons, as indicated.

I. Controlled Substance. A medication or other substance included in Schedule I, II, III, IV, and V of the Federal Controlled Substances Act or the South Carolina Controlled Substances Act.

J. Consultation. A visit by Department representatives who will provide information to the licensee with the goal of facilitating compliance with these regulations.

K. Crisis Stabilization Unit Facility (“CSU”). A facility, other than a health care facility, operated by the Department of Mental Health, or operated in partnership with the Department of Mental Health that provides a short-term residential program, offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.

L. Department. The S.C. Department of Health and Environmental Control (“DHEC”).

M. Designee. A staff member designated by the administrator to act on his or her behalf.

N. Direct Care Staff. Those individuals who are employees (full- and part-time) of the facility who provide direct treatment, care, and services to patients, and those individuals contracted to provide treatment, care, and services to patients.

O. Discharge. The point at which treatment, care, and services in a facility are terminated and the facility no longer maintains active responsibility for the treatment, care, and services of the patient.

P. Dispensing Medication. The transfer of possession of one (1) or more doses of a medication or device by a licensed pharmacist or individual as permitted by law, to the ultimate user or his or her agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by a patient.

Q. Elopement. An instance when a patient who is physically, mentally, or chemically impaired wanders, walks, runs away, escapes, or otherwise leaves the CSU unsupervised or unnoticed.

R. Exploitation. 1) Causing or requiring a patient to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a patient. Exploitation does not include requiring a patient to participate in an activity or labor that is a part of a written individual plan of care or prescribed or authorized by the patient’s attending physician; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a patient by an individual for the profit or advantage of that individual or another individual; or 3) causing a patient 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 patient through cunning arts or devices that delude the patient and cause him or her to lose money or other property.

S. Facility. A Crisis Stabilization Unit Facility licensed by the Department.

T. Health Assessment. An evaluation of the health status of a staff member or volunteer by a physician, other authorized healthcare provider, or registered nurse, pursuant to written standing orders and protocol approved by a physician’s signature. The standing orders and protocol shall be reviewed annually by the physician, with a copy maintained at the facility.

U. Incident. An unusual unexpected adverse event in the facility or on facility grounds, including any accidents, that could potentially cause harm, injury, or death to patients or staff members.

V. Individual Plan of Care (“IPC”). A documented regimen of appropriate care and services or written action plan prepared by the facility for each patient based on the patient’s needs and preferences to be implemented for the benefit of the patient.

W. Inspection. A visit by Department representatives for the purpose of determining compliance with this regulation.

X. Investigation. A visit by Department representatives to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to statutory and regulatory compliance.

Y. Latent TB Infection (“LTBI”). Infection with *M. tuberculosis*. Persons with Latent TB Infection carry the organism that causes TB but do not have TB disease, are asymptomatic, and are noninfectious. Such persons usually have a positive reaction to the tuberculin skin test and/or positive BAMT.

Z. Legend Drug.

1. A drug when, under federal law, is required, prior to being dispensed or delivered, to be labeled with any of the following statements:

a. “Caution: Federal law prohibits dispensing without prescription”;

b. “Rx only” or;

2. A drug which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any drug products considered to be a public health threat, after notice and public hearing as designated by the S.C. Board of Pharmacy; or

4. Any prescribed compounded prescription drug within the meaning of the S.C. Pharmacy Practice Act.

AA. License. The authorization to operate a facility as defined in this regulation and as evidenced by a current certificate issued by the Department to a facility.

BB. Licensed Nurse. A person to whom the S.C. Board of Nursing has issued a license as a registered nurse or licensed practical nurse or an individual licensed as a registered nurse or licensed practical nurse who resides in another state that has been granted multi-state licensing privileges by the S.C. Board of Nursing may practice nursing in any facility or activity licensed by the Department subject to the provisions and conditions as indicated in the Nurse Licensure Compact Act.

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

DD. Medication. A substance that has therapeutic effects, including, but not limited to, legend, non-legend, herbal products, over-the counter, nonprescription, vitamins, and nutritional supplements.

EE. Neglect. The failure or omission of a direct care staff member to provide the care, goods, or services necessary to maintain the health or safety of a patient including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Failure to provide adequate supervision resulting in harm to patients, including altercations or acts of assault between patients, 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.

FF. Non-legend Drug. A drug which may be sold without a prescription and which is labeled for use by the consumer in accordance with state and federal law.

GG. Patient. Any individual, other than staff members, volunteers or owners and their family members, who resides in a facility.

HH. Physical Examination. An examination of a patient by a physician or other authorized healthcare provider that meets the requirements set forth in Section 1100 of this regulation.

II. Physician. An individual currently licensed to practice medicine by the S.C. Board of Medical Examiners.

JJ. Physician Assistant. An individual currently licensed as such by the S.C. Board of Medical Examiners.

KK. Quality Improvement Program. The process used by a facility to examine its methods and practices of providing care and services, identify the ways to improve its performance, and take actions that result in higher quality of care and services for the facility's patients.

LL. Quarterly. A time period that requires an activity to be performed at least four (4) times a year within intervals ranging from eighty-one to ninety-nine (81 to 99) days.

MM. Restraint. Any means by which movement of a patient is inhibited, whether physical, mechanical, or chemical. In addition, devices shall be considered a restraint if a patient is unable to easily release from the device.

NN. Revocation of License. An action by the Department to cancel or annul a facility license by recalling, withdrawing, or rescinding the facility's authority to operate.

OO. Screening. The process by which the facility, prior to admission, determines a prospective patient requires the level of services and active treatment provided by the CSU.

PP. Self-Administration. A procedure by which any medication is taken orally, injected, inserted, or topically or otherwise administered by a patient to himself or herself without prompting. The procedure is performed without assistance and includes removing an individual dose from a previously dispensed and labeled container (including a unit dose container), verifying it with the directions on the label, taking it orally, injecting, inserting, or applying topically or otherwise administering the medication.

QQ. Staff Member. An adult, to include the administrator, who is a compensated employee of the facility on either a full- or part-time basis, including those in partnership or contracted with the S.C. Department of Mental Health ("SCDMH").

RR. Suspension of License. An action by the Department requiring a facility to cease operations for a period of time or to require a facility to cease admitting patients, until such time as the Department rescinds that restriction.

SS. Tuberculosis Risk Assessment. An initial and ongoing evaluation of the risk for transmission of *M. tuberculosis* ("TB") in a particular healthcare setting. To perform a risk assessment, the following factors shall be considered: the community rate of TB, number of TB patients encountered in the setting, and the



speed with which patients with TB disease are suspected, isolated, and evaluated. The TB risk assessment determines the types of administrative and environmental controls and respiratory protection needed for a setting.

TT. Volunteer. An individual who performs a task at the facility at the direction of the administrator or his or her designee without compensation.

## **102. Licensure. (II)**

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise or market) as a crisis stabilization unit facility in South Carolina without first obtaining a license from the Department. The facility shall not admit patients prior to the effective date of the license. When it has been determined by the Department that treatment, care, or services are being provided at a location, and the owner has not been issued a license from the Department to provide such treatment, care, and services the owner shall cease operation immediately and ensure the safety, health, and well-being of the patients. Current or previous violations of the S.C. Code or Department regulations may jeopardize the issuance of a license for the facility or the licensing of any other facility, or addition to an existing facility which is owned and/or operated by the licensee. The facility shall provide only the treatment, care, and services it is licensed to provide pursuant to the definition in Section 101.L of this regulation. (I)

B. Compliance. An initial license shall not be issued to a proposed facility until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing standards. In the event a licensee who already has a facility or activity licensed by the Department makes application for another facility or increase in licensed bed capacity, the currently licensed facility or activity shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility or amended license to the existing facility. A copy of the licensing standards shall be maintained at the facility and accessible to all staff members and volunteers. Facilities shall comply with applicable local, State, and Federal laws, codes, and regulations.

