South Carolina Department of Health and Environmental Control

Healthcare Quality Updates for Assisted Living Facilities

JoMonica Taylor, Director

SCALA Spring Conference 2023

May 3, 2023

SOUTH CAROLINA ASSISTED LIVING ASSOCIATION
SCALA
WWW.SCASSISTEDLIVING.ORG | 803-851-6308

OVERVIEW

- ❑ Healthcare Quality
- ❑ Frequently Cited Violations
- ❑ Licensing Process
- ❑ Administrator Changes
- ❑ Reporting
- ❑ Enforcements
- ❑ Plan of Corrections
- ❑ Red Cap

South Carolina Department of Health and Environmental Control

Office of Administrative Services

- Oversees Healthcare Quality's Human Resources, Procurement, Fleet Management, Telecommunication, Travel Reimbursements and Budgeting.

Office of Policy & Communications

- Oversees internal and external communications, information requests, legislative and regulatory affairs for Healthcare Quality.

Office of Training & Compliance

- Supports Healthcare Quality staff and licensed and certified facilities by providing applicable training, resources and tracking regarding relevant regulations and laws.

Overview of Healthcare Quality (HQ):

HQ Day-to-Day Operations.

- Protection of patients in South Carolina through inspecting, investigating, monitoring, and working in partnership with:
  - Over 2,000 healthcare facilities and services
  - Over 12,000 licensed and certified health professionals
  - Over 30,000 registered persons and entities manufacturing, distributing, or dispensing controlled substances
- Oversight of many types of facilities, services, and providers, including:
  - Ambulatory surgical facilities,
  - Assisted living facilities,
  - Body piercing facilities,
  - Crisis stabilization unit facilities,
  - Emergency Medical Services (EMS),
  - Home health agencies,
  - Hospice,
  - Hospitals,
  - In-home care providers,
  - Intermediate care facilities,
  - Medical labs,
  - Midwives,
  - Nursing homes,
  - Residential treatment facilities for children and adolescents,
  - Tattoo facilities, and
  - Many more!

Bureau of Drug Control

- Promotes and protects public health through enforcement of South Carolina's Controlled Substances Act, the Prescription Monitoring Act and related laws and regulations.

Bureau of Healthcare Systems & Services

- Oversees pre-hospital and hospital care, medical care providers and health professionals and services.

