Playing to Win:
Mastering Compliance in Assisted Living Facilities

South Carolina Assisted Living Association (SCALA)
Fall Conference
September 23, 2026

Starting the Game: Key Compliance Concepts & Goals

- **The House Rules: Program Snapshot-** *Residential Facilities Section Overview*
- **The Right Dose: A Sure Bet for Resident Safety-** *Medication Management*
- **Top Violations: The Cards Often Misplayed-** *Top Violations in CRCFs*

The House Rules: Program Snapshot

Residential Facilities Section Management

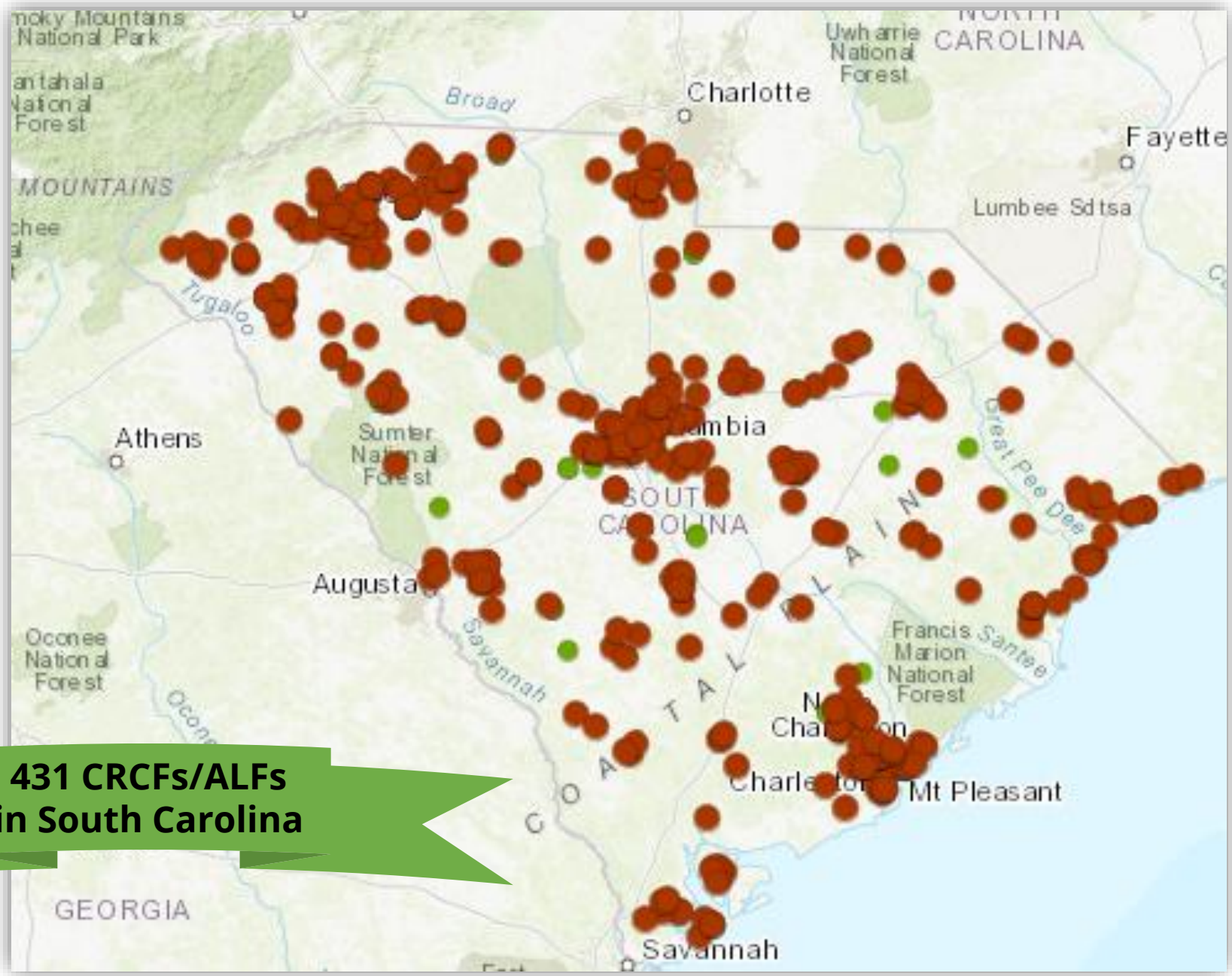
Justin McCary
Field Manager
(803) 545-4049 (o)
(803) 977-3836 (c)
mccaryjc@dph.sc.gov

Everette Williams
Support Manager
(803) 545-4371 (o)
(803) 920-7527 (c)
williael@dph.sc.gov

Dustin Ransdell
Support Manager
(803) 898-0100 (o)
(803) 348-1057 (c)
ransdedt@dph.sc.gov

Residential Facilities Section

- Enforce regulatory standards, inspect and license the following:
  - Community Residential Care Facilities/Assisted Livings
  - Crisis Stabilization Units
  - Adult Day Cares
  - Facilities for Chemically Dependent or Addicted Persons