C. Licensed Bed Capacity. No facility that has been authorized to provide a set number of licensed beds, as identified on the face of the license, shall exceed the bed capacity. No facility shall establish new care or services or occupy additional beds or renovated space without first obtaining authorization from the Department. Licensed beds shall not be utilized by any individuals other than facility patients.

### **D. Issuance and Terms of License.**

1. The license issued by the Department shall be posted in a conspicuous place in a public area within the facility.

2. The issuance of a license does not guarantee adequacy of individual care, services, personal safety, fire safety, or the well-being of any patient or occupant of a facility.

3. A license is not assignable or transferable and is subject to revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this state.

4. A license shall be effective for a specified facility, at a specific location, for a specified period following the date of issue as determined by the Department. A license shall remain in effect until the Department notifies the licensee of a change in that status.

5. Facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, shall not be considered as dividing otherwise adjoining or contiguous property. For facilities owned by the same entity, separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

6. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity.

E. Facility Name. No proposed facility shall be named nor shall any existing facility have its name changed to the same or similar name as any other facility licensed in South Carolina.

F. Application. Applicants for a license shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application shall include both the applicant's oath assuring that the contents of the application are accurate and true, and that the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; by two (2) officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit. The application shall set forth the full name and address of the facility for which the license is sought and of the owner in the event his or her address is different from that of the facility, and the names of the persons in control of the facility. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Corporations or limited partnerships, limited liability companies or any other organized business entity shall be registered with the S.C. Secretary of State's Office if required to do so by state law. (II)

G. Required Documentation. The application for initial licensure shall include:

1. Completed application;
2. Proof of ownership of real property in which the facility is located, or a rental or lease agreement allowing the licensee to occupy the real property in which the facility is located;
3. Proof the facility is operated by the SCDMH or operated in partnership with the SCDMH;
4. Business license (where applicable);
5. Zoning letter (where applicable);
6. Verification of emergency evacuation plan (see Section 1400); and
7. Verification of administrator's qualifications.

H. Licensing Fees. Each applicant shall pay a license fee prior to the issuance of a license. The annual license fee shall be ten dollars (\$10.00) per licensed bed or seventy-five dollars (\$75.00), whichever is greater. Annual licensing fees shall also include any outstanding inspection fees. All fees are non-refundable, shall be made payable by check or credit card to the Department or online, and shall be submitted with the application. (II)

I. Licensing Late Fee. Failure to submit a renewal application and fee to the Department by the license expiration date shall result in a late fee of seventy-five dollars (\$75.00) or twenty-five percent (25%) of the licensing fee amount, whichever is greater, in addition to the licensing fee. Failure to submit the licensing

fee and licensing late fee to the Department within thirty (30) days of the license expiration date shall render the facility unlicensed. (II)

J. License Renewal. For a license to be renewed, applicants shall file an application with the Department, shall pay the license fee, and shall not have pending enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license shall be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable. Annual license fees shall also include any outstanding inspection fees.

K. Amended License. A facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

1. Change of licensed bed capacity;
2. Change of facility location from one geographic site to another; or
3. Changes in facility name or address (as notified by the post office).

L. Change of Licensee. A facility shall request issuance of a new license by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name; or
2. A change of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.

M. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where the Department determines the health, safety, and well-being of the patients are not compromised, and provided the standard is not specifically required by statute.

## **SECTION 200 – ENFORCEMENT OF REGULATIONS**

### **201. General.**

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

### **202. Inspections and Investigations.**

A. Inspections by the Department shall be conducted prior to initial licensing of a facility and subsequent inspections conducted as deemed appropriate by the Department. (I)

B. All facilities are subject to inspection and investigation at any time without prior notice by individuals authorized by South Carolina Code of Laws. When staff members and patients are absent, the facility shall post information at the entrance of the facility to those seeking legitimate access to the facility, including visitors. The posted information shall include contact information and the expected time of return of the staff members and patients. The contact information shall include the name of a designated contact and his or her telephone number. The telephone number for the designated contact shall not be the facility's telephone number. (I)

C. Individuals authorized by South Carolina law shall be allowed to enter the facility for the purpose of inspection and/or investigation and granted access to all properties and areas, objects, requested records, and documentation at the time of the inspection or investigation. The Department shall have the authority to require the facility to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings. Physical area of Department inspections and investigations shall be determined by the Department based on the potential impact or effect upon patients. (I)

D. When there is noncompliance with the licensing standards, the facility shall submit an acceptable plan of correction in a format determined by the Department. The plan of correction shall be signed by the administrator and returned by the date specified on the report of inspection or investigation. The 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 inspections. The fee for initial and routine inspections shall be seventy-five dollars (\$75.00) plus five dollars (\$5.00) per licensed bed. The fee for a bed increase is ten dollars (\$10.00) per licensed bed. The fee for follow-up inspections shall be sixty dollars (\$60.00) plus five dollars (\$5.00) per licensed bed.

F. The licensee shall pay the following inspection fees during the construction phase of the project. The plan inspection fee is based on the total estimated cost of the project whether new construction, an addition, or a renovation. The fees are detailed in the table below.

<b>Construction Inspection Fees</b>	
<b>Plan Inspection</b>	
<b>Total Project Cost</b>	<b>Fee</b>
< \$10,001	\$750
\$10,001 - \$100,000	\$1,500
\$100,001 - \$500,000	\$2,000
> \$500,000	\$2,500 plus \$100 for each additional \$100,000 in project cost
<b>Site Inspection</b>	
50% Inspection	\$500
80% Inspection	\$500
100% Inspection	\$500

**203. Consultations.**

Consultations may be provided by the Department as requested by the facility or as deemed appropriate by the Department.

## SECTION 300 – ENFORCEMENT ACTIONS

### 301. 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 such facility, the Department, upon proper notice to the licensee, may deny, suspend, or revoke licenses, or assess a monetary penalty, or both.

### 302. Violation Classifications.

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that present an imminent danger to the health, safety, or well-being of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or 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 the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that 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 shall 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. 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 shall be considered a subsequent violation.

D. The notations “(I)” or “(II)”, placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In determining an enforcement action the Department shall consider the following factors:

1. Specific conditions and their impact or potential impact on health, safety or well-being of the patients including, but not limited to: deficiencies in medication management; critical waste water problems; housekeeping, maintenance, or fire and life safety-related problems that pose a health threat to the patients; power, water, gas, or other utility and/or service outages; patients exposed to air temperature extremes that jeopardize their health; unsafe condition of the building or structure; indictment of an administrator for malfeasance or a felony, which by its nature indicates a threat to the patients; direct evidence of abuse, neglect, or exploitation; lack of food or evidence that the patients are not being fed properly; no staff available at the facility with patients present; unsafe procedures and/or treatment being practiced by staff; (I)

2. Repeated failure of the licensee or facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services; (II)

3. Efforts by the facility to correct cited violations;

4. Overall conditions of the facility;
5. History of compliance; and
6. Any other pertinent conditions that may be applicable to current statutes and regulations.

F. When imposing a monetary penalty, the Department may invoke S.C. Code Section 44-7-320(C) to determine the dollar amount or may utilize the following schedule:

<b>FREQUENCY OF VIOLATION</b>	<b>CLASS I</b>	<b>CLASS II</b>	<b>CLASS III</b>
1st	\$500-1,500	\$300-800	\$100-300
2nd	1000-3000	500-1500	300-800
3rd	2000-5000	1000-3000	500-1500
4th	5000	2000-5000	1000-3000
5th	5000	5000	2000-5000
6th	5000	5000	5000

#### **SECTION 400 – POLICIES AND PROCEDURES**

A. The facility shall maintain written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The written policies and procedures shall be implemented and reflect current facility practice regarding care, treatment, procedures, services, record keeping and reporting, admission and transfer, physician services, nursing services, social services, patient rights and assurances, medication management, pharmaceutical services, meal service operations, emergency procedures, fire prevention, maintenance, housekeeping and infection control, operation of the facility, and other special care and procedures as identified in this section. The policies and procedures shall address the provision of any special care offered by the facility that would include how the facility shall meet the specialized needs of the affected patients. The facility shall have written policies and procedures to address patient exit-seeking and elopement, including prevention and actions to be taken in the event of occurrence, and to control the use and application of physical restraints and all facility practices that meet the definition of a restraint. (II)

B. All policies and procedures shall be accessible to facility staff, printed or electronically, at all times.

C. 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 and signed by the administrator.

## SECTION 500 – STAFF AND TRAINING

### 501. General. (II)

A. Before being employed or contracted as a staff member or volunteer, a direct caregiver shall undergo a criminal background check pursuant to S.C. Code Section 44-7-2910. Staff members and volunteers of the facility shall not have a prior conviction or pled no contest (*nolo contendere*) to unlawful conduct toward a child, as defined by S.C. Code Section 63-45-70; abuse, neglect, or exploitation of a vulnerable adult, as defined by S.C. Code Sections 43-35-10, et seq.; or any similar criminal offense. (I)

B. The facility shall define in writing the responsibilities, qualifications, and competencies of staff for all positions. The facility shall ensure that the type and number of staff are:

1. Properly licensed or credentialed in the professional field as required for assigned job duties;
2. Present in numbers to provide services, support, care, and treatment to individuals as required; and
3. Trained as necessary to perform the duties for which they are responsible in an effective manner.