Bureau of Planning & Construction

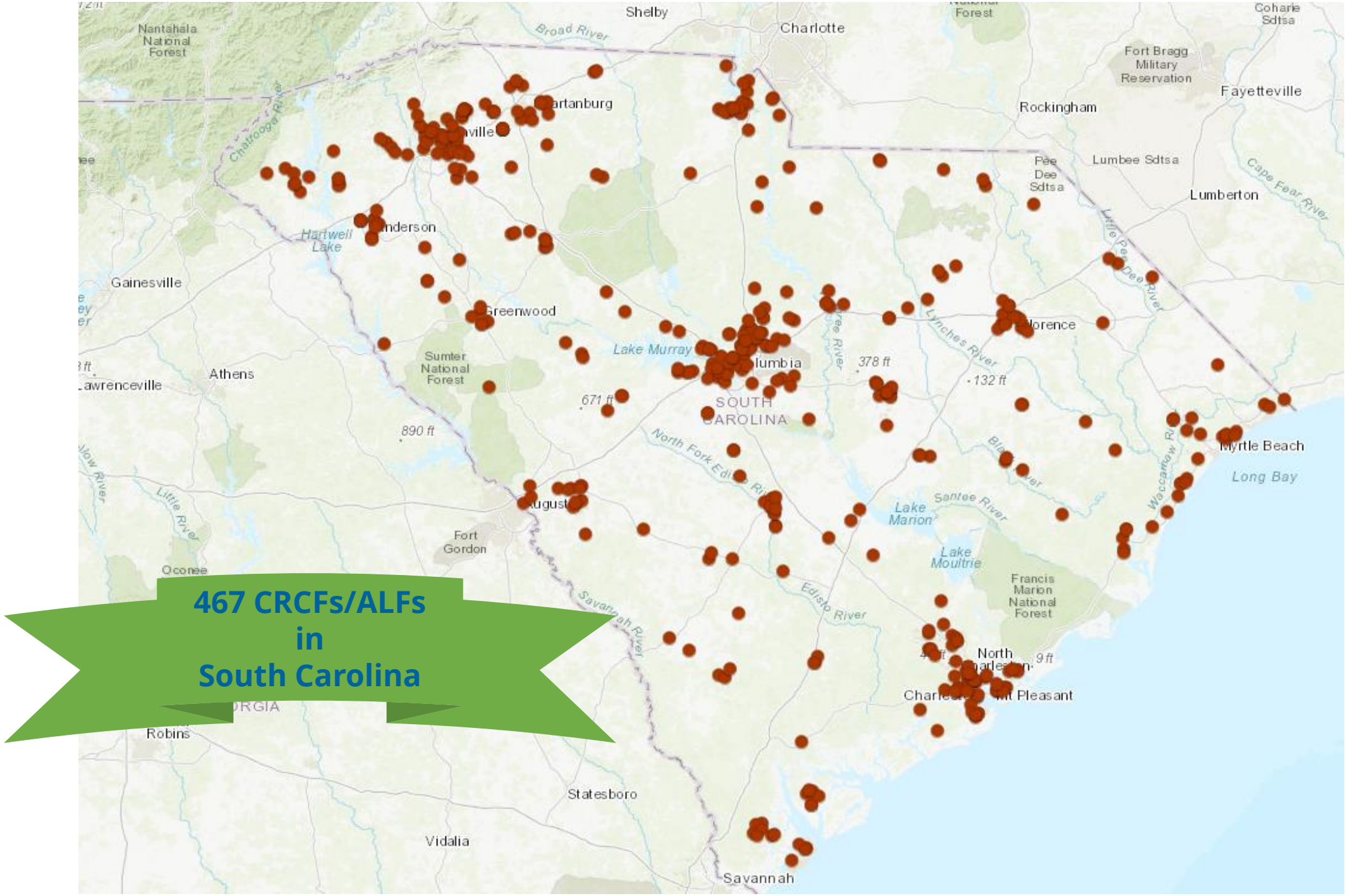
- Authorizes and manages the implementation or expansion and construction of healthcare facilities and services in SC. Responsible for the Certificate of Need (CON) Program and licensing 26 different professionals and facilities throughout SC.

Bureau of Community Care

- Protects the health, safety, and welfare of vulnerable adults and children residing in long term care and residential facilities.

Residential Facilities Division

- Enforce regulatory standards, inspect and license the following:
  - Community Residential Care Facilities
  - Intermediate Care Facilities for Individuals with Intellectual Disabilities
  - Residential Treatment Facilities for Children & Adolescents
  - Crisis Stabilization Unit Facilities


467 CRCFs/ALFs
in
South Carolina
Nantahala National Forest
Broad River
Shelby
Charlotte
Fort Bragg Military Reservation
Fayetteville
Rockingham
Lumbee Sdtsa
Pee Dee Sdtsa
Lumberton
Cape Fear River
Little Pee Dee River
Lynches River
Hartwell Lake
Gainesville
Greenwood
Lake Murray
Sumter National Forest
Athens
Lawrenceville
671 ft
890 ft
378 ft
132 ft
SOUTH CAROLINA
North Fork Edisto River
Myrtle Beach
Long Bay
Waccamaw River
Santee River
Lake Marion
Lake Moultrie
Little River
Fort Gordon
Oconee
Edisto River
Savannah River
Francis Marion National Forest
North
Pleasant
Robins
Statesboro
Vidalia
Savannah

Residential Facilities Division

MANAGERS	CONTACT INFO	AREA OF SUPPORT
JoMonica Taylor, Director	(803) 545- 4247 (o) (803) 995-0433 (c) taylorjj@dhec.sc.gov	• All questions or concerns related to CRCFs/Assisted Livings
Everette Williams, Support Manager	(803) 545-4371 (o) williael@dhec.sc.gov	• Applications • Plan of Corrections • Evacuation Plans
Pamela Williams, Field Manager	(803) 545-3384 (o) williapk@dhec.sc.gov	• Inspections • Field Staff • Report of Visits
Sandra Johnson, Field Manager	(803) 545-4049 (o) johnsosb@dhec.sc.gov	• Inspections • Field Staff • Report of Visits