431 CRCFs/ALFs in South Carolina

The Right Dose: A Sure Bet for Resident Safety

MEDICATION TRAINING

- Proof of training signed and dated by the trainer & trainee
- Appropriate Resource(s)
- Frequency
  - Prior to initial resident contact
  - Annually *(12-13 months)*
- Context of their job duties and responsibilities

MEDICATION TRAINING

- Training must cover the following topics:
  - Storage
  - Administration
  - Receiving orders
  - Securing medications
  - Interactions
  - Adverse Reactions

- Required for **all staff members/volunteers**

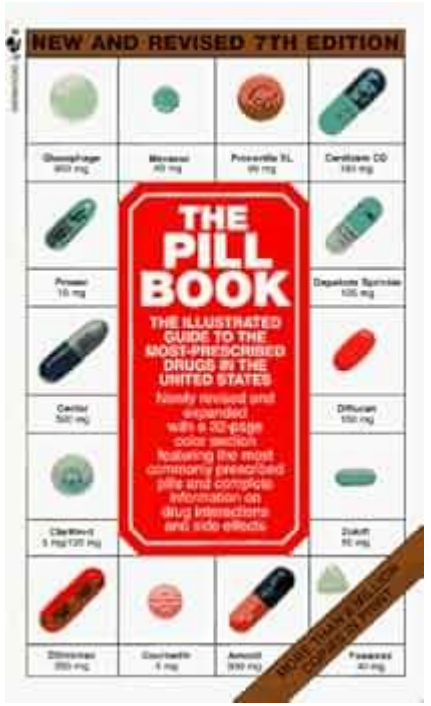
MEDICATION MANAGEMENT

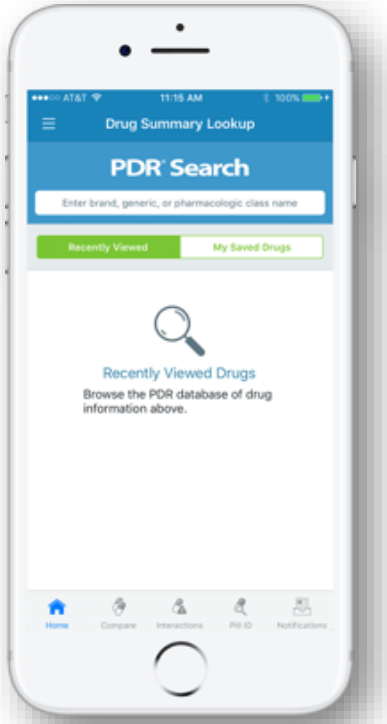
- All medications must be available in the facility at all times
  - Document and have evidence of medications not available but ordered

- All medications must be listed on the Medication Administration Record (MAR)

REFERENCE MATERIALS

- Applicable reference materials
  - Examples include but not limited to: The Pill Book or Physician Desk Reference (PDR)
- Available and accessible in the facility
- Published within the last 3 years
- Electronic versions is acceptable





MEDICATION & TREATMENT ORDERS

- Only administer medications to residents with an order
- Specific resident's medications and supplies should not be administered to any other resident
- Render care and services to residents in accordance with the physician order

SCENARIO

A newly admitted resident complains of shortness of breath. She stated that she used to receive oxygen at home; however, there is no order from a physician or authorized healthcare provider. The med tech decides to administer her oxygen from another resident.

Is this acceptable? Why or why not?

ADMINISTERING MEDICATIONS/TREATMENTS

- Administered by the same staff who prepared them
- Preparation cannot occur no earlier than one (1) hour prior to administering
- Preparation for more than one (1) scheduled administration is not allowed

ADMINISTERING MEDICATIONS/TREATMENTS

- Staff must supervise and initial the MAR at the time of administration
- Recording on the MAR
  - Medication name
  - Dosage
  - Mode of administration
  - Date & time
  - Signature (initials) of staff administering

Medication Administration Record (MAR)

Name: Rick Foxx **Month:** December **Year:** 2023

Medication/ dosage/ frequency/route	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aspirin take 1 tab daily @ 8am	8am	JT	JT	JT	JT	JT	O	JT	JT	JJ	J	O	R	R	B	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
Amlodipine take 1 tab @ 8am and 8pm	8am																															
	8pm	JT	JT	JT	JT	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
Lisinopril take 1 tab @ noon daily	3pm	J	J	J	J	J	J	X	X	J	J	J	J	O	J	J	J	J	J	J	J	J	J	J	R	O	J	J	J	J	J	J
Vitamin D take daily @ bedtime	8pm	J	J	J	J	O	J	J	J	J	J	J	J	J	J	J	J	O	J	J	J	J	J	J	J	J	J	J	J	J	J	J
Flonase 2 sprays each nostril prn	PRN										JT					J					J	J				J		J		J	J
BP Check @ 8am and 8pm	8am	BP 130/80 J	O	130/80 J	O		130/80 J	130/80 J	130/80 J	130/80 J	130/80 J	130/80 J	O	O	O	O	O	O	130/80 J	O	O	O	O	O	134/80 J	O	134/80 J	O	O	O	O	O
	8pm	134/80 J	130/80 JT	131/80 J	O	O	O	O	O	O	O	O	128/90 J	O	O	O	O	O	J	O	O	O	O	O	121/80 J	O	O	R 80 JT	O	O	O	O

