

# Regulation 61-75

## Standards for Licensing Day Care Facilities for Adults

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## SECTION 100 – DEFINITIONS AND GENERAL REQUIREMENTS

### 101. Definitions

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing to be inflicted physical injury on a participant 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 a therapeutic procedure prescribed by a licensed physician or other authorized healthcare provider or that is part of a written plan of care by a physician or other authorized healthcare provider is not considered physical abuse. Physical abuse does not include altercations or acts of assault between participants.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a participant or within the participant's hearing distance, regardless of the participant'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 individual responsible for the day-to-day management of the Day Care Facility for Adults.

C. Adult Day Care Services. Activities and therapies offered in a Day Care Facility for Adults through an individualized plan of care which sets forth measurable goals or behaviorally stated objectives, with such services being designed to activate, motivate, and retrain impaired or other categories of adults to enable them to sustain or regain functional independence.

D. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific treatments, care, or services to participants, e.g., advanced practice registered nurse, physician assistant.

E. Day Care Facility for Adults. A facility, for adults 18 years of age or older, which offers in a group setting a program of individual and group activities and therapies. The program is directed toward providing community-based day care services for those adults in need of a supportive setting, thereby preventing unnecessary institutionalization. The program shall provide a minimum of four (4) and a maximum of fourteen (14) hours of operation a day.

F. Department. The South Carolina Department of Health and Environmental Control.

G. Dietitian. A person who is registered by or meets the requirements of the American Dietetic Association and has at least one (1) year of experience in clinical nutrition.

H. Direct Care Staff. Individuals responsible for the provision of care and supervision of the participants.

I. Exploitation.

1. Causing or requiring a participant to engage in activity or labor that is improper, unlawful, or against the reasonable and rational wishes of the participant;

2. An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a participant by an individual for the profit or advantage of that individual or another individual; or

3. Causing a participant 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 participant through cunning arts or devices that delude the participant and cause him or her to lose money or other property.

4. Exploitation does not include requiring a participant to participate in an activity or labor that is a part of a written plan of care or prescribed or authorized by the participant's attending physician.

J. Licensee. The person on whom rests the ultimate responsibility and authority for the conduct of the Day Care Facility for Adults.

K. Licensing Agency. The Department of Health and Environmental Control.

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

M. Participant. An adult, 18 years and above, who is receiving service in a Day Care Facility for Adults.

N. Person. An individual, trust or estate, partnership, corporation including an association, joint stock company, state, political subdivision, or instrumentality including a municipal corporation of a state, or any legal entity recognized by the State.

O. Sponsor: A family member, guardian, agency, or other person who acts on behalf of the participant.

## **102. Licensure Requirements**

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise/market) as a Day Care Facility for Adults within South Carolina without possessing a valid license issued annually by the Department.

B. Compliance. A license shall not be issued to a proposed facility that has not been previously and continuously licensed under Department regulations until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing standards. A copy of the licensing standards shall be maintained at the facility and accessible to all staff members/volunteers. A new facility, or one that has not been continuously licensed under these or prior standards, shall not provide care to participants until it has been issued an initial license.

C. Issuance of License. A license is issued pursuant to the provisions of 1976 Code Section 44-7-260(A), as amended, and the regulations promulgated thereunder, and shall be posted in a conspicuous place in a public area within the facility. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not

assignable or transferable and is subject to revocation by the Department for failure to comply with the laws and regulations of the State of South Carolina.

D. Effective Date and Term of License. A license shall be effective for a twelve (12) month period following the date of issue and shall expire one (1) year following such date.

E. Separate Licenses. Separate licenses are required for facilities not maintained on the same premises. A single license or separate licenses may be issued for facilities maintained in separate buildings on the same premises.

F. 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. The Department shall determine if names are similar. If the facility is part of a “chain operation” it shall then have the geographic area in which it is located as part of its name.

G. Application. Applicants for a license shall submit to the Department a completed application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department.

H. Licensing Fees. The annual license fee shall be \$3.00 for each licensed participant. Such fees shall be made payable to the Department of Health and Environmental Control and are not refundable.

I. Late Fee. Failure to submit a renewal application or fee thirty (30) days or more after the license expiration date may result in a late fee of \$75.00 or twenty-five percent (25%) of the licensing fee amount, whichever is greater, in addition to the licensing fee. Continual failure to submit completed and accurate renewal applications and/or fees by the time-period specified by the Department may result in an enforcement action.