*****Inspectors do not have phones. Please contact the field managers.*****

South Carolina Department of Health and Environmental Control

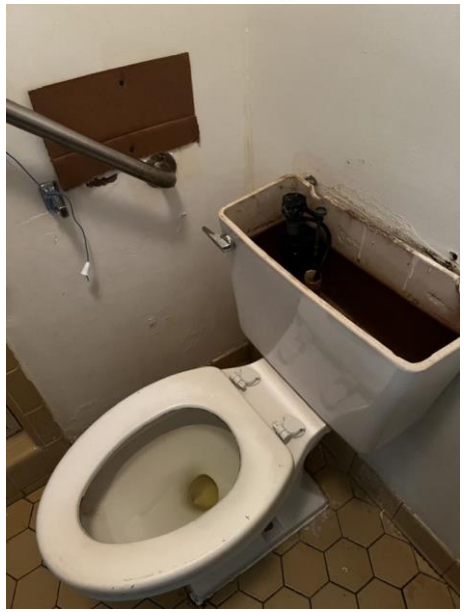
Frequently Cited Violations

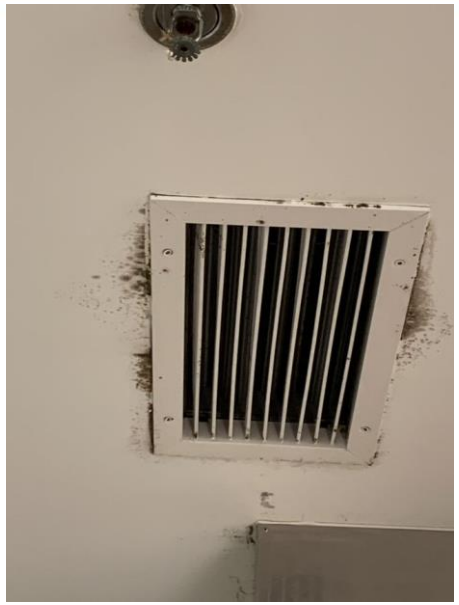
January 1- April 30, 2023

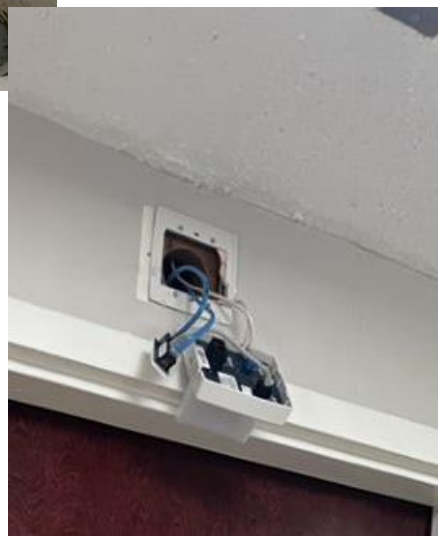
The Facility & Components

MAINTENANCE (1601)

- Equipment & building components kept in good repair & operating conditions.
- Document preventive maintenance
- SC Building Codes & SC State Fire Marshal







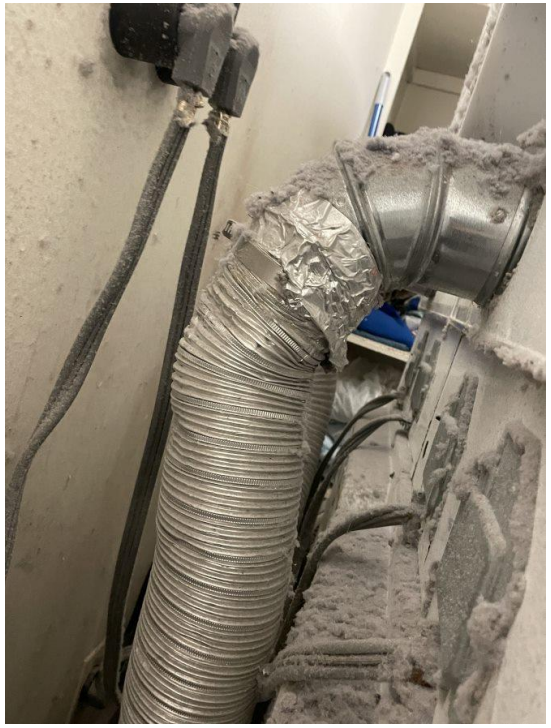
HOUSEKEEPING (1703.A)

- **1703**
  - Facility & its grounds are:
    - clean
    - free of vermin
    - offensive odors