Initial	Signature
JT	

Known allergies or adverse reactions:

O not given

R refused

X out of facility

ADMINISTERING MEDICATIONS/TREATMENTS

- Administered by a staff member or resident
- Staff administered injections
  - Diabetes
  - Anaphylactic reactions
- Staff licensed nurse may administer:
  - Influenza
  - Vitamin B-12
  - Tuberculin skin tests

ADMINISTERING MEDICATIONS/TREATMENTS

- If a resident leaves the facility for an extended period of time, the following must be provided to a responsible person who will be in charge of the resident during their absence:
  - The proper amount of medications *(can be transferred to a properly labeled prescription vial or bottle)*
  - Dosage
  - Mode
  - Date
  - Time of administration
- Details must be properly documented on the MAR

MONITORING BLOOD SUGAR

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
LABORATORY
12345 MAIN STREET
SPRINGFIELD, ST 67890

CLIA ID NUMBER
22D0981035

EFFECTIVE DATE
12/02/2018

LABORATORY DIRECTOR
JACOB LEE Ph.D.

EXPIRATION DATE
12/01/2020

Pursuant to Section 353 of the Public Health Service Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved location(s)) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS

Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

SELF-ADMINISTERING MEDICATIONS

- Permitted only:
  - Written authorization from a physician or authorized healthcare provider **or**
  - Resident demonstration to the staff, documented and performed at least quarterly

- Facilities may elect not to permit self-administration

DOCUMENTED REVIEW OF MARS/CONTROL SHEET

- Completed at each shift change
- Incoming and outgoing staff
- Verify medications have been properly administered and documented per physician orders

MEDICATION ADMINISTRATION

(Two Shifts Only)