#### J. Change of License.

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

- a. Change of ownership by purchase or lease;
- b. Change of facility's name or address; or
- c. Change in licensed number of participants.

2. Changes in facility name or address (as notified by the post office) shall be accomplished by application or by letter from the licensee.

K. Day Care Facilities for Adults shall not serve participants whose needs exceed resources outlined in these regulations. (II)

L. Number of Participants. No facility shall at any given time care for more participants than approved and so stated on the face of the license. (II)

M. Rights of Participants. A Statement of Rights of Adult Day Care Participants is in Section 901 of this regulation and shall be posted in a conspicuous place in the facility.

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

### **103. Facility Closure**

A.Prior to the permanent closure of a facility, the licensee shall notify the Department in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility shall notify the Department of the provisions for the maintenance of the records. On the date of closure, the license shall be returned to the Department.

B.In instances where a facility temporarily closes, the licensee shall notify the Department in writing within fifteen (15) days prior to temporary closure. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the manner in which the records are being stored, and the anticipated date for reopening. The Department shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards of the facility prior to its reopening. If the facility is closed for a period longer than one (1) year, and there is a desire to re-open, the facility shall re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

### **104. Zero Census**

In instances when there have been no participants in a facility for any reason for a period of ninety (90) days or more, the facility shall notify the Department in writing that there have been no admissions, no later than the 100th day following the date of departure of the last active participant.

At the time of that notification, the Department shall consider, upon appropriate review of the situation, the necessity of inspecting the facility prior to any new and/or re-admissions to the facility. The facility shall still submit an application and pay the licensing fee to keep the license active, even though the facility is at zero census or temporarily closed. If the facility has no participants for a period longer than one (1) year, and there is a desire to admit a participant, the facility shall re-apply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

## **SECTION 200 – ENFORCING 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/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/investigation at any time without prior notice by individuals authorized by South Carolina Code of Laws. When staff members/volunteers/participants are absent, the facility shall provide information to those seeking legitimate access to the facility, including visitors, as to the expected return of staff members/volunteers/participants. (I)

C. Individuals authorized by South Carolina law shall be granted access to all properties and areas, objects, and records in a timely manner and 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 inspections shall be determined by the extent to which there is potential impact/affect upon participants as determined by the inspector. (I)

D. When there is noncompliance with the licensing standards, the facility shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection/investigation. The written 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. The Department may charge a fee for plan reviews, construction inspections and licensing inspections.

### **203. Consultations**

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

## **SECTION 300 – ENFORCEMENT ACTIONS**

### **301. Enforcement Actions**

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 impose a monetary penalty, deny, suspend, or revoke licenses.

### **302. Violation Classifications**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those which the Department determines to present an imminent danger to the health and welfare of the participants of the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition, 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 shall exist after expiration of said time shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, which the Department determines to have a direct or immediate relationship to the health, safety or security of the facility's participants. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

C. Class III violations are those which are not classified as serious in these regulations or those which are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify

the time within which the violation is required to be corrected. Each day such violation shall exist after expiration of said time shall be considered a subsequent violation.

D. Class I and II violations are indicated by notation after each applicable section, i.e., (I) or (II). Violations of sections which are not annotated in that manner denote Class III violations.

E. The Department shall exercise discretion in arriving at its decision to penalize a facility. The Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions.

F. When imposing a monetary penalty, the Department may invoke 1976 Code Section 44-7- 320(C) to determine the dollar amount or may utilize the following schedule:

MONETARY PENALTY RANGES			
Frequency of Violation of standard within a 24-month period	Class I	Class II	Class III
1st	\$200-1000	\$100-500	\$0
2nd	500-2000	200-1000	100-500
3rd	1000-5000	500-2000	200-1000
4th	5000	1000-5000	500-2000
5th	5000	5000	1000-5000
6th	5000	5000	5000

## SECTION 400 – POLICIES AND PROCEDURES

### 401. Policies and Procedures

A. Written policies and procedures addressing each section of this regulation regarding participant care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. The facility shall establish a time-period for review of all policies and procedures and such reviews shall be documented. The facility shall make its policies and procedures available to staff at all times and available to participants and their families and/or caregivers for inspection upon request. They shall include but not be limited to:

1. Purpose of the facility, to include scope and quality of services;
2. Criteria for enrollment;
3. Organizational structure defining lines of authority;
4. Fees charged;
5. Ensuring the compliance with all relevant Federal, State, and local laws which govern operations of the facility; and
6. Rights and responsibilities of participants.