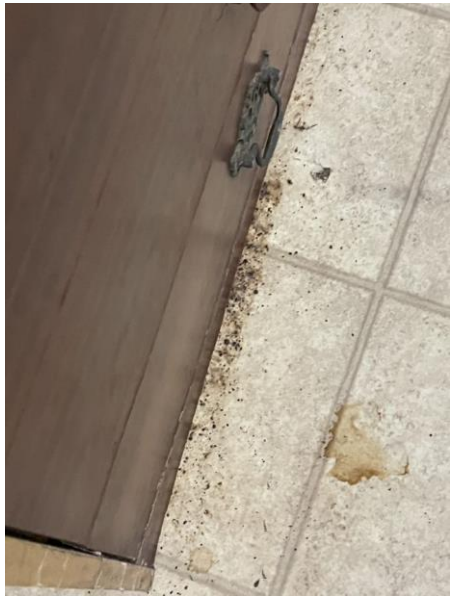
- **1703.A.1**
  - Cleanliness of each specific area of the facility (interior)

HOUSEKEEPING (cont)

- **1703.A.3**
  - Safe storage of chemicals, cleaning materials & supplies
  - Facility permits residents to use products if:
    - Written statement from a physician or authorized healthcare provider
    - Assure resident can maintain and secure the product
    - Product usage is outlined in the resident's ICP




Cinnamon



Medication Management

MEDICATION MANAGEMENT (1201.A)

- Medication, controlled substances, supplies and first aid must be available

- Properly managed

MEDICATION MANAGEMENT (1203.A)

- Doses administered by the same staff who prepared them
- Preparation can occur one hour before administration (no earlier)
- Staff must initial on the MAR/TAR at the time the medication is administered, or treatment rendered
    - Blanks on the MAR

MEDICATION MANAGEMENT (901.C)

- Follow orders from physicians/authorized healthcare provider
- Take precautions for residents with special conditions
  - Elopement
  - Dementia care
- Assist with ADLs as needed and appropriate

MEDICATION MANAGEMENT (1203.F & 1206.C.2)

- Documented review of the MARs **(1203.F)**
- Documented review of the control sheets **(1206.C.2)**
- Each shift change
- Outgoing staff with incoming staff
- Verify medications administered properly
  - Errors/omissions addressed & corrective action taken

MEDICATION MANAGEMENT (1206.C.1)

- Separate control sheets on controlled substances:
  - Date
  - Time administered
  - Resident's name
  - Dose
  - Signature of individual administering
  - Name of ordering physician or authorized healthcare provider

SAMPLE SHIFT CHANGE REVIEW

MEDICATION ADMINISTRATION RECORD (MAR) SHIFT CHANGE

(First, Second, Third Shifts)

Month/Year: _____

Purpose: There shall be a documented review of the MAR by incoming and outgoing staff which indicates that they have properly administered medications in accordance with orders of a physician or other authorized health care provider and have documented the administrations.

Date	Shift	Incoming Signature	Outgoing Signature
1	7am – 3pm		
	3pm – 11pm		
	11pm – 7am		
2	7am – 3pm		
	3pm – 11pm		
	11pm – 7am		
3	7am – 3pm		
	3pm – 11pm		
	11pm – 7am		
4	7am – 3pm		
	3pm – 11pm		
	11pm – 7am		
5	7am – 3pm		
	3pm – 11pm		

Record Review

INDIVIDUAL CARE PLAN (703.A)

- Complete within 7 days of admission
- Participants: resident, administrator (designee), and/or responsible party/sponsor
- Review and/or revise as changes in resident needs occur
  - Not less than semi-annually
- Signatures & dates required

INDIVIDUAL CARE PLAN (ICP) cont.

- ICP must describe:
  - Needs of the residents & ADLs that require assistance
    - *What, how much, who will provide, how often & when*
  - Requirements & arrangements for visits to physicians
  - Advance directives/healthcare POA (if applicable)
  - Recreational & social activities
  - Nutritional needs

SAMPLE ICF FORM

INDIVIDUAL CARE PLAN (ICP)

Resident Name _____ Date of Admission_____

Diagnosis: _____

Advanced Directives: YES ___ NO ___ Power of Attorney: YES ___ NO ___ Responsible Party: _____

Primary Physician: _____ Dietary Requirements: _____

Transportation Arrangement for Visits to Physician(s) and/or Other Healthcare Provider: Family: ____Facility: ____Other: _____

Will resident require someone to remain with them throughout the physician's appointment? Y____ N____ Staff____ Family____