C. Staff members shall have at least the following qualifications: (I)

1. Capable of rendering care and services to patients; and
2. Capable of following applicable regulations.

D. The facility shall maintain current information regarding all staff members, to include:

1. Name, address, and telephone number;
2. Date of hire and date of initial patient contact;
3. Past employment, experience, and education;
4. Professional licensure or credentials; and
5. Job description signed by the staff member.

E. 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 describing 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 patient treatment, care, and services.

### 502. Administrator. (II)

A. Each facility shall have a full-time administrator who is responsible for the overall management and operation of the facility and has at least a bachelor's degree in the human services field or nursing.

B. A staff member shall be designated in writing to act in the absence of the administrator, such as, a listing of the lines of authority by position title, including the names of the persons filling these positions.

C. The facility shall notify the Department in writing within seventy-two (72) hours of any change in administrator status and shall provide the Department the name of the newly-appointed administrator, the effective date of the appointment, and the hours each day the individual will be working as the administrator of the facility.

### **503. Staff. (I)**

A. There shall be at least one (1) registered nurse immediately accessible by phone and available to be in the facility within thirty (30) minutes at all times patients are present in the facility.

B. There shall be at least one (1) staff member on duty for each eight (8) patients or a fraction thereof. All staff members on duty shall be awake and dressed at all times. Staff members shall be able to appropriately respond to patient needs.

C. In a facility with multiple floors or buildings, there shall be a staff member available on each floor and/or building at all times patients are present on that floor or in that building.

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

A. All staff and volunteers in the facility shall complete the required SCDMH training in accordance with specific duties and responsibilities outlined in their job description. Training shall be documented in a staff or volunteer record and maintained at the facility.

B. The documentation of all inservice training shall include topic, training source, duration, and shall be signed and dated by the trainer and trainee. A signature by the trainee and the individual providing the training may be omitted for computer-based training. Training shall be provided by qualified persons and electronic media to all staff members and volunteers in the context of their job duties. All required training shall be completed prior to patient contact and at a frequency determined by the SCDMH, but at least annually unless otherwise specified by certificate, for example, cardiopulmonary resuscitation. Training for each staff and volunteer of the facility whose responsibilities include direct patient care shall include:

1. Basic first-aid to include emergency procedures as well as procedures to manage and care for minor accidents and injuries (non-nursing staff only);

2. Management and care of persons with contagious and/or communicable disease (non-nursing staff only);

3. OSHA standards regarding bloodborne pathogens;

4. Medication management including storage, interactions, and adverse reactions (as applicable to job duties);

5. Assessment and prevention of suicide;

6. Crisis interventions and treatment;

7. Patient rights and grievance procedures;

8. Confidentiality of patient information and records;

9. Abuse, neglect, and exploitation;



10. Elopement;
11. Use of restraint techniques that promote patient safety, including alternatives to physical restraints, in accordance with the provisions of Section 903;
12. Fire response training within twenty-four (24) hours of their first day on the job in the facility (see Section 1503); and
13. Emergency procedures and disaster preparedness to address various types of potential disasters within twenty-four (24) hours of initial patient contact (see Section 1400).

**505. Job Orientation.**

All staff members and volunteers shall have documented orientation to the purpose and environment of the facility within twenty-four (24) hours of their first day on the job in the facility. (I)

**506. Health Status. (I)**

A. All staff members and volunteers who have contact with patients, including food service staff and volunteers, shall have a documented health assessment within twelve (12) months prior to initial patient contact. The health assessment shall include tuberculin skin testing as described in Section 1702.

B. If a staff member or volunteer is working at multiple facilities operated by the same licensee, copies of the documented health assessment shall be accessible at each facility. For any other staff member or volunteer, a copy of the tuberculin skin testing shall be acceptable provided the test had been completed within three (3) months prior to patient contact.

**SECTION 600 – REPORTING**

**601. Incidents.**

A. The facility shall document every incident, and include an incident review, investigation or evaluation, as well as corrective action taken, if any. The facility shall retain all documented incidents reported pursuant to this section for six (6) years after the patient involved is last discharged.

B. The facility shall report the following types of incidents to the Department within twenty-four (24) hours of the incident on the Department’s electronic reporting system or as otherwise determined by the Department. In addition to reporting to the Department, the facility shall immediately, within twenty-four (24) hours, notify the attending physician and emergency contact of patients or staff injured or affected by one of the following incidents, and shall immediately, within twenty-four (24) hours, notify local law enforcement of a patient elopement. Incidents requiring immediate, within twenty-four (24) hours, reporting to the Department, other specified individuals, and to appropriate authorities, include, but are not limited to, the following:

1. Crimes against patients;
2. Confirmed or suspected abuse, neglect, or exploitation;
3. Medication errors with adverse reaction;

4. Hospitalization or death resulting from the incident;
5. Severe hematoma, laceration or burn requiring medical attention or hospitalization;
6. Bone or joint fracture;
7. Severe injury;
8. Attempted suicide;
9. Fire; (II)
10. Natural disaster; (II)
11. Displacement or relocation of patients; and
12. Elopement.

C. The facility shall submit a separate written investigation report within five (5) days of every incident required to be immediately reported to the Department pursuant to Section 601.B via the Department's electronic reporting system or as otherwise determined by the Department. The facility's investigation report to the Department shall at least include, but is not limited to, the following information about the incident: incident type, description, date, location, number of patients, staff, and visitors injured or affected, patients' age, gender, record numbers or last four (4) digits of Social Security number, names of any witnesses, and identified cause of incident or internal investigation results.

D. The facility shall immediately notify a patient's attending physician and emergency contact within twenty-four (24) hours of significant changes in a patient's condition and shall document the significant changes and notification in the patient's record. (I)

E. The facility shall maintain documentation that all reporting of abuse, neglect, and exploitation of adults is conducted in accordance with S.C. Code Section 43-35-25.

## **602. Closure and Zero Census.**

A. The facility shall notify the Department in writing prior to permanent closure of the facility and shall provide the effective closure date. The facility shall return its license to the Department on the date of closure. The facility shall notify the Department in writing within ten (10) days of closure on provisions for records maintenance and identification of displaced patients and their relocation.

B. The facility shall notify the Department in writing within fifteen (15) days prior to a temporary closure or within twenty-four (24) hours if the temporary closure is due to an emergency and provide the reason for the temporary closure, patient relocations, records maintenance plan, and anticipated reopening date. Facilities that are temporarily closed longer than one (1) year shall reapply for licensure with the Department and be subject to all applicable licensing and construction requirements for new facilities.

C. The facility shall notify the Department in writing if there have been no patients in the facility for any reason for ninety (90) days or more no later than one hundred (100) days after the last patient is discharged. Facilities that are zero census longer than one (1) year shall reapply for licensure with the Department and be subject to all applicable licensing and construction requirements for new facilities.