#### **402. Administrator**

A. The governing authority or owner shall select a full-time Administrator to manage the facility. The governing authority shall report within seventy-two (72) hours to the Department in writing any change in the position of the Administrator. The governing authority, owner, or Administrator shall appoint in writing an individual to act in the absence of the Administrator.

B. An Administrator shall have a bachelor's degree, or at least two (2) years of college or technical school with at least an additional four (4) years of experience in the field of nursing, social service, sociology, psychology or in an area closely related to health and social development for the aging. (II)

#### **403. Administrative Records**

The facility shall have on file at the facility the following documents and references:

A. A record of annual inspection by the fire safety authority having jurisdiction, to verify that all applicable fire safety requirements have been met; (I)

B. A record of programs and activities;

C. A complete record of daily attendance of participants and staff for the previous six (6) months;

D. The daily menu served for the previous six (6) months with substitute food items noted;

E. Current regulations;

F. Reports of inspections, reviews, and corrective actions taken related to licensure for the previous three (3) years;

G. Annual elevator safety inspections, if applicable; and (II)

H. Annual heating, ventilation, and air conditioning inspection report.

#### **404. Personnel**

A. Direct care staff members and volunteers shall undergo a criminal background check prior to being employed or contracting with a Day Care Facility for Adults pursuant to S.C. Code Section 44-7-2910.

B. Each facility shall have a staff capable of providing program services and supervision to the participants. The minimum staff/participant ratio shall be one (1) direct care staff member to eight (8) participants. Volunteers and interns may count as staff. (II)

C. There shall be accurate and current information maintained regarding all staff members/volunteers of the facility, to include at least address, telephone number, and personal/work/training background.

D. All staff members/direct care volunteers who have contact with participants shall have a health assessment within twelve (12) months prior to initial participant contact. The health assessment shall include tuberculin skin testing as described in Sections 807 and 808.

E. All new staff members/direct care volunteers shall have documented orientation to the organization and environment of the facility, specific duties and responsibilities of staff members/direct care volunteers, and participants' needs within twenty-four (24) hours of their first day on the job in the facility.

F. In-service training programs shall be planned and provided for all employees to ensure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individuals attending. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer-based training. The following training shall be provided prior to participant contact at a minimum:

1. Fire Safety Measures;

2. Infection Control;

3. Participant Rights; and

4. Confidentiality of participant information and records and the protecting of participants' rights, including prevention of abuse, neglect, and exploitation;

G. A personnel record folder shall be maintained for each employee and for each direct care and food service volunteer. The folder shall contain a current job description that reflects the employee's responsibilities and work assignments, and documentation indicating that job orientation, in-service education, annual performance evaluations (except for volunteers), pre-employment physical and TB skin tests were performed.

H. At least one (1) staff member who is certified with American Red Cross first-aid training and CPR (or American Heart Association CPR) and capable of recognizing symptoms of distress shall be present when participants are in the facility. If the staff member is a licensed nurse, first-aid training will not be required.

(I)

## **SECTION 500 – CARE OF PARTICIPANTS**

### **501. Activities and Programs**

A. Activities and therapies shall be offered through individualized plans of care which set forth measurable goals or behaviorally-stated objectives. These shall be designed to activate, motivate, and/or assist participants to enable them to sustain or regain functional independence. Group and individual type services shall be provided.

B. A planned, well-balanced program of activities and services shall be provided at each facility.

C. Each facility shall provide supervision and personal care training in order to assist the participant in developing self-help skills.

D. Each facility shall make available social, group, individual, educational, recreational, and other activities such as:

1. Opportunities for arts and crafts;

2. Daily exercise by the participant;

3. Development of hobbies;
4. Assistance with community and personal referral activities;
5. Reading of magazines and books, television viewing, and listening to the radio;
6. Excursions or outings to points of interest; or
7. Planned indoor and outdoor recreation.

E. A schedule of the program(s) shall be posted at all times.

F. Rest periods shall be provided when needed or as prescribed by a physician.

G. The emergency/sick bed ratio shall be one (1) bed per twenty (20) licensed participants or fraction thereof. The emergency/sick beds that are required shall be set up and ready for use. Roll-away beds are not permitted. The facility shall include private room(s), cubicle curtains, portable partitions, or other means to insure privacy of participants when utilizing the bed(s). (II)

H. A facility shall provide at least one chair with arms per participant, including one recliner or comfortable lounge chair per four participants, for resting or other leisure activities. (II)

I. A facility shall provide sufficient table space for dining and crafts.

## **502. Medical Needs**

A. A physical examination is required within sixty (60) days prior to the enrollment of any participant. The physician's report shall include recommendations regarding limitations of activities, special diet, medications (name, type, dosage and whether the individual is capable of self-administering), and other considerations to determine whether appropriate services are available. The facility shall provide dietary and other health needs. The physical and mental condition of a participant must not confine him/her to a bed. (II)

B. In the event of a transfer of a participant from one licensed facility to another licensed facility, a new, pre-enrollment physical examination is not required if the new facility obtains a copy of the latest physical examination of the transferred participant, provided the latest physical exam occurred within the prior two (2) years.