Other (explain):_____

TASK / NEED	HOW MUCH ASSISTANCE	FREQUENCY	GOAL/ACHIEVEMENT DATE	RESPONSIBLE PARTY
DRESSING	___Independent (no assistance required) ___Reminder (needs reminders/cues) ___Minimum (lay out articles/buttons, laces/zippers/hooks) ___Moderate (full hands on assistance with all articles of clothing/shoes) ___Maximum (frequent clothing changes needed throughout day or at night due to incontinence) ___Other (explain):	___Daily ___AM ___PM ___PRN ___As Requested ___Other (explain):	____ Next 6 months ____ Other (details): To insure that the resident is appropriately dressed	___Self ___Staff ___Family/Sponsor ___Other (explain):
BATHING	___Independent (no assistance required) ___Reminder (remind/cues/monitor) ___Minimum (lay out supplies, set water temp. assist in/out) ___Moderate (in addition to minimum, assist with washing back, feet, "hard to reach areas") ___Maximum (in addition to moderate, full assist with washing/drying) ___Assist with certain areas/special needs (explain): ___Other (explain):	___Daily Circle: Mon. Tues. Wed. Thurs. Fri. Sat. Sun. ___AM ___PM ___PRN ___As requested ___Other (explain)	____ Next 6 months ____ Other (explain): To insure that the resident is clean, fresh and odor free.	___Self ___Staff ___Family/Sponsor ___Other (explain):

INSERVICE TRAINING (504.A)

- Must be documented, signed & dated by the trainer and trainee
- Appropriate resources
- Training timeframes:
  - Prior to resident contact
  - Annually (unless specified i.e., CPR)
- Required for all staff members *(unless specified "for designated staff members only")*

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Healthy People. Healthy Communities.

South Carolina Department of Health and Environmental Control

INSERVICE TRAINING

- Basic 1st Aid
- Vital Signs
- Restraint Techniques
- Contagious/Communicable Disease
- OSHA
- Medication Management
- CPR
- Special Care
- Confidentiality
- Activities
- Emergency/Disaster
- Fire Response

Sample STAFF ORIENTATION & IN-SERVICE RECORD
Community Residential Care Facilities (CRCF)
Bureau of Health Facilities Licensing

NAME _____

HIRE DATE _____

INITIAL RESIDENT CONTACT DATE _____

The following training shall be provided to all staff members/direct care volunteers, prior to resident contact, and at least annually:

Topic	Date	Staff Signature	Trainer Signature	Training Resource
Basic First Aid				
Checking and Recording Vital Signs (Designated Staff Members Only)				
Management/care of contagious or communicable disease				
Medication Management(i.e. storage, administration, receiving orders, securing)				
Special Care** (e.g., dementia; cognitive disability; mental illness; or aggressive, violent, and/or inappropriate behavioral symptoms)				
Restraint Techniques				
OSHA (including blood-borne pathogens)				
CPR (Designated Staff Members Only)				
Confidentiality				
Bill of Rights for Long Term Care Facilities/ Resident Rights				
Fire Response Training (within 24 hours of first day on the job)				
Emergency Procedures/Disaster Preparedness (within 24 hours of first day on the job)				
Facility Organization and Environment/ Orientation (within 24 hours of first day on the job)				
Activities***				

**Depending on Type of Residents in Facility

***Staff Members responsible for providing/coordinating recreational activities

South Carolina Department of Health and Environmental Control

Licensing Requirements

LICENSE RENEWAL

- Notifications are sent **via e-mail to the contact e-mail address on file 60 days prior to the expiration date**.

- Complete and submit via e-mail (preferably) **prior to the expiration of your license.**
  - CRCF license application (DHEC 0217)
  - Applicable supporting documentation
  - Emergency evacuation plan (REDCap)
  - Online payment receipt(s)

dhec

Community Residential Care Facility
Regulation 61-84

Reason for Application			
☐ Initial	☐ Renewal		☐ Change Request
	License Number:	Expiration Date:	

Part A. Facility Information			
Facility Name:			
Physical Address:			
City:	State:	Zip:	County:
Telephone Number:( )		Fax Number:( )	
Emergency Contact Number: ( )			
Number of beds to be licensed?			
In how many buildings are patient/resident rooms located?			
Name of building:		# of Resident beds:	# of Resident rooms:
Name of building:		# of Resident beds:	# of Resident rooms:
Does the facility provide Alzheimer's special care services? ☐YES ☐NO		Does this facility have a special care ***unit*** for Alzheimer patients? ☐YES ☐NO If yes, how many licensed beds?	
Is your facility part of a continuing care community? ☐YES ☐NO If yes, what other care/service components in addition to the community residential care facility are available on campus (i.e., independent living, nursing home, etc.)?			