## SECTION 700 – PATIENT RECORDS

### 701. Content. (II)

A. The facility shall initiate and maintain on site an organized record for each patient. The record shall contain sufficient documented information to identify the patient and the agency and/or person responsible for each patient; support the diagnosis and secure the appropriate care and services (as needed); justify the care and services provided to include the course of action taken and results; the symptoms or other indications of sickness or injury; changes in physical and/or mental condition; the response and/or reaction to care, medication, and diet provided; and promote continuity of care among providers, consistent with acceptable standards of practice. All entries shall be written legibly in ink, typed or electronic media, and signed, and dated.

B. If the facility permits any portion of a patient's record to be generated by electronic or optical means, there shall be policies and procedures to prohibit the use or authentication by unauthorized users.

C. Specific entries and documentation shall include at a minimum:

1. Consultations by physicians or other authorized healthcare providers;
2. Signed and dated orders and recommendations for all medication, care, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted; (I)
3. Intake screening and initial physical assessment completed by a nurse;
4. Signed and dated original consent for treatment; (I)
5. The report of the mental status examination and other mental health assessments, as appropriate;
6. Daily progress notes by the direct care staff involved in the treatment of the patient, as applicable, to include documentation of significant behavioral events and actions taken by staff; and
7. Medication management and administration, and treatment records.

### 702. Screening. (I)

A. The facility shall have written protocols for screening individuals presenting for evaluation. The facility shall maintain documentation of the rationale for the denial of admission and referral of the individual as applicable.

B. Each facility shall provide screening services on a twenty-four (24) hours per day, seven (7) days per week basis. No person shall remain in the facility for more than eight (8) hours without being admitted or denied admission.

C. Initial screening for risk of suicide or harm to self or others shall be conducted and documented for each individual presenting to the facility.

### 703. Assessments. (II)

A. A nursing assessment shall be documented for all patients admitted within twenty-four (24) hours.

B. An emotional and behavioral assessment shall be documented for all patients admitted within twenty-four (24) hours. This assessment shall be completed by a mental health professional or other unit staff under the supervision of a mental health professional.

C. A direct psychiatric evaluation, including diagnosis, shall be documented by a physician, psychiatrist, physician assistant, or advanced practice registered nurse for all patients admitted within twenty-four (24) hours.

#### **704. Individual Plan of Care. (II)**

A. An individual plan of care (“IPC”) shall be developed for each admitted patient. The plan shall be based on initial and ongoing needs, and completed within twenty-four (24) hours of admission. The IPC shall be documented in the patient’s record and shall include the following:

1. Patient’s name;
2. Diagnosis;
3. Date of IPC development;
4. Problems and strengths of the patient;
5. Individual objectives that relate to the specific problems identified;
6. Interventions that address each specific objective;
7. Signatures of direct care staff involved in the treatment of the patient and the development of the ICP;
8. Signature of the patient. Reasons for refusal to sign and/or inability to participate in IPC development shall be documented; and
9. Projected discharge date and anticipated post-discharge needs, including documentation of resources needed in the community.

B. A documented review of the IPC shall occur at least daily or upon completion of the stated goal(s) and objective(s).

#### **705. Record Maintenance.**

A. The licensee shall provide accommodations, space, supplies, and equipment for the protection, storage, and maintenance of patient records. Patient records shall be stored in an organized manner.

B. The patient record is confidential and shall be made available only to individuals authorized by the facility and/or the South Carolina Code of Laws. (II)

C. Records generated by organizations or individuals contracted by the facility for care or services shall be maintained by the facility that has admitted the patient.

D. Upon discharge of a patient, the record shall be completed within thirty (30) days, and filed in an inactive or closed file maintained by the licensee. Prior to the closing of a facility for any reason, the licensee shall arrange for preservation of records to ensure compliance with these regulations. The licensee shall notify the Department, in writing, describing these arrangements and the location of the records.

E. Records of patients shall be maintained for at least six (6) years following the discharge of the patient. Unless otherwise indicated, other regulation-required documents shall be retained at least twelve (12) months or since the last Department general inspection, whichever is the longer period.

F. Records of current patients are the property of the facility. The records of current patients shall be maintained at the facility and shall not be removed without court order.

### **SECTION 800 – ADMISSION AND RETENTION (I)**

A. Individuals seeking admission shall be appropriate for the services, treatment, and care offered. The facility shall establish admission criteria that are consistently applied and comply with the facility's policies and procedures.

B. No supervision, care, or services shall be provided to individuals who have not been admitted as patients of the facility.

C. Patient stays shall not exceed fourteen (14) consecutive calendar days.

D. A facility shall not retain any patients who primarily need detoxification services.

E. A facility shall not retain any of the following persons:

1. A patient with a psychiatric condition of such severity that it can only be safely treated in an inpatient setting;

2. A patient with an unstable medical condition of such severity that it can only be safely managed in an inpatient setting;

3. A patient that does not voluntarily consent to admission or treatment; or

4. A patient that is violent or combative, and/or posing an imminent risk to themselves or others.

### **SECTION 900 – PATIENT CARE AND SERVICES**

#### **901. General. (II)**

A. The written informed consent between the patient and the facility shall include at least the following:

1. An explanation of the specific care, services, and/or equipment provided by the facility;

2. An explanation of the conditions under which the patient may be discharged and the agreement terminated; and

3. Documentation of the explanation of the patient's rights (see Section 1000) and the grievance procedure.

B. The facility shall provide necessary items and assistance, if needed, for patients to maintain their personal cleanliness.

C. The provision of care and services to patients shall be guided by the recognition of and respect for cultural differences to ensure reasonable accommodations for patients with regard to differences, such as, but not limited to, religious practice and dietary preferences.

D. The facility shall make opportunities for participation in religious services available. Reasonable assistance in obtaining pastoral counseling shall be provided by the facility upon request by the patient.

## **902. Transportation. (II)**

The facility shall secure or provide transportation for patients when a physician's services are needed. If a physician's services are not immediately available and the patient's condition requires immediate medical attention, the facility shall provide or secure transportation for the patient to appropriate health care providers.

## **903. Safety Precautions and Restraints. (I)**

A. Periodic or continuous mechanical, physical or chemical restraints during routine care of a patient shall not be used, nor shall patients be restrained for staff convenience or as a substitute for care or services. However, in cases of extreme emergencies when a patient is posing an immediate danger to him or herself or others, mechanical and/or physical restraints may be initiated by staff of the facility to prevent harm to the patient, to other patients, or to staff, provided that use of mechanical and/or physical restraints must be ended as soon as the immediate threat of harm has ended, and in no case shall the use of restraints continue beyond one (1) hour unless ordered by a physician or other authorized healthcare provider. An order for use of restraints must provide that their use shall be discontinued as soon as the immediate threat of harm posed by the patient has ended or until appropriate medical care can be secured, but in no case shall an order be valid for more than eight (8) hours. Only those devices specifically designed as restraints may be used.

B. Emergency restraint orders shall specify the reason for the use of the restraint, the type of restraint to be used, the maximum time the restraint may be used, and instructions for observing the patient while restrained, if different from the facility's written procedures. Patients certified by a physician or other authorized healthcare provider as requiring restraint for more than eight (8) hours shall be transferred to an appropriate facility.

C. During emergency restraint, patients shall be monitored at least every fifteen (15) minutes, and provided with an opportunity for motion and exercise at least every thirty (30) minutes. Prescribed medications and treatments shall be administered as ordered, and patients shall be offered nourishment and fluids and given bathroom privileges.

D. The use of mechanical restraints shall be documented in the patient's record, and shall include the date and time implemented, the length of time restrained, observations while patient is restrained, and the requirements of Section 903.C above.

## **904. Discharge and Transfer.**

A. A discharge summary, based upon the particular needs of the patient, shall be documented and provided to the patient at the time of discharge that includes:

1. Reason(s) for discharge;
2. Specific instructions for post-discharge care; and
3. Contact information for how to access community services, if applicable.