C. Subsequent physical examinations or periodic health screening to determine a participant's ability to continue in the program is required at least every two (2) years.

D. The facility shall properly store and safeguard medications to prevent access by unauthorized persons. Storage areas shall be locked, and of sufficient size for clean and orderly storage. Narcotics shall be secured by double-lock. Medications requiring refrigeration shall be kept in a secured refrigerator used exclusively for medications, or in a secured manner in which medications are separated from other items kept in a refrigerator (e.g., Lock Box). All refrigerators storing medications shall have accurate thermometers (within plus or minus two (2) degrees).

E. A standard first-aid kit or equivalent first-aid supplies shall be on hand and readily accessible to include, but not limited to, the following:

1. Adhesive compresses;
2. Bandage compresses;
3. Plain gauze pads;
4. Antiseptic cleanser;
5. Absorbent gauze;
6. Triangular bandage;
7. Tourniquet; and
8. Scissors and tweezers.

### **503. Participant Records**

A.A file shall be maintained for each participant. Each file shall contain, but not be limited to, the following information: (II)

1. A personal data sheet to include: full name, address, phone number, social security number, photo, race, religious preference, next of kin or sponsor, marital status, name of spouse, and any other appropriate information;

2. Pre-enrollment physician's examination (within sixty (60) days prior to enrollment) and subsequent health screenings;

3. A listing (to include telephone numbers) of the participant's personal physician(s) and next of kin, legal guardian or sponsor to be contacted in case of emergency or illness;

4. A complete record setting forth an individual plan of care and activities; this care plan shall be completed within thirty (30) days of enrollment and shall include, but not be limited to:

- a. Initial assessment by facility staff of the participant's physical condition, capabilities, and needs;

- b. Objectives;

- c. Notes of observation at least quarterly (An observation note is an entry made by a direct care staff member in reference to the progress of a participant relative to the achievement of goals as indicated in the care plan. Any appropriate routine entry made on a more frequent basis will satisfy this requirement.); and

- d. Review and/or revision as changes in participant needs occur but not less than semi-annually;

5. Signed agreement between the facility and participant or sponsor stating the amount of fees for listed services;

6. A record of incidents, accidents, emergencies and illnesses which occur while the participant is receiving day care services.

7. Written acknowledgement of the Statement of Rights of Adult Day Care Participants (see Section 901) signed by the participant or responsible party/sponsor.

## **SECTION 600 – FOOD SERVICE (II)**

### **601. General**

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

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. The transportation of all food from a permitted food service establishment to another location for service shall meet the requirements of R.61-25 for storage, display, and general protection against contamination.

D. The use of home canned foods is not allowed.

E. All cleaning supplies, detergents and other potentially poisonous items shall be stored away from food items.

F. At least one (1) handwash sink equipped with hot and cold, sanitary soap dispenser, and towel dispenser or electric hand dryer shall be present in the food preparation areas.

G. If a dishwashing machine is used, it shall meet the standards for sanitization required by the Department. Domestic (home-type) dishwashing machines shall be equipped with a self-contained water heating element or otherwise be provided an inlet water temperature of 160 degrees Fahrenheit.

### **602. Meals and Special Diets**

A. A facility shall provide at least one (1) meal for participants who receive adult day care services for four (4) hours or more per day, unless otherwise directed by a physician in writing. A facility shall provide at least two (2) meals for each participant receiving care for ten (10) or more hours per day unless otherwise directed by a physician.

B. All facilities shall provide dietary services to meet the daily dietary needs of participants in accordance with written dietary policies and procedures. Each meal shall provide at least one-third of the U.S.D.A. recommended dietary requirement and other standards established by the Department. Facilities shall post weekly menus where they may be observed by participants. Snacks are permitted but not in lieu of full meals.