SAMPLE

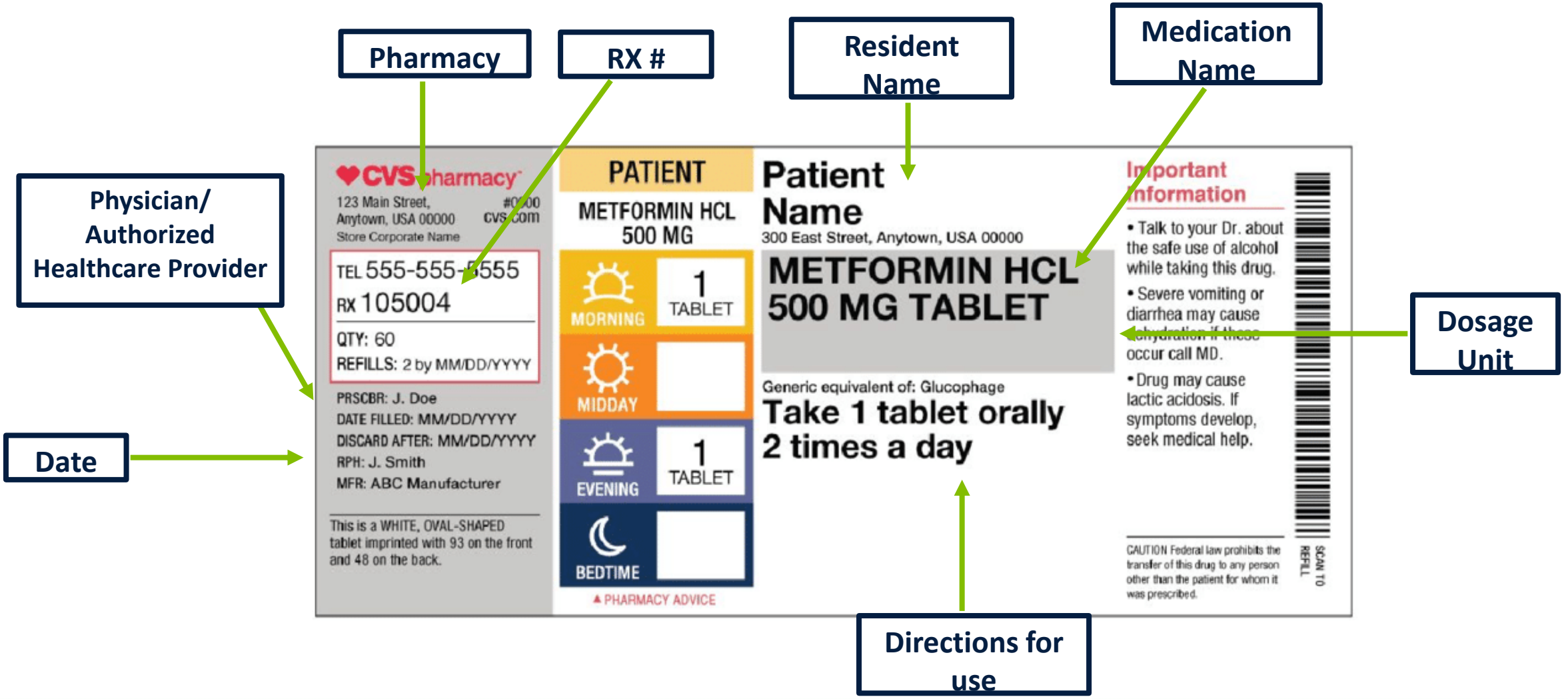
RECORD (MAR) SHIFT CHANGE

Month/Year: December 2023

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 (PLEASE PRINT CLEARLY)	Outgoing Signature (PLEASE PRINT CLEARLY)
1	7am – 7pm		
	7pm – 7am		
2	7am – 7pm		
	7pm – 7am		
3	7am – 7pm		
	7pm – 7am		
4	7am – 7pm		
	7pm – 7am		
5	7am – 7pm		
	7pm – 7am		
6	7am – 7pm		
	7pm – 7am		
7	7am – 7pm		
	7pm – 7am		
8	7am – 7pm		
	7pm – 7am		
9	7am – 7pm		
	7pm – 7am		
10	7am – 7pm		
	7pm – 7am		
11	7am – 7pm		
	7pm – 7am		
12	7am – 7pm		
	7pm – 7am		