Contact Person and Correspondence Mailing Address: *(Name of person who can make licensure/operation decisions about facility and address where you want to receive ALL correspondence, including the license, from the Bureau of Health Facilities Licensing.)*		
Name:		Title:
Address:		
City:	State:	Zip:
Telephone:		
Primary Email:		

Licensed Administrator: (MUST provide a copy of license)	
Name:	
Address:	
Telephone Number:	Fax:
Email Address:	
Administrator License Number:	Expiration Date:

Food Service Areas

AMENDED LICENSE

- Facility shall request an issuance of an amended license to the Department for the following circumstances:
    1. **Change of Ownership (CHOW)**
    2. **Change of licensed bed capacity**
    3. **Change of facility location from one geographic site to another**
    4. **Changes in facility name or address**

https://scdhec.gov/sites/default/files/Library/D-0217.pdf

CHANGE OF OWNERSHIP (CHOW)

- **Completed** Application DHEC-0217
- FBI background check for new licensee
- Licensing fee
  - **$10 per bed or**
  - **$75 for facilities with 7 beds or less**
- New Emergency Evacuation Plan (EEP)
- Administrator's License
- Evidence of a CHOW/transaction (Bill of Sale, agreement etc)
- Articles of Incorporation/Organization/Partnership documents

CHANGE IN LICENSED BED CAPACITY

- **Completed** Application DHEC-0217
- Licensing Fee
- Updated Emergency Evacuation Plan
- Notice of Completion (NOC)- contact Construction Division

FACILITY NAME CHANGE

- **Completed** Application DHEC-0217 **or**
- Letter from the licensee
  - On official letterhead

https://scdhec.gov/sites/default/files/Library/D-0217.pdf

South Carolina Department of Health and Environmental Control

Administrator Changes

ADMINISTRATORS & DESIGNEES

- **502.A**
  - The facility administrator shall be licensed as a CRCF administrator in accordance with 1976 Code Section 44-7-260.

- **502.C**
  - A staff member shall be designated in writing to act in the absence of the administrator, e.g., a listing of the lines of authority by position title, including the names of the persons filling these positions.

ADMINISTRATOR CHANGE (604)

- **Licensee** notifies DHEC within **72 hours** of any change in administrator status
    - Via telephone or e-mail
- **Licensee** has **10 days after notification** to provide the following:
    - **Name of the newly appointed administrator**
    - **Effective date**
    - **Copy of administrator's license**
    - **Hours the individual will be working each day**
- **Change can be submitted online or via e-mail.**