C. Facilities with participants in need of special or therapeutic diets shall employ or contract with (either directly or through a caterer) a dietitian or qualified food service supervisor to provide appropriate consultations for such diets. A qualified food service supervisor is a person who:

1. Is a graduate of a dietetic technician or dietetic assistant training program, (correspondence or classroom), approved by the American Dietetic Association; or

2. Is a graduate of a State-approved course that provided ninety (90) or more hours of classroom instruction in food service supervision, and has experience as a supervisor in a health care institution with consultation from a dietitian; or

3. Has training and experience in food service supervision and management in a military service equivalent in content to the programs in paragraphs (1) or (2) above.

D. Special diets shall be prescribed, dated and signed by the physician.

## **SECTION 700 – FUNCTIONAL SAFETY**

### **701. Maintenance**

A facility's structure, its component parts, and all equipment such as elevators, furnaces and emergency lights, shall be kept in good repair and operating condition. Areas used by participants shall be maintained in good repair and kept free of hazards, to include obstructions which may block exits in case of emergency. (II)

### **702. Emergency/Disaster Preparedness**

A. The facility shall have a written emergency plan and have a floor diagram posted for evacuation of participants, staff, and visitors in case of fire or other emergency. (I)

B. At least one (1) fire drill shall be held every three (3) months to familiarize all employees with fire safety procedures. Records of the drills and attendees shall be maintained. Upon identification of procedural problems with regard to the drills, records shall show what corrective action has been taken. (I)

C. The facility shall post emergency call data 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/volunteers to be notified in case of emergency.

### **703. Accidents/Incidents (II)**

A. The facility shall report each accident and/or incident resulting in unexpected death or serious injury to the next-of-kin or responsible party for each affected individual at the earliest practicable hour, not exceeding twenty-four (24) hours. The facility shall notify the Department immediately, not to exceed twenty-four (24) hours, via telephone, email or facsimile. The facility shall submit a report of the licensee's investigation of the accident and/or incident to the Department within five (5) days. Accidents and/or incidents requiring reporting include, but are not limited to,:

1. Abuse, Neglect or Exploitation (Confirmed);
2. Abuse, Neglect or Exploitation (Suspected);
3. Adverse or severe medication reaction;
4. Criminal event against participant;
5. Death;

6. Elopement;
7. Fire;
8. Fracture of bone or joint;
9. Hospitalization as a result of accident/incident;
10. Medication Error resulting in hospitalization or death;
11. Burns, hematoma, laceration requiring medical attention; and
12. Attempted Suicide.

B. Reports submitted to the Department shall contain only: facility name, license number, type of accident/incident, date accident/incident occurred, number of participants directly injured or affected, participant record number or last four (4) digits of Social Security Number, participant age and sex, number of staff directly injured or affected, number of visitors directly injured or affected, witness(es) name(s), identified cause of accident/incident, internal investigation results if cause unknown, a brief description of the accident/incident including location where occurred, and treatment of injuries. The report retained by the facility, in addition to the minimum reported to the Department, shall contain: names of participant(s), staff, and/or visitor(s), the injuries and treatment associated with each patient, staff, and/or visitor. Records of all accidents and incidents shall be retained by the facility for six (6) years after the participant stops receiving services.

## **SECTION 800 – INFECTION CONTROL AND SANITATION**

### **801. General**

The facility shall provide adequate space, equipment, and staff in the facility to assure protection of all participants and staff against cross-infection. (II)

### **802. Linen and Laundry (II)**

A. An adequate supply of clean linen or disposable materials shall be maintained for the sick bed(s). Each bed shall be made up with at least one (1) clean linen change (bottom and top sheets and pillowcase) and a bedspread or coverlet.

B. Facilities shall provide clean mattress covers, in addition to linen.

C. Liquid or powder soap dispensers and sanitary paper towels shall be available at each handwash lavatory. Alcohol-based waterless hand sanitizers shall not be used in lieu of liquid or powder soap.

### **803. Housekeeping (II)**

A. A facility shall be kept clean and free from odors. Accumulated waste material must be removed daily or more often if necessary. There must be frequent cleaning of floors, walls, ceilings, woodwork, and windows. The premises must be kept free from rodent and insect infestation. Pesticide spraying shall be conducted when participants are not present. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times.

B. Cleaning materials and supplies shall be stored in a safe manner. All harmful agents shall be locked in a closet or cabinet used for this purpose only.

C. Dry sweeping and dusting of walls and floors are prohibited while participants are in the area being cleaned.

D. Floors shall have a smooth, washable surface and shall be kept clean, in good repair, and free from hazards. If carpeting is used, it shall be cleaned regularly and maintained in good repair.