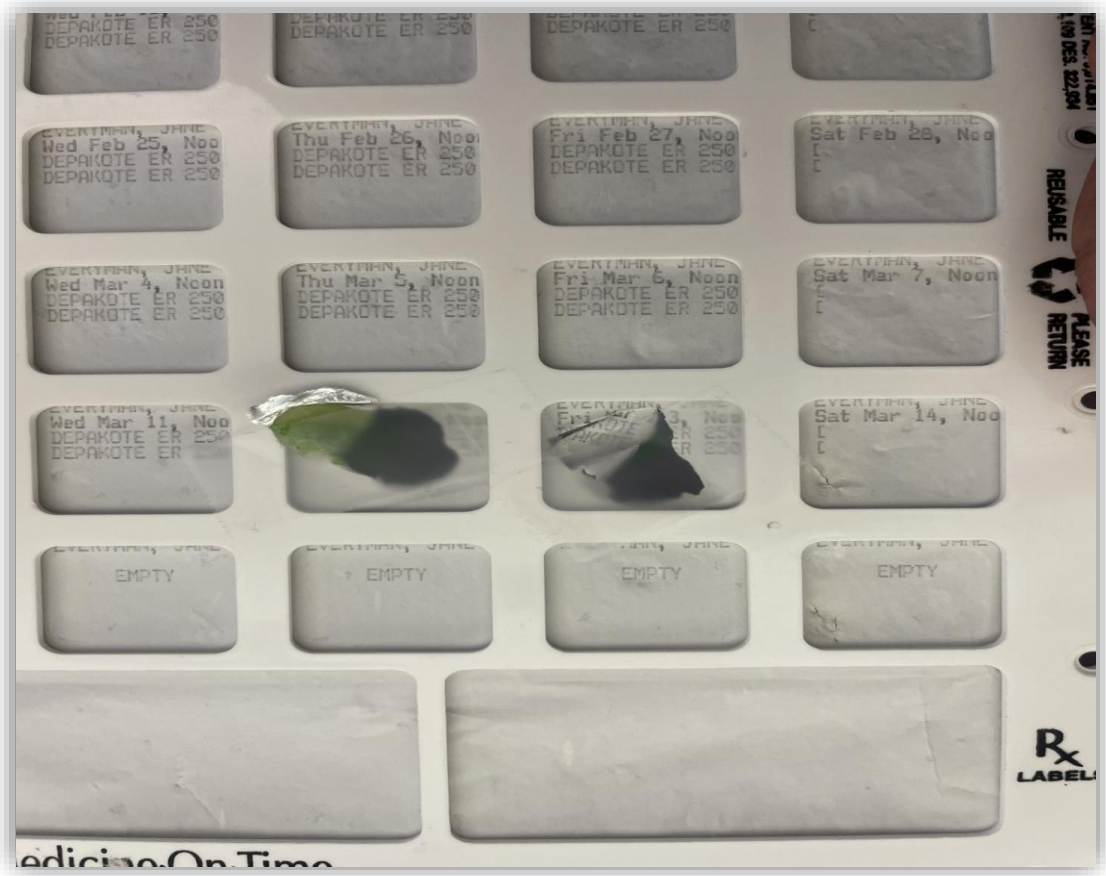
MEDICATION LABELS

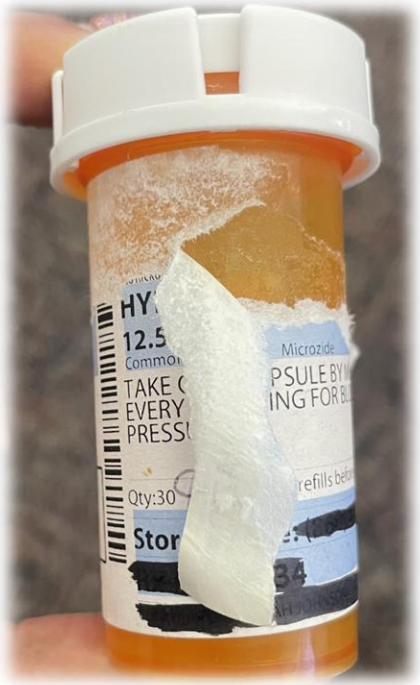


MEDICATION CONTAINERS

- Relabeling or disposal
  - Soiled, damaged, incomplete, illegible or makeshift labels
- Medications must be kept in the original container
- Quarterly onsite review of the medications by a pharmacist
  - Unit dose system
  - Multi dose system

MEDICATION CONTAINERS



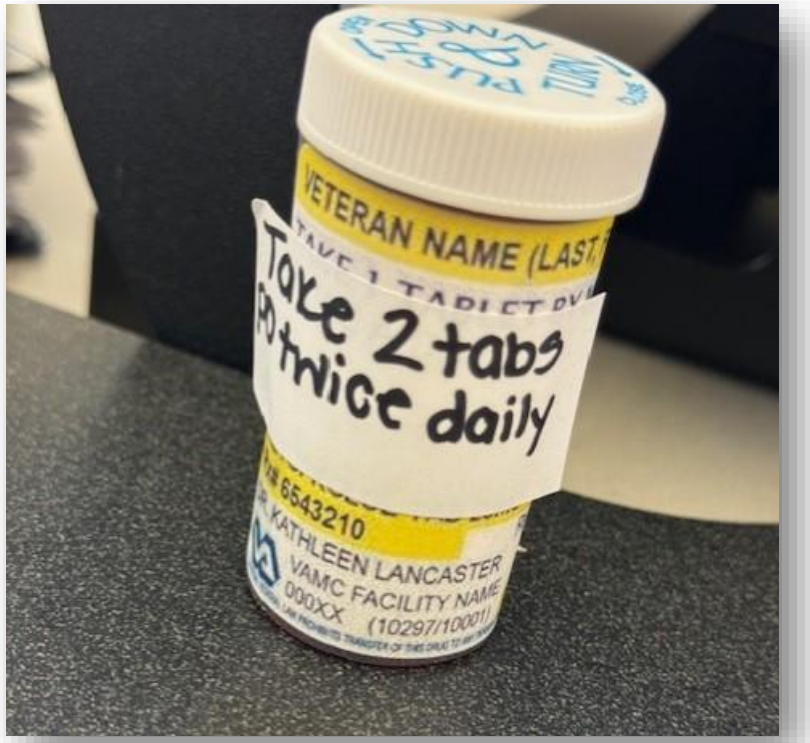


MEDICATION CONTAINERS

- Changes in dosage
  - Attach a label to the container indicating the new dosage, date & prescriber's name **or**
  - Attach a label that states *"Directions changed; refer to MAR and physician or authorized healthcare provider orders for current administration instructions."*
  - Communicate new directions to the pharmacist

MEDICATION CONTAINERS

ACCEPTABLE



NOT ACCEPTABLE

MEDICATION STORAGE

- Safeguarded, locked, sufficient size, clean and orderly
  - Separately from poisonous substances or body fluids
  - Separation between topical and orals
- Expired and discontinued medications cannot be stored with current medications
- Requiring refrigeration
  - Temperature between 36-46 degrees Fahrenheit (F)
  - Secured in a refrigerator for medications only **or**
  - Secured manner separated from other items in the refrigerator
  - Accurate thermometers