B. Any of the following criteria is sufficient for transfer or discharge from the facility:

1. The patient manifests behavioral, substance-related, and/or psychiatric symptoms that require a less intensive level of care;
2. The patient is at imminent risk of causing serious physical harm to self or others;
3. The symptoms are a result of or complicated by a medical condition that warrants admission to a medical setting for treatment;
4. Any other medical condition or behavior which the facility staff deems unsafe for continued retention in the facility; or
5. The patient requires treatment, care, or services for longer than fourteen (14) days.

#### **SECTION 1000 – RIGHTS AND ASSURANCES**

A. The facility shall comply with all current federal, state, and local laws and regulations concerning patient care, patient rights and protections, and privacy and disclosure requirements, such as the Omnibus Adult Protection Act notice and Title VII, Section 601 of the Civil Rights Act of 1964. (I)

B. Patient rights shall be guaranteed and, at a minimum, the facility shall inform the patient of: (II)

1. The care to be provided and the opportunity to participate in care and treatment planning;
2. Grievance and complaint procedures;
3. Confidentiality of patient records;
4. Respect for the patient's property;
5. Specific coverage and non-coverage of services and of his or her liability for payment;
6. Freedom from abuse and exploitation; and (I)
7. Respect and dignity in receiving treatment, care, and services. (I)

C. A copy of the facility's patient rights shall be provided to the patient. (II)

D. Patients shall not be locked in or out of their rooms or any common usage areas in the facility, or in or out of the facility building. Exit doors may be equipped with delayed egress locks as permitted by the codes referenced in Section 1902. (I)

**EXCEPTION:** Exit doors may be locked with written approval by the Department and as permitted by the codes referenced in Section 1902.

E. The facility shall develop a grievance and complaint procedure to be exercised on behalf of the patients which includes the address and phone number of the Department, and a provision prohibiting retaliation should the grievance right be exercised. (II)

### **SECTION 1100 – PATIENT PHYSICAL EXAMINATION (I)**

A. All patients admitted to a facility shall have a signed and dated physical examination conducted by a physician or other authorized healthcare provider within twenty-four (24) hours of admission. The physical examination shall include a medical history and diagnosis supporting admission.

B. If a patient or potential patient has a communicable disease, the administrator shall seek advice from a physician or other authorized healthcare provider in order to:

1. Ensure the facility has the capability to provide adequate care and prevent the spread of that condition, and that the staff members and volunteers are adequately trained; and

2. Transfer the patient to an appropriate facility, if necessary.

### **SECTION 1200 – MEDICATION MANAGEMENT**

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

Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid, shall be properly managed in accordance with federal, state, 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, death, or transfer of a patient.

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

A. Medications and treatments, including oxygen, shall be administered to patients only upon orders of a physician or other authorized healthcare provider. Medications accompanying patients at admission may be administered to patients provided the medication is in the original labeled container and the order is subsequently obtained as a part of the admission physical examination.

B. All verbal orders shall be received by a nurse and shall be signed and dated by a physician or other authorized healthcare provider no later than three (3) business days after the order is given.

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

#### **1203. Administering Medication and/or Treatments. (I)**

A. Doses of medication shall be administered by the same nurse who prepared them for administration. Preparation shall occur no earlier than one (1) hour prior to administering. Preparation of doses for more than one (1) scheduled administration shall not be permitted. Each treatment or medication dose administered shall be recorded on the patient's medication administration record ("MAR") as it is administered, or treatment administration record ("TAR") after it is rendered. Should an ordered dose of medication or treatment not be administered or rendered, an explanation as to the reason shall be recorded on the MAR or TAR. The MAR shall be documented to include the medication name, dosage, mode of



administration, date and time of administration, and the signature of the nurse administering the medication. If the ordered dosage is to be given on a varying schedule, for example, “take two tablets the first day and one tablet every other day by mouth with noon meal,” the number of tablets shall also be recorded. The TAR shall be documented to include the type of treatment, date and time of treatment, and the signature of the nurse rendering the treatment.

B. A facility nurse may monitor patient blood sugar levels provided the facility has received a “Certificate of Waiver” from the Clinical Laboratories Improvement Amendments (“CLIA”).

C. Self-administering of medications by a patient is permitted only:

1. Upon the specific written orders of the physician or other authorized healthcare provider; and

2. The facility shall ascertain by patient demonstration to the staff and document that she or he remains capable of self-administering medications.

D. A facility may prohibit self-administration of medications and treatments.

E. At each shift change, there shall be a documented review of the MARs by the incoming and outgoing nurses to verify that medications were administered in accordance with orders, and the administrations were documented. All errors and/or omissions indicated on the MARs shall be addressed and corrective action taken at that time.

#### **1204. Medication Containers (I)**

A. Medications for patients shall be obtained from a permitted pharmacy or authorized healthcare provider as allowed by law on an individual prescription basis. These medications shall bear a label affixed to the container which reflects at least the following: name of pharmacy, name of patient, name of the prescribing physician or other authorized healthcare provider, date and prescription number, directions for use, and the name and dosage unit of the medication. The label shall be brought into accord with the directions of the physician or other authorized healthcare provider each time the prescription is refilled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal.

B. Medications for each patient shall be kept in the original containers including unit dose systems. There shall be no transferring between containers, or opening blister packs to remove medications for destruction or adding new medications for administration.

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

A. Medications shall be stored and safeguarded in a locked medicine preparation room, cabinet or cart. Medications shall be monitored and attended at all times to prevent access by unauthorized individuals. 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 locked refrigerator or freezer as appropriate at the temperature range established by the manufacturer used exclusively for that purpose. 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. In accordance with manufacturer's directions and in accordance with all applicable federal, state, and local laws and regulations;
2. Separately from poisonous substances, such as cleaning and germicidal agents, or body fluids;
3. In a manner that provides for separation between topical and oral medications, and which provides for separation of each patient's medication; and
4. 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. Unless the facility has a permitted pharmacy, legend drugs shall not be stored in the facility except those specifically prescribed for individual patients. Non-legend drugs that can be obtained without a prescription may be retained and labeled as stock in the facility for administration as ordered by a physician or other authorized healthcare provider.

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

F. Medications scheduled as Schedule II controlled substances pursuant to the federal or state 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 multidose system.

G. A facility shall maintain records of receipt, administration and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation including:

1. Separate records for controlled substances shall be maintained and include the following information: date, time administered, name of patient, dose, signature of individual administering, name of physician or other authorized healthcare provider ordering the medication, and all scheduled controlled substances balances; and
2. At each shift change, there shall be a documented review of the controlled substance records by the incoming and outgoing nurses to verify an accurate reconciliation of the controlled substances.

H. The medications prescribed for a patient shall be protected from use by any other individuals. For those patients who have been authorized by a physician or other authorized healthcare provider to self-administer medications, such medications may be kept on the patient's person, such as, a pocketbook, pocket, or any other method that would enable the patient to control the items.

**1206. Disposition of Medications (I)**

A. Upon discharge or death of a patient, a facility in possession of unused medications belonging to the patient that do not constitute a controlled substance under 21 U.S.C. Section 802(32) shall release the unused medications to the patient, family member, or responsible party, as appropriate, and shall document

the release with the signature of the person receiving the unused medications unless specifically prohibited by the attending physician or other authorized healthcare provider.

B. Upon death of a patient, a facility in possession of unused medications belonging to the patient that constitute a controlled substance under 21 U.S.C. Section 802 shall release the unused medication to an applicable person under 21 C.F.R. Section 1317.30 for disposal in accordance with requirements of the federal Drug Enforcement Administration. The facility shall document the release for disposal in the patient's record.

C. Upon discharge of a patient, a facility in possession of unused medications belonging to the patient that constitute a controlled substance under 21 U.S.C. Section 802 shall release the unused medication to the "ultimate user" under 21 U.S.C. Section 802. The facility shall document the release in the patient's record.

## **SECTION 1300 – MEAL SERVICE**

### **1301. General. (II)**

A. All facilities that prepare food on-site shall be approved by the Department, and regulated, inspected, and permitted pursuant to Regulation 61-25, Retail Food Establishments.