#### **804. Sanitation (II)**

A. All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

B. Containers for garbage and refuse shall be covered and stored outside in durable, rust-resistant, non-absorbent, watertight, rodent-proof, easily cleanable containers placed on an approved platform to prevent overturning by animals, the entrance of flies, or the creation of a nuisance. All solid waste shall be disposed of at sufficient frequencies in a manner so as not to create a rodent, insect or other vermin problem.

C. Containers for garbage shall be cleaned as necessary.

D. All sewage and liquid waste shall be disposed of in a manner not to create a public health hazard and by a sanitary method approved by the Department.

#### **805. Outside Areas (II)**

All outside areas, grounds and/or adjacent buildings shall be kept free of rubbish, grass, and weeds that may serve as a fire hazard or as a haven for roaches, rodents and other pests. Measures for the control of insects, rodents, and other vermin shall be applied to prevent harborage, breeding, and infestation of the premises. All stairs, walkways, ramps and porches shall be maintained free from accumulations of water, ice, snow and other impediments.

#### **806. Pets**

A. If the facility chooses to permit pets, healthy animals that are free of fleas, ticks, and intestinal parasites and have been screened by a veterinarian prior to participant contact, have received required inoculations, if applicable, and that present no apparent threat to the health, safety, and well-being of the participants, may be permitted in the facility, provided they are sufficiently fed and cared for and that both the pets and their housing are kept clean.

B. Pets shall not be allowed near participants who have allergic sensitivities to pets, or for other reasons such as participants who do not wish to have pets near them.

C. Pets shall not be allowed in the kitchen area. Pets shall be permitted in participant dining areas only during times when food is not being served. If the dining area is adjacent to a food preparation or storage area, those areas shall be effectively separated by walls and closed doors while pets are present.

## **807. Tuberculosis Risk Assessment (I)**

A. All facilities shall conduct an annual tuberculosis risk assessment 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, i.e., 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 participants and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, e.g., healthcare organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, participant population, job type, or location within the setting may have separate risk classifications.

## **808. Staff Tuberculosis Screening (I)**

A. Tuberculosis Status. Prior to date of hire or initial participant contact, the tuberculosis status of direct care staff shall be determined in the following manner in accordance with the applicable risk classification:

### **B. Low Risk:**

1. Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for *Mycobacterium tuberculosis* (BAMT): All staff (within three (3) months prior to contact with participants) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff 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.

2. Periodic TST or BAMT is not required.

3. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified.

4. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

### **C. Medium Risk:**

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

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

3. Post-exposure TST or a BAMT for staff 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/suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to *M. tuberculosis* ended.

D. Baseline Positive or Newly Positive Test Result:

1. Staff with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e., TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, e.g., 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). These staff members will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (i.e., the Department's TB Control program).

2. Staff who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician or legally authorized healthcare provider, and permitted to return to work only with approval by the Department TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician or legally authorized healthcare provider.

**SECTION 900 – STATEMENT OF RIGHTS OF ADULT DAY CARE PARTICIPANTS**

**901. Statement of Rights of Adult Day Care Participants**

A. Each participant must be accorded the following rights: (II)

1. The right to be treated as an adult, with consideration, respect, and dignity, including privacy in treatment and in care for personal needs.

2. The right to participate in a program of services and activities designed to encourage independence, learning, growth, and awareness of constructive ways to develop one's interests and talents.

3. The right to self-determination within the day care setting, including the opportunity to:

a. Participate in developing one's plan for services and any changes therein.

b. Decide whether or not to participate in any given activity.

c. Be involved to the extent possible in program planning and operation.

d. Refuse treatment, if applicable, and be informed of the consequences of such refusal.

e. End participation in the adult day care center at any time.

4. The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.

5. The right to a safe, secure and clean environment.

6. The right to confidentiality and the requirement for written consent for release of information to persons not authorized under law to receive it.

7. The right to voice grievances without discrimination or reprisal with respect to care or treatment, if applicable, that is (or is not) provided.

8. The right to be fully informed, as evidenced by the participant's written acknowledgment of these rights, of all rules and regulations regarding participant conduct and responsibilities.

9. The right to be free from harm, including isolation, excessive medication, if applicable, abuse, or neglect.

10. The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges.

11. The right to communicate with others and be understood by them to the extent of the participant's capability.

B. The Statement of Rights of Adult Day Care Participants shall provide a grievance and complaint procedure to be exercised on behalf of the participants to enforce the Statement of Rights of Adult Day Care Participants that includes the Department's email address and telephone number.