MEDICATION STORAGE- RESIDENT ROOMS

- Resident room with written authorization to self-administer

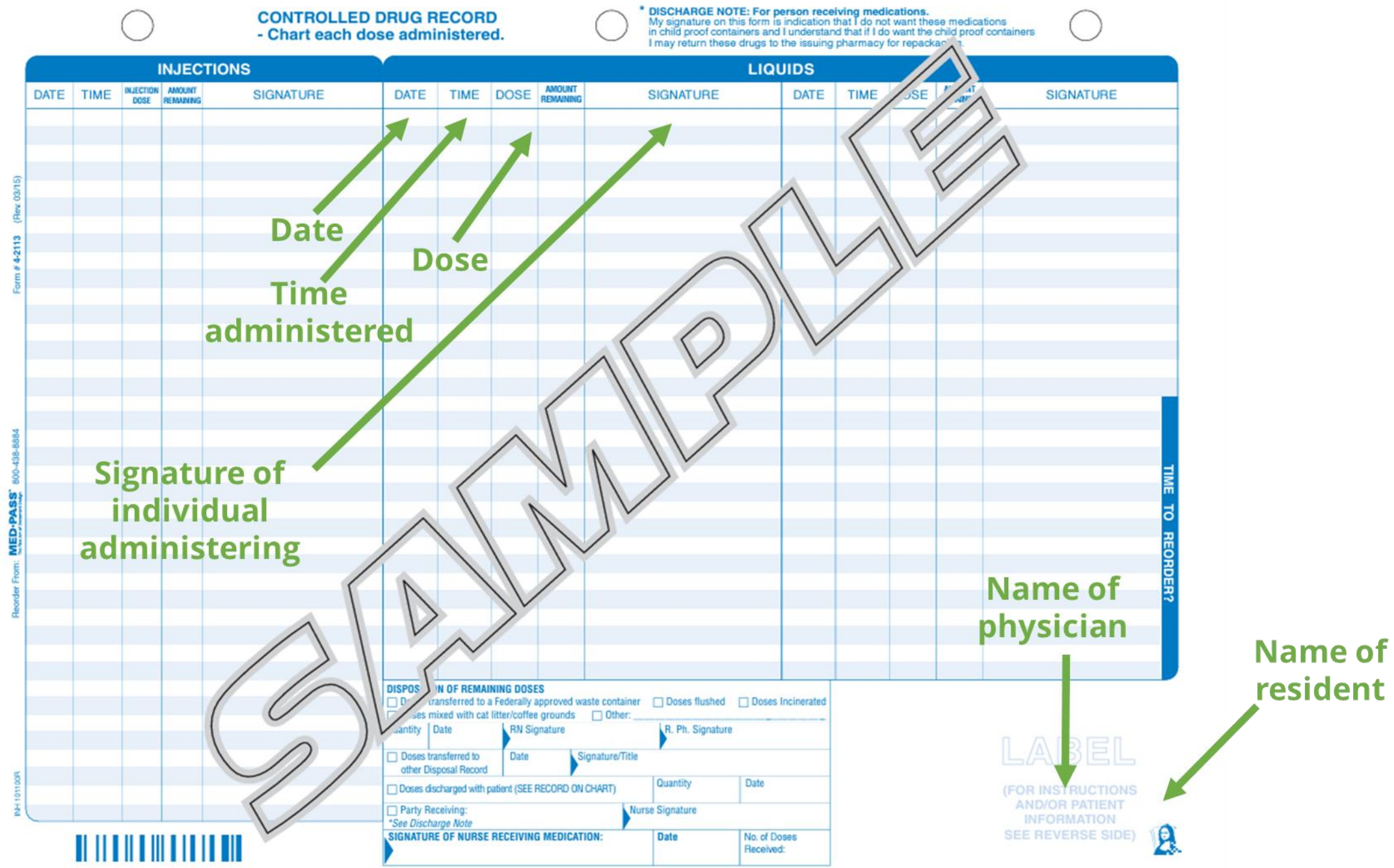
- Single occupancy room
  - The room must be locked

- Double occupancy room
  - Locked cabinet/compartment
  - Prevent access from unauthorized persons

- **No controlled substances**

MEDICATION STORAGE- EMERGENCY USE ONLY

- Medications for emergency/immediate use **ONLY**
  - During nighttime hours in resident room **only**
  - Order from physician/ authorized healthcare provider **required**
  - **Kept unlocked in or upon a cabinet or bedside table**
  - **Only for the resident the medication is written for**


CONTROLLED DRUG RECORD
- Chart each dose administered.
* DISCHARGE NOTE: For person receiving medications.
My signature on this form is indication that I do not want these medications
in child proof containers and I understand that if I do want the child proof containers
I may return these drugs to the issuing pharmacy for repackaging.
INJECTIONS
LIQUIDS
DATE
TIME
INJECTION DOSE
AMOUNT REMAINING
SIGNATURE
DOSE
Date
Time administered
Dose
Signature of individual administering
Name of physician
Name of resident
SAMPLE
TIME TO REORDER?
DISPOSITION OF REMAINING DOSES
Doses transferred to a Federally approved waste container
Doses flushed
Doses Incinerated
Doses mixed with cat litter/coffee grounds
Other:
Quantity
Date
RN Signature
R. Ph. Signature
Doses transferred to other Disposal Record
Signature/Title
Doses discharged with patient (SEE RECORD ON CHART)
Party Receiving:
*See Discharge Note
Nurse Signature
SIGNATURE OF NURSE RECEIVING MEDICATION:
No. of Doses Received:
LABEL
(FOR INSTRUCTIONS AND/OR PATIENT INFORMATION SEE REVERSE SIDE)
Form # 4-2113 (Rev 03/15)
Reorder From: MED-PASS 800-438-8884
INH 1011DSR

DISPOSITION OF MEDICATIONS

- Release of unused medications
  - Resident, family member or responsible party
  - Document with a signature of the person receiving the medication
- Destruction
  - Deteriorated or expired
  - Unused portions remain due to death or discharge
- Discontinued medications must be stored separately and not to exceed thirty days

DISPOSITION OF MEDICATIONS

- Medication & controlled substance destruction
  - Return to the dispensing pharmacy
  - Witnessed by the administrator/designee

- Destruction records maintained for two years

Medication Cart Audit

- MARs
- Cleanliness
- Orders
- Loose Pills
- Storage
- Properly Secured
- Proper tools/equipment
- MARs vs Directions
- Labels
- Shift Change Logs
- Blanks/Administration
- Narcotic Control Sheet & Accurate Count
- Expired/Discontinued Meds
- Meds Available
- Refrigerated Meds

KNOWLEDGE CHECK

TRUE OR FALSE?