B. When meals are catered to a facility, such meals shall be obtained from a food service establishment graded by the Department pursuant to R.61-25, and there shall be a written executed contract with the food service establishment.

C. All food served to the patients shall meet the requirements of R.61-25 for temperature, storage, display, and general protection against contamination. The use of home canned foods is prohibited.

D. There shall be at least one (1) hand sink equipped with hot and cold water, liquid soap, and an individualized method of drying hands. A handwashing sink shall be equipped to provide water at a temperature of at least one hundred (100) degrees Fahrenheit through a mixing valve or combination faucet.

E. Washing and sanitation of all food contact and non-food contact surfaces, equipment, and utensils shall meet the standards required by R.61-25.

### **1302. Meals and Special Diets.**

A. All facilities shall provide dietary services to meet the daily nutritional needs of the patients. (I)

B. A minimum of three (3) nutritionally-adequate meals in each twenty-four (24) hour period shall be provided for each patient unless otherwise directed by the patient's physician or other authorized healthcare provider. Not more than fourteen (14) hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

C. Specific times for serving meals shall be established.

D. Suitable food and snacks shall be available and offered between meals at no additional cost to the patients. (II)

E. Special diets shall be prescribed, dated and signed by the physician. (I)

### **1303. Diets. (I)**

If the facility accepts patients in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally-qualified dietitian or shall be reviewed and approved by a physician or other authorized healthcare provider. The facility shall maintain documentation that each of these menus has been planned by a dietitian, a physician or other authorized healthcare provider. At a minimum, documentation for each patient's special diet menu shall include the signature of the dietitian, the physician or other authorized healthcare provider, his or her title, and the date he or she signed the menu. Facility staff preparing a patient's special diet shall be knowledgeable of the procedure to prepare each special diet. The preparation of any patient's special diet shall follow the written guidance provided by a registered dietitian, physician, or other authorized healthcare provider authorizing the patient's special diet. For each patient receiving a special diet, this written guidance shall be documented in the patient's record.

### **1304. Menus.**

One (1) week's menus, including routine and special diets and any substitutions or changes made, shall be readily available and posted in one (1) or more conspicuous places in a public area.

### **1305. Ice and Drinking Water. (II)**

A. Ice from a water system in accordance with Regulation 61-58, State Primary Drinking Water Regulations, shall be available and precautions shall be taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.

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

C. The usage of common cups shall be prohibited.

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

## **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 written plan for actions to be taken in the event of a disaster and/or emergency evacuation. The plan shall be implemented as necessary and at the time of need. Prior to initial licensing and at the time of each license renewal, a completed form prescribed and furnished by the Department addressing specific components of the plan shall be included with each application submitted to the Department for license renewal. Additionally, in instances where applications include an increase in the licensed bed capacity, the plan shall be updated to address the proposed new total licensed bed capacity and an updated form shall be provided to the Department with the application. All staff members and volunteers shall be made familiar with this plan and instructed as to any required actions of the plan. A copy of the plan shall be available for inspection by the patient and/or responsible party and the Department upon request. The plan shall be reviewed and updated annually, and as appropriate. The facility shall conduct and document a rehearsal of the emergency and disaster evacuation plan at least annually and shall not require patient participation.

B. Evacuation is a temporary measure in order to evacuate patients from potentially hazardous and/or harmful circumstances and shall not exceed seven (7) calendar days. In the event evacuated patients are unable to return to the facility within seven (7) days due to damage to the facility or its components, the

lack of electricity and/or water, or other similar reasons, the facility shall endeavor to assess each patient's current condition and identify each patient's current needs and preferences. Based on the resources available, the facility shall implement each patient's discharge plan. For patients needing assistance or support following discharge, the facility shall coordinate the transfer of the patients to their responsible parties or to appropriately licensed facilities capable of meeting the patients' needs.

C. The disaster and/or emergency evacuation plan shall include, but not be limited to:

1. A sheltering plan to include:

a. The licensed bed capacity and average occupancy rate;

b. Name, address and phone number of the sheltering facility(ies) to which the patients 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 patients that can be accommodated; sleeping, feeding, and medication plans for the relocated patients; 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, Georgetown, Horry, and Jasper 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 patients, which addresses:

a. Number and type of vehicles required;

b. How and when the vehicles are to be obtained;

c. Who (by name or organization) will provide drivers;

d. Procedures for providing appropriate medical support, food, water, and medications during transportation and relocation based on the needs and number of the patients;

e. Estimated time to accomplish the relocation; and

f. Primary and secondary routes to be taken to the sheltering facility.

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

a. How care will be provided to the relocated patients, including the number and type of staff members that will accompany patients who are relocated;

b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility; and

c. Co-signed statement by an authorized representative of the sheltering facility if staffing is to be provided by the sheltering facility.

### **1402. Emergency Call Numbers. (II)**

Emergency call data shall be posted 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)**

There shall be a written plan to be implemented to ensure the continuation of essential patient 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 – FIRE PREVENTION**

### **1501. Arrangements for Fire Department Response and Protection. (I)**

A. Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire, such as, fire plan and evacuation plan.

B. Facilities located outside of a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be kept on file in the facility and a copy shall be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department.

### **1502. Tests and Inspections. (I)**

Fire protection and suppression systems shall be maintained and tested in accordance with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the facility.

### **1503. Fire Response Training. (I)**

A. Fire response training shall address at a minimum, the following:

1. Fire plan, including the training of staff members and volunteers;
2. Reporting a fire;
3. Use of the fire alarm system, if applicable;
4. Location and use of fire-fighting equipment;
5. Methods of fire containment; and
6. Specific responsibilities, tasks, or duties of each individual.

B. A plan for the evacuation of patients, staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility.

C. All patients capable of assisting in their evacuation shall be trained in the proper actions to take in the event of a fire, for example, actions to take if the primary escape route is blocked.

D. Patients shall be made familiar with the fire plan and evacuation plan upon admission and a copy of the evacuation floor diagram shall be provided to each patient and/or the patient's responsible party.

#### **1504. Fire Drills. (I)**

A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member and volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members and volunteers and patients directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1504.

B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1503 above.

C. All patients shall participate in fire drills. In instances when a patient refuses to participate in a drill, efforts shall be made to encourage participation, for example, counseling, implementation of incentives rewarding patients for participation, specific staff or volunteer to patient assignments to promote patient participation. Continued refusal may necessitate implementation of the discharge planning process to place the patient in a setting more appropriate to their needs and abilities.

D. In conducting fire drills, all patients shall evacuate to the outside of the building to a selected assembly point. Drills shall be designed to ensure that patients attain the experience of exiting through all exits.

### **SECTION 1600 – MAINTENANCE**

The facility shall keep all equipment and building components (for example, doors, windows, lighting fixtures, plumbing fixtures) in good repair and operating condition. The facility shall document preventive maintenance. The facility shall comply with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the facility. (II)

### **SECTION 1700 – INFECTION CONTROL**

#### **1701. 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 guidelines of the *Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970*, as amended; the Centers for Disease Control and Prevention (“CDC”); and Regulation 61-105, Infectious Waste Management Regulations; and other applicable federal, state, and local laws and regulations.

#### **1702. Tuberculosis Risk Assessment and Screening. (I)**

A. All facilities shall conduct an annual tuberculosis risk assessment (see Section 101.SS) 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, for example, low risk, medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for staff and volunteers and patients and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, for example, healthcare organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, patient population, job type, or location within the setting may have separate risk classifications.

### C. Staff and Volunteers Tuberculosis Screening.

1. Tuberculosis Status. Prior to date of hire or initial patient contact, the tuberculosis status of staff and volunteers shall be determined in the following manner in accordance with the applicable risk classification:

#### 2. Low Risk:

a. Baseline two-step Tuberculin Skin Test (“TST”) or a single Blood Assay for *Mycobacterium tuberculosis* (“BAMT”): All staff and volunteers (within three (3) months prior to contact with patients) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff or volunteer 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 and read to serve as the baseline prior to patient contact.

b. Periodic TST or BAMT is not required.

c. Post-exposure TST or a BAMT for staff and volunteers 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 with or without documentation of treatment for latent TB infection (“LTBI”) (see Section 101.Z) or TB disease shall have a symptoms screen prior to employment and annually thereafter.

e. Upon hire, staff and volunteers with a newly positive test result for *M. tuberculosis* infection (for example, TST or BAMT) or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a physician. These staff members and volunteers will be evaluated for the need for treatment of TB disease or LTBI and will be encouraged to follow the recommendations made by a physician with TB expertise (for example, the Department’s TB Control program).