C. The Statement of Rights of Adult Day Care Participants shall be posted in a conspicuous place in the facility.

## **SECTION 1000 - DESIGN AND CONSTRUCTION**

### **1001. General (II)**

A. A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each participant.

B. Rooms shall be provided to accommodate a variety of programs and participants served. At a minimum, the facility shall provide one (1) group activity room and a room for resting purposes to accommodate the appropriate licensed participants. The facility shall provide adequate storage space for supplies and personal belongings.

C. A minimum of fifty (50) square feet of usable activity space, exclusive of hallways, storage space, kitchen, toilet and resting area(s), office and other similar space, shall be provided for each participant. However, when the adult day care program is combined with a similar program, a minimum of twenty-five (25) feet of usable activity space in one (1) group activity room is permissible, provided that this area is for the exclusive use of the adult day care participants and other recreational and craft areas are available.

D. Only first floor occupancy shall be permitted except where elevators are provided or if only non-participant areas are located on the above floor(s), e.g., storage areas, staff offices, lounges, etc.

E. Every facility shall be accessible to participants with disabilities to include all participant areas and restrooms.

F. The entrance to the building shall be at grade level, be sheltered from the weather and accommodate wheelchairs.

G. There shall be at least two (2) exits remote from each other to exit the building or space.

## **1002. Applicable Code (II)**

A. New facility design and construction shall comply with codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal. No facility shall be licensed unless the Department has received in writing that responsible local officials (zoning and building) have approved the facility for code compliance.

B. Unless specifically required otherwise by the Department, existing facilities shall remain in compliance with the construction codes and construction regulations applicable at the time its license was issued.

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

## **1003. Submission of Plans and Specifications**

A. Plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina. 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. Upon approval of the Department, construction administration may be performed by an entity other than the architect. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for new construction and for any projects that has 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. Increases 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 other safety criteria shall be documented with copies of the documentation and certifications kept on file at the facility and made available to the Department.

E. Any construction work which violates codes or standards shall be brought into compliance.

#### **1004. Construction Inspections**

All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by Department.

### **SECTION 1100 - FIRE PROTECTION EQUIPMENT AND SYSTEMS**

#### **1101. Alarms**

A. facility shall include a partial, manual, automatic, supervised fire alarm system. The system shall be arranged to transmit an alarm automatically to a third party by an approved method. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculating systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. All fire, smoke, heat, sprinkler flow, or manual fire alarming devices or systems must be connected to the main fire alarm system and trigger the system when they are activated.

C. A facility shall include a sprinkler system.

#### **1102. Gases (I)**

Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. "No Smoking" signs shall be posted conspicuously inside the facility and on oxygen cylinders. All cylinders shall be properly stored and secured in place.

### **SECTION 1200 – PREVENTIVE MAINTENANCE EQUIPMENT AND UTILITIES**

#### **1201. General**

The facility shall keep the structure, its component parts, facilities and all equipment in good repair and operating condition and documented. Facilities shall comply with provisions of the code officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

## **1202. Signal System**

A. All facilities shall have a signal system consisting of a call button for each bed, bath, and toilet. A light shall be at or over each participant room door visible from the corridor. There shall be an audio-visual master station in a location continuously monitored by staff.

B. Facilities shall have a signal system consisting of an audio-visual device that cannot be interrupted located in all utility rooms, medicine preparation rooms, lounges, storage rooms and areas where staff congregate.

C. Activation of signal system shall be by pull cord or electronic device. Pull cord shall hang to a maximum of four (4) inches above finished floor.

## **1203. Restrooms (II)**

A. There shall be an appropriate number of restrooms in the facility to accommodate participants, staff, and visitors.

B. Restrooms shall be accessible during all operating hours of the facility.

C. All restrooms shall be equipped with at least one (1) toilet fixture, toilet paper installed in a holder, a handsink supplied with hot and cold running water, liquid or granulated soap, single-use disposable paper towels or electric air dryer, and a covered waste receptacle.

D. All toilet fixtures used by participants shall have approved grab bars securely fastened in a usable fashion.

E. Privacy shall be provided at toilet fixtures and urinals.

F. Bathrooms shall accommodate persons with disabilities as required by codes, whether or not any of the staff or participants are classified as disabled.

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

H. One toilet shall be provided for each fifteen (15) participants. Where separate staff and/or public toilets are not provided, employees and volunteers shall be included in the ratio.