A caregiver, who is not a licensed nurse, may administer an influenza and vitamin B-12 injection.

False

TRUE OR FALSE?

It is not acceptable to use an online version of the physician desk reference.

False

A facility monitoring blood sugar levels is required to have ?

A. A nurse on staff
B. Certificate of Waiver from CLIA
C. Certified food protection manager
D. Medical doctor

Certificate of Waiver from CLIA

TRUE OR FALSE?

A facility may elect not to permit self- administration.

True

TRUE OR FALSE?

Only the incoming staff members are required to complete the documented review of the MAR and control sheets.

False

What must occur once a medication has been administered?

A. Continue administering to other residents
B. Initial the MAR
C. Prepare lunch
D. Prepare the next scheduled administrations

Initial the MAR

An onsite review of the medication program by a pharmacist must be conducted on a _____ basis?

A. Annual
B. Semi-annual
C. Quarterly
D. Monthly

Quarterly

How long can medications that have been discontinued by order be separately stored ?

A. 30 days
B. 60 days
C. 7 days
D. 2 weeks

30 days

Medications and treatments shall be administered to residents only upon _____ of a physician/authorized healthcare provider?

A. Permission
B. Orders
C. Request
D. Treatment

Orders

TRUE OR FALSE?

Medications may be left in a resident's room without written authorization from a physician/ authorized healthcare provider.

False

If a resident leaves for the weekend with family, what should be given to the responsible party if he/she cannot self administer?

A. An order to get meds from the pharmacy
B. Nothing, medicines are the property of the facility
C. The proper amount of medications along with dosage, mode, date and time of administrations
D. None of the above

The proper amount of medications along with dosage, mode, date and time of administrations

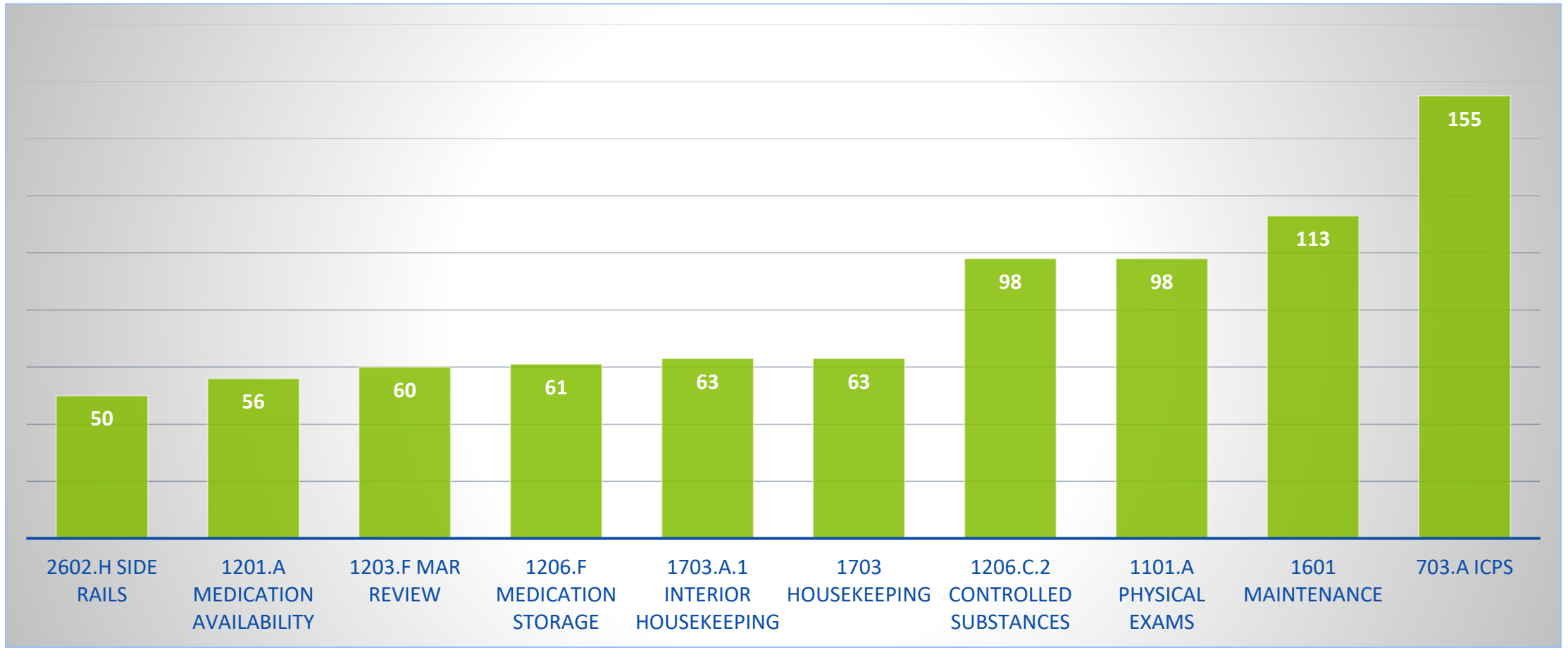
How should controlled substances be stored?