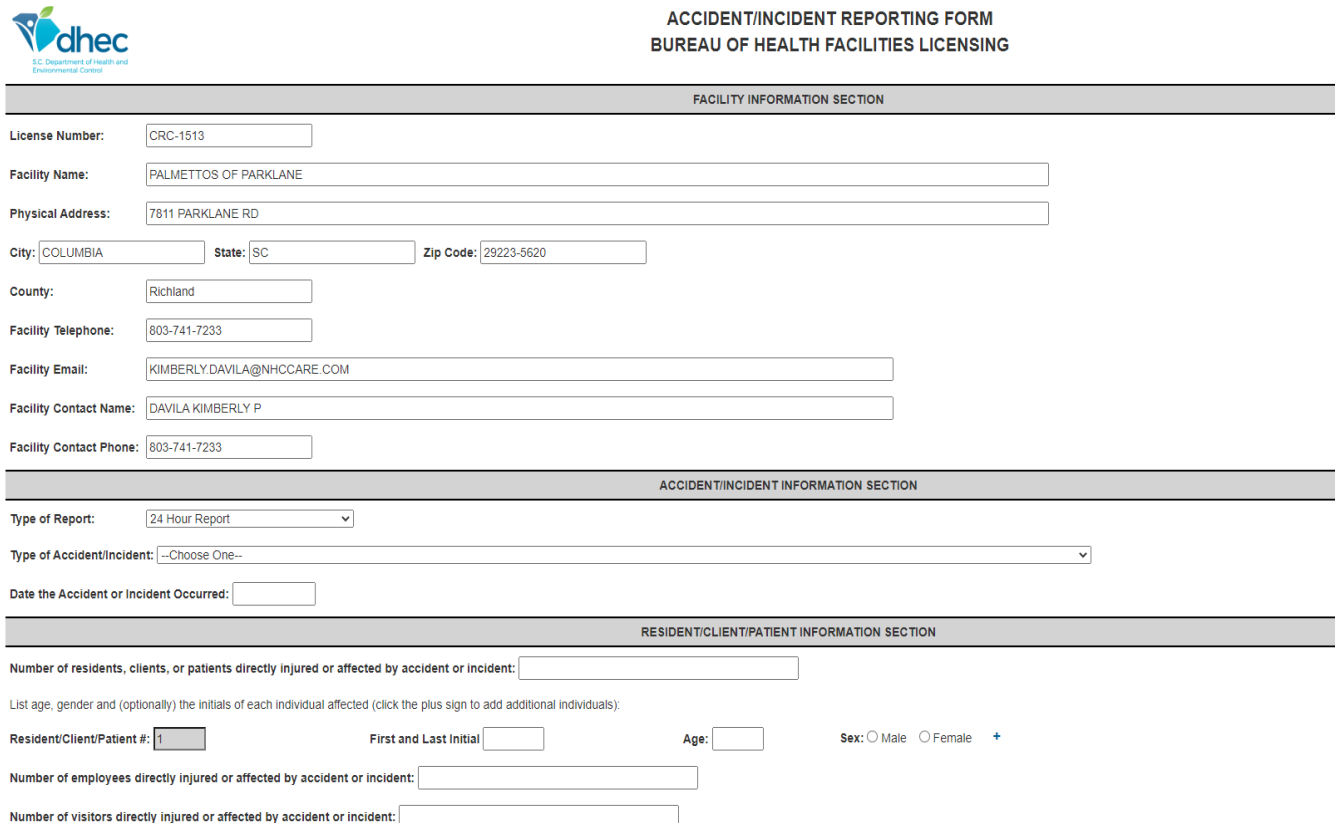
https://forms.office.com/pages/responsepage.aspx?id=iMQmMzN-G0KPWQmjnCa7qiWp1P55A6NAlAHBntgHen1UN1pGNVI2VUFVVDlRUzBQR0lEMVlUVzY0VS4u

South Carolina Department of Health and Environmental Control

Reporting Requirements

ACCIDENTS/INCIDENTS (601)

- Report every serious accident and/or incident within **24 hours**
  - Physician, next of kin/responsible party & DHEC
  - Telephone, e-mail, or **online portal** (preferred)
- Written report of the facility's investigation due within 5 days of the serious accident and/or incident
  - **Online portal** (preferred)
- **Retain records for 6 years**



ACCIDENT/INCIDENT REPORTING FORM
BUREAU OF HEALTH FACILITIES LICENSING

FACILITY INFORMATION SECTION

License Number: CRC-1513
Facility Name: PALMETTOS OF PARKLANE
Physical Address: 7811 PARKLANE RD
City: COLUMBIA State: SC Zip Code: 29223-5620
County: Richland
Facility Telephone: 803-741-7233
Facility Email: KIMBERLY.DAVILA@NHCCARE.COM
Facility Contact Name: DAVILA KIMBERLY P
Facility Contact Phone: 803-741-7233

ACCIDENT/INCIDENT INFORMATION SECTION

Type of Report: 24 Hour Report
Type of Accident/Incident: --Choose One--
Date the Accident or Incident Occurred:

RESIDENT/CLIENT/PATIENT INFORMATION SECTION

Number of residents, clients, or patients directly injured or affected by accident or incident:
List age, gender and (optionally) the initials of each individual affected (click the plus sign to add additional individuals):
Resident/Client/Patient #: 1 First and Last Initial Age: Sex: Male Female +
Number of employees directly injured or affected by accident or incident:
Number of visitors directly injured or affected by accident or incident:

601. ACCIDENTS/INCIDENTS cont.

Serious accidents and/or incidents requiring reporting include, but are not limited to:

1. Crime(s) against resident
2. Confirmed or suspected cases of abuse, neglect, or exploitation
   - Contact SC LTC Ombudsman
3. Medication error with adverse reaction
4. Hospitalization as a result of the accident and/or incident;
5. Severe hematoma, laceration or burn requiring medical attention or hospitalization
6. Fracture of bone or joint
7. Severe injury involving use of restraints
8. Attempted suicide; or
9. Fire.