## **1204. Janitor's Closets**

A. The facility shall include at least one (1) lockable janitor's closet.

B. Each janitor's closet shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies, e.g., mops.

## **1205. Storage Areas**

A. Facilities shall have adequate general storage areas for equipment, supplies and wheelchairs.

B. Storage buildings on the premises shall meet the requirements of the codes 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. Chemicals indicated as harmful on the product label, cleaning materials, and supplies shall be safely stored in cabinets or well-lighted closets/rooms.

#### **1206. Elevators (II)**

Elevators shall be inspected and tested upon installation, prior to first use, and annually thereafter by a certified elevator inspector.

#### **1207. Telephone Service**

At least one (1) land-line telephone shall be available on each floor of the facility for use by participants and/or visitors for their private, discretionary use.

#### **1208. Location**

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

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

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

#### **1209. Furnishings/Equipment (I)**

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

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

C. Wastebaskets, furniture, window dressings, portable partitions, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant in accordance with the applicable codes.

D. Wall finishes shall be washable, and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant.

E. Wall bases in areas which are frequently subject to wet cleaning methods shall be tightly sealed and constructed without voids that can harbor insects.

F. Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

G. Interior finish materials shall comply with the flame spread requirements.

H. Floors shall not have cracks or be of uneven elevation and shall be of non-skid surfaces to prevent falls.

## 1210. Water Requirements

A. The facility shall establish written policies and procedures to prevent waterborne microbial contamination within the water distribution system.

B. The facility shall ensure the practice of hand hygiene to prevent the hand transfer of pathogens, and the use of barrier precautions (e.g., gloves) in accordance with established guidelines.

C. The facility shall eliminate contaminated water or fluid from environmental reservoirs (e.g., in equipment or solutions) wherever possible.

D. The facility shall not place decorative fountains and fish tanks in participant areas. If decorative fountains are used in separate public areas, the facility shall ensure they are disinfected in accordance with manufacturer's instructions and safely maintained.

E. The facility plumbing fixtures that require hot water and are accessible to participants shall be supplied with water which is thermostatically controlled to a temperature of at least 100 degrees F. (37.8 degrees C) and not exceeding 125 degrees F. (51.7 degrees C.) at the fixture.

F. The facility shall have a written plan to respond to disruptions in water supply. The plan must include a contingency plan to estimate water demands for the entire facility in advance of significant water disruptions (i.e., those expected to result in extensive and heavy microbial or chemical contamination of the potable water), sewage intrusion, or flooding.

G. When a significant water disruption or an emergency occurs, the facility shall:

1. Adhere to any advisory to boil water issued by the municipal water utility;
2. Alert participants, families, employees, volunteers, students and visitors not to consume water from drinking fountains, ice, or drinks made from municipal tap water while the advisory is in effect, unless the water has been disinfected;
3. After the advisory is lifted, run faucets and drinking fountains at full flow for greater than five (5) minutes or use high-temperature water flushing or chlorination;
4. All ice and drinks that may have been contaminated must be disposed and storage containers cleaned; and
5. Decontaminate the hot water system as necessary after a disruption in service or a cross-connection with sewer lines has occurred.

H. The facility shall follow appropriate recommendations to prevent cross connection and other sources of contamination of ice for human consumption.

I. The facility shall maintain and implement policies and procedures addressing the management of failure of waste water systems.

J. Participant and staff handwashing lavatories and showers, if any, shall include hot and cold water at all times.

K.If a non-community water supply is used, approval from the Department shall be obtained to insure safe location, construction, proper maintenance and operation of the system.

L.The use of "common drinking cups" is prohibited. Disposable cups, if used, shall be stored properly to prevent contamination.

M. If a swimming pool is part of the facility, it shall be designed, constructed, and maintained pursuant to the Department's regulations governing swimming pools, Regulation 61-51.

### **1211. Panelboards (II)**

The directory shall be labeled to conform to the actual room designations. Clear access shall be maintained to the panel.

### **1212. Lighting**

A.Spaces occupied by persons, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

B.The facility shall have adequate artificial light to include sufficient illumination for reading, observation, and activities.

### **1213. Heating, Ventilation, and Air Conditioning (HVAC) (II)**

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

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

C.Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials.

D.Each bath/restroom shall have either operable windows or approved mechanical ventilation.

## **SECTION 1300 -SEVERABILITY**

### **1301. General**

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 1400 - GENERAL**

### **1401. General**

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