A. Double locked
B. At the resident's bedside
C. In the administrator's office
D. None of the above

Double locked

Top Violations: The Cards Often Misplayed

Frequency of Citations



2602.H Resident Rooms

Side rails may be utilized when required for safety and when ordered by a physician or other authorized healthcare provider. When there are special concerns, e.g., residents with dementia, side rail usage shall be monitored by staff members as per facility policies and procedures.

Examples of Noncompliance

- Side rails observed on resident's beds without an order from a physician or authorized healthcare provider
- Safety concerns that have led to injuries and death
- No monitoring procedures

Optional Ideas for Compliance Improvement

- ❑ Ensure proper authorizations are obtained
- ❑ Create an assessment
- ❑ Select and install rails safely
- ❑ Create a monitoring process
- ❑ Document
- ❑ Train staff on requirements and safety
- ❑ Review and reassess regularly

1201.A Medication Management

Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid shall be available and **properly managed** in accordance with local, State, and Federal 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 outdated, and their disposition at discharge, death, or transfer of a resident.

Examples of Noncompliance

- Current order at the facility but the medication is not available for administration
  - No evidence if a refill has been requested or medication has changed
- Current order and medication available in the facility but the medication is not listed on the MAR
- No first aid kit available

Optional Ideas for Compliance Improvement

- ❑ Keep medication and supplies fully stock
  - ❑ Create inventory checklist
  - ❑ Create an auditing schedule
- ❑ Daily or weekly inventory check
- ❑ Policy for refilling medications
- ❑ Frequent staff training
- ❑ Organize the medication cart and room
- ❑ Reviewing the MAR to assure current orders are documented

1203.F Documented MAR Review

At each shift change, **there shall be a documented review of the MAR's by outgoing staff members with incoming staff members that shall include verification by outgoing staff members that they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider, and have documented the administrations.** Errors/omissions indicated on the MAR's shall be addressed and corrective action taken at that time.

Examples of Noncompliance

- Administrators not aware of this regulatory requirement
- Staff not completing the documented review at the end of their shift
  - Blanks on the document
- Staff pre-signing the document prior to the end of their shift

Optional Ideas for Compliance Improvement

- ❑ Create a structured handoff process and protocol
  - ❑Encourage communication
- ❑Verify medication administration
- ❑Document in real time
- ❑Train and audit regularly
- ❑Ensure documentation integrity for inspections and readily available

1206.F Medication Storage

No medication shall be left in a resident's room unless the facility provides an individual cabinet/compartment which is kept locked in the room of each resident who has been authorized in writing to self-administer by a physician or other authorized healthcare provider. In lieu of a locked cabinet/ compartment, storage of medications shall be **permitted in a resident room which can be locked, provided the room is licensed for one bed; medications are not accessible by unauthorized persons**; the room is kept locked when the resident is not in the room; the medications are **not controlled substances** and all other requirements of this section are met.

Examples of Noncompliance

- Controlled substances in resident's rooms
- Medications in shared rooms but not properly stored if only one resident is authorized to self-administer
  - Includes couples
- Medications, including OTCs, found in resident's rooms without an order from a physician or authorized healthcare providers
  - Families taking their loved ones on outings and returning with OTCs

Optional Ideas for Compliance Improvement

- ❑Develop a process to obtain written self-administration authorization
- ❑Provide proper locked storage compartments
- ❑Strictly prohibit storage of controlled substances in rooms
- ❑Implement staff monitoring & documentation
- ❑Educate residents on their responsibilities
- ❑Add monthly/quarterly QA reviews

1703 & 1703.A.1 Housekeeping

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**;

Examples of Noncompliance

- Live bed bugs and roaches throughout the facility
  - No treatment performed or attempts to eradicate the issue

- Vermin (*i.e., ants/bugs*) crawling on the walls, mattresses and in the kitchen
  - Flying insects throughout the facility

- Offensive odors such as urine, feces, mildew and sewage

Examples of Noncompliance

- Stains of various colors and possible mold in the showers, on the floors, toilets, walls and sinks
- Overflowing trash
- Floors not properly cleaned
  - Staff using dirty mop water or no chemicals in the water
- Accumulation of dust on the ceiling, vents, fans, walls, etc.
- Lack of cleaning by housekeeping staff

Optional Ideas for Compliance Improvement

- ❑ Create area specific cleaning protocols
- ❑ Prioritize which areas required daily or frequently
- ❑Combat vermin and odors
- ❑Develop and utilize structured checklists and