Elopement

South Carolina Department of Health and Environmental Control

Enforcement Action

ENFORCEMENT ACTIONS (300)

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**.

ENFORCEMENT ACTIONS (cont.)

- Specific conditions and their impact or potential impact on health, safety or well-being of the residents
- Repeated failure to pay charges for utilities/services resulting in repeated or threats to terminate
- Efforts to correct cited violations
- Overall conditions of the facility
- History of compliance
- Any other pertinent conditions that may be applicable to current statutes and regulations

South Carolina Department of Health and Environmental Control

Plan of Correction (POC)

INSPECTIONS/INVESTIGATIONS (202.D)

- Noncompliance with licensing standards requires a Plan of Correction (POC):
  - Actions taken to **correct each cited deficiency**
  - Actions take to **prevent recurrences**
  - The **actual or expected completion date** of those actions

https://scdhec.gov/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions

South Carolina Department of Health and Environmental Control

REDcap

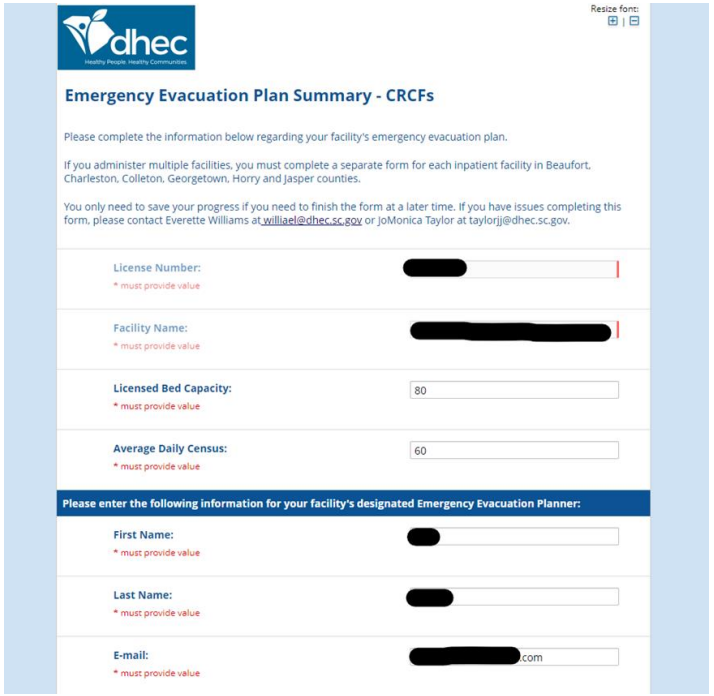
Evacuation Plans

Bryant Fludd

Emergency Preparedness Coordinator

803-545-4302

HQEP@dhec.sc.gov



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Emergency Evacuation Plan Summary - CRCFs

Please complete the information below regarding your facility's emergency evacuation plan.

If you administer multiple facilities, you must complete a separate form for each inpatient facility in Beaufort, Charleston, Colleton, Georgetown, Horry and Jasper counties.

You only need to save your progress if you need to finish the form at a later time. If you have issues completing this form, please contact Everette Williams at williael@dhec.sc.gov or JoMonica Taylor at taylorjj@dhec.sc.gov.

License Number: [redacted]
* must provide value

Facility Name: [redacted]
* must provide value

Licensed Bed Capacity: 80
* must provide value

Average Daily Census: 60
* must provide value

Please enter the following information for your facility's designated Emergency Evacuation Planner:

First Name: [redacted]
* must provide value

Last Name: [redacted]
* must provide value

E-mail: [redacted].com
* must provide value

IMPORTANT LINKS

SCDHEC https://scdhec.gov/

CRCF DHEC https://scdhec.gov/index.php/healthcare-quality/healthcare-facility-licensing/community-residential-care-facilities

POC https://scdhec.gov/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions

ADMINISTRATOR CHANGE
https://forms.office.com/pages/responsepage.aspx?id=iMQmMzN-G0KPWQmjnCa7qiWp1P55A6NAlAHBntgHen1UN1pGNVI2VUFVVDlRUzBQR0lEMVlUVzY0VS4u

South Carolina Department of Health and Environmental Control

CONTACT US

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