#### 3. Medium Risk:

a. Baseline two-step TST or a single BAMT: All staff and volunteers (within three (3) months prior to contact with patients) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff member or volunteer 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 prior to patient contact.



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

c. Post-exposure TST or a BAMT for staff or volunteers upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation (see Section 101.I) when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff and volunteers 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 BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

#### 4. Baseline Positive or Newly Positive Test Result:

a. Baseline positive with or without documentation of treatment for LTBI or TB disease shall have a symptoms screen prior to employment and annually thereafter.

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

c. Staff and volunteers 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 written approval by the Department's TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.

D. Patients 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, required to undergo evaluation by a physician, and permitted to return to the facility only with written approval by the Department's TB Control program.

E. Individuals who have been declared in writing to be in an emergency crisis stabilization status may be admitted to the facility without the initial step of the two-step tuberculin skin test and/or while awaiting the result of a BAMT. If an individual has any symptoms of active tuberculosis, he or she shall be placed in an area separate from the general population. This admission to the facility may be made provided that:

1. There is documentation at the facility of the declaration by the SCDMH that the admission is, in fact, an emergency (NOTE: Only this agency may declare these crisis stabilization admissions to be an emergency); and

2. The patient will receive the initial step of the two-step tuberculin test within seventy-two (72) hours of admission to the facility. The second step of the two-step tuberculin skin test must be administered within the next seven to fourteen (7 to 14) days; or

3. There is written evidence of a chest x-ray within one (1) month prior to admission and a written assessment by a physician or other authorized healthcare provider that there is no active TB present and a negative assessment for signs and/or symptoms of tuberculosis.

### **1703. Housekeeping. (II)**

The facility and its grounds shall be clean, and free of vermin and offensive odors.

A. Interior housekeeping shall, at a minimum, include:

1. Cleaning each specific area of the facility;
2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area appropriate to the area and the equipment's purpose or use;
3. Chemicals indicated as harmful on the product label, cleaning materials, and supplies shall be in locked storage areas and inaccessible to patients; and
4. During use of chemicals indicated as harmful on the product label, cleaning materials, and supplies shall be in direct possession of the staff member and monitored at all times.

B. Exterior housekeeping shall, at a minimum, include:

1. Cleaning of all exterior areas, such as, porches and ramps, and removal of safety impediments such as snow and ice;
2. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin; and
3. Safe storage of chemicals indicated as harmful on the product label, equipment and supplies inaccessible to patients.

### **1704. Infectious Waste. (I)**

Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with *OSHA Bloodborne Pathogens Standard*, and R.61-105.

### **1705. Clean and Soiled Linen and Clothing. (II)**

A. Clean Linen and Clothing.

1. A supply of clean, sanitary linen and clothing shall be available at all times.
2. In order to prevent the contamination of clean linen and clothing by dust or other airborne particles or organisms, clean linen and clothing shall be stored and transported in a sanitary manner, for example, enclosed and covered.
3. Clean linen and clothing shall be separated from storage for other purposes.

B. Soiled Linen and Clothing.

1. Soiled linen and clothing shall neither be sorted, rinsed, nor washed outside of the laundry service area;
2. Provisions shall be made for collecting, transporting, and storing soiled linen and clothing;
3. Soiled linen and clothing shall be kept in solid enclosed, covered, and leak proof containers; and
4. Laundry operations shall not be conducted in patient rooms, dining rooms, or in locations where food is prepared, served, or stored.

## **SECTION 1800 – QUALITY IMPROVEMENT PROGRAM (II)**

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services provided by the facility.

B. The quality improvement program, at a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;
2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;
3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;
4. Analyze the appropriateness of IPCs and the necessity of care and services rendered;
5. Analyze all incidents and accidents, to include all medication errors and patient deaths;
6. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the patients; and
7. Establish a systematic method of obtaining feedback from patients and other interested persons, for example, family members and peer organizations, as expressed by the level of satisfaction with care and services received.

## **SECTION 1900 – DESIGN AND CONSTRUCTION**

### **1901. General. (II)**

A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each patient. Facility design shall be such that all patients have access to required services. There shall be at least two hundred (200) gross square feet per licensed bed in facilities with ten (10) beds or less, and in facilities licensed for more than ten (10) beds, at least an additional one hundred (100) gross square feet per licensed bed.

## **1902. Codes and Standards. (II)**

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

B. Unless specifically required otherwise by the Department, all facilities shall comply with the adopted construction codes and construction provisions of this regulation applicable at the time its initial license was issued.

## **1903. Submission of Plans. (II)**

A. Plans and specifications shall be submitted to the Department for review and approval for new construction, additions or alterations to existing buildings, replacement of major equipment, buildings being licensed for the first time, buildings changing license type, and for facilities increasing occupant load or licensed capacity. Final plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina and shall bear their seals and signatures. Architectural plans shall also bear the seal of a South Carolina registered architectural corporation. Unless directed otherwise by the Department, submit plans at the schematic, design development, and final stages. All plans shall be drawn to scale with the title, stage of submission and date shown thereon. 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 and inspections. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for review and approval for projects that have 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. That increase 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, etc. that are required to have a flame-spread rating or to satisfy other safety criteria shall be documented with copies kept on file at the facility and made available to the Department.

#### **1904. Inspections.**

Construction work which violates codes or standards will be required to be brought into compliance. All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by the Department.

### **SECTION 2000 – FIRE PROTECTION, PREVENTION, AND LIFE SAFETY (I)**

A. Facilities with six (6) or more licensed beds shall have a partial, manual, automatic, supervised fire alarm system. The facility shall arrange the system to transmit an alarm automatically to a third party. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculation systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. All fire, smoke, heat, sprinkler flow, and manual fire alarming devices must be connected to and activate the main fire alarm system when activated.

### **SECTION 2100 – GENERAL CONSTRUCTION**

#### **2101. Floor Finishes. (II)**

A. Floor coverings and finishes shall meet the requirements of the building codes.

B. All floor coverings and finishes shall be appropriate for use in each area of the facility and free of hazards, such as slippery surfaces. Floor finishes shall be composed of materials that permit frequent cleaning, and when appropriate, disinfection.

#### **2102. Wall Finishes. (I)**

A. Wall finishes shall meet the requirements of the building codes.

B. Manufacturers' certifications or documentation of treatment for flame spread and other safety criteria shall be furnished and maintained.

#### **2103. Curtains and Draperies. (II)**

In bathrooms and patient rooms, window treatments shall be arranged in a manner to provide privacy.

#### **2104. Gases. (I)**

A. 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.

B. Smoking shall be allowed only in designated areas in accordance with the facility smoking policy. No smoking is permitted in patient rooms or staff bedrooms or restrooms.

### **2105. Furnishings and Equipment. (I)**

A. The facility shall maintain the physical plant to be free of fire hazards or impediments to fire prevention.

B. No portable electric or unvented fuel heaters shall be permitted in the facility.

C. Fireplaces and fossil-fuel stoves, for example, wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. "Unvented" type gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. Wastebaskets, window dressings, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

### **SECTION 2200 – EXITS (I)**

A. The facility shall maintain halls, corridors and all other means of egress from the building to be free of obstructions.

B. Each patient room shall open directly to an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level and accessible to a public space free of encumbrances.

**EXCEPTION:** When two (2) patient rooms share a common "sitting" area that opens onto the exit access corridor.

### **SECTION 2300 – WATER SUPPLY AND HYGIENE**

#### **2301. Design and Construction. (II)**

A. Patient and staff hand washing lavatories and patient showers and tubs shall be supplied with hot and cold water at all times.

B. Plumbing fixtures that require hot water and are accessible to patients 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.

C. The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per bed at the above temperature range.

D. Hot water supplied to the kitchen equipment and utensil washing sink shall be supplied at one hundred twenty (120) degrees Fahrenheit provided all kitchen equipment and utensils are chemically sanitized. For those facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment and utensil washing sink shall be capable of maintaining the water at a temperature of at least one hundred eighty (180) degrees Fahrenheit.

E. Hot water provided for washing linen and clothing 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 and clothing 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.

### **2302. Cross-connections. (I)**

There shall be no cross-connections in plumbing between safe and potentially unsafe water supplies. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, equipment, or service unless protected against back-siphonage by approved vacuum breakers or other approved back-flow preventers. A faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved back-flow preventer.

## **SECTION 2400 – ELECTRICAL**

### **2401. Receptacles. (II)**

A. Patient Room. Each patient room shall have duplex grounding type receptacles located to include one (1) at the head of each bed.

B. Corridors. 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.

### **2402. Ground Fault Protection. (I)**

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms.

B. The facility shall provide ground fault circuit-interrupter protection for any receptacles 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.

### **2403. Exit Signs. (I)**

A. In facilities licensed for six (6) or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs.

B. Changes in egress direction shall be marked with exit signs with directional arrows.

C. Exit signs in corridors shall be provided to indicate two (2) directions of exit.

### **2404. Emergency Electric Service. (I)**

Emergency electric services shall be provided as follows:

A. Exit lights, if required;

B. Exit access corridor lighting;

C. Illumination of means of egress; and

D. Fire detection and alarm systems, if required.

## **SECTION 2500 – HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) (II)**

A. The HVAC system shall be inspected at least once a year by a certified or licensed technician.

B. The facility shall maintain a temperature of between seventy-two (72) and seventy-eight (78) degrees Fahrenheit in patient areas.

C. No HVAC supply or return grille shall be installed within three (3) feet of a smoke detector. (I)

D. HVAC grilles shall not be installed in floors.

E. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the patients, staff, or volunteers.

F. All kitchen areas shall be adequately ventilated in order for all areas to be kept free from excessive heat, steam, condensation, vapors, smoke, and fumes.

G. Each bathroom and/or restroom shall have either operable windows or have approved mechanical ventilation.

## **SECTION 2600 – PHYSICAL PLANT**

### **2601. Facility Accommodations and Floor Area. (II)**

A. There shall be sufficient living arrangements providing for patients' quiet reading, study, relaxation, entertainment, or recreation, to include living, dining, and recreational areas available for patients' use.

B. Methods for ensuring visual and auditory privacy between patient and staff, volunteers, and visitors shall be provided as necessary.

### **2602. Patient Rooms.**

A. Each patient room shall be equipped with the following as a minimum for each patient:

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; and (II)

2. A closet, wardrobe, or bureau to accommodate each patient's personal clothing, belongings, and toilet articles.

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

C. No patient room shall contain more than three (3) beds. (II)

D. No patient room shall be located in a basement.

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

### **2603. Patient Room Floor Area.**

A. Each patient room shall be an outside room with an outside window or door. (I)



B. In non-apartment units, the patient sleeping 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) patient: one hundred (100) square feet; and
2. Rooms for more than one (1) patient: eighty (80) square feet per patient.

C. Patient sleeping rooms shall be of sufficient size to allow three (3) feet between two (2) beds. (II)

#### **2604. Bathrooms and Restrooms. (II)**

A. Separate bathroom facilities shall be provided for staff members, volunteers, public, and/or family.

B. Toilets shall be provided in ample number to serve the needs of staff members, volunteers, and the public. The minimum number for patients shall be one (1) toilet for each six (6) licensed beds or fraction thereof.

C. There shall be at least one (1) handwash lavatory adjacent to each toilet. Liquid soap shall be provided in public restrooms and bathrooms used by more than one (1) patient. Communal use of bar soap is prohibited. A sanitary individualized method of drying hands shall be available at each lavatory.

D. There shall be one (1) bathtub or shower for each eight (8) licensed beds or fraction thereof.

E. All bathtubs, toilets, and showers used by patients shall have approved grab bars securely fastened in a usable fashion.

F. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

G. Toilet facilities shall be at or adjacent to the kitchen for kitchen employees.

H. Facilities for handicapped persons shall be provided whether or not any of the patients are classified as handicapped.

I. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surfaces to the highest level of splash.

J. There shall be a mirror above each bathroom lavatory for patients' grooming.

K. An adequate supply of toilet tissue shall be maintained in each bathroom.

L. Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered.

M. Bar soap, bath towels, and washcloths shall be provided to each patient as needed. Bath linens assigned to specific patients may not be stored in centrally located bathrooms. Provisions shall be made for each patient to properly keep their bath linens in their room, such as, on a towel hook or bar designated for each patient occupying that room, or bath linens to meet patient needs shall be distributed as needed, and collected after use and stored properly, see Section 1705.

**2605. Doors. (II)**

- A. All patient rooms and bathrooms and restrooms shall have opaque doors for the purpose of privacy.
- B. All glass doors, including sliding or patio type doors shall have a contrasting or other indicator that causes the glass to be observable, for example, a decal located at eye level.
- C. Bathroom and restroom door widths shall be at least thirty-six (36) inches wide.
- D. Doors to patient occupied rooms shall be at least thirty-six (36) inches wide.
- E. Doors that have locks shall be unlockable and openable with one (1) action.
- F. If patient room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room.
- G. All patient room doors shall be solid-core. Patient room doors shall be rated and provided with closers and latches as required by the codes referenced in Section 1902.

**2606. Ramps. (II)**

- A. At least one (1) exterior ramp, accessible by all patient, staff members, volunteers, and visitors shall be installed from the first floor to grade.
- B. The ramp shall serve all portions of the facility where patients are located.
- C. The surface of a ramp shall be of nonskid materials.
- D. Ramps in facilities with eleven (11) or more licensed beds shall be of noncombustible construction.  
(I)
- E. Ramps shall discharge onto a surface that is firm and negotiable by a wheelchair in all weather conditions and to a location accessible for loading into a vehicle.

**2607. Screens. (II)**

Windows, doors, and openings intended for ventilation shall be provided with insect screens.

**2608. Windows and Mirrors.**

- A. The window dimensions and maximum height from floor to sill shall be in accordance with the building codes, as applicable.
- B. Where patient safety awareness is impaired, safety (non-breakable) mirrors shall be used.

**2609. Janitor's Closet. (II)**

There shall be a lockable janitor's closet in all facilities. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

## **2610. Storage Areas.**

A. General storage areas shall be provided for patient, staff, and volunteer belongings, equipment, and supplies as well as clean linen, soiled linen, wheel chairs, and general supplies and equipment.

B. Storage buildings on the premises shall meet the building codes requirements regarding distance from the licensed building. Storage in buildings other than on the facility premises shall be secure and accessible. An appropriate controlled environment shall be provided if necessary for storage of items requiring such an environment.

C. In mechanical rooms used for storage, the stored items shall be located away from mechanical equipment and shall not be a type of storage that might create a fire or other hazard. (I)

D. Supplies and equipment shall not be stored directly on the floor. Supplies and equipment susceptible to water damage and/or contamination shall not be stored under sinks or other areas with a propensity for water leakage.

E. There shall be a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

## **2611. Telephone Service.**

A. At least one (1) telephone shall be available on each floor of the facility with at least one (1) active main or fixed-line telephone service available.

B. At least one (1) telephone shall be provided by the facility 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. Patients shall have telephone privacy.

## **2612. Location.**

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

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

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

## **2613. Outdoor Area.**

A. Outdoor areas where unsafe, unprotected physical hazards exist shall be enclosed by a fence or a natural barrier of a size, shape, and density that effectively impedes travel to the hazardous area. (I)

B. Mechanical or equipment rooms that open to the outside of the facility shall be kept protected from unauthorized individuals. (II)

## **SECTION 2700 – 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 2800 – GENERAL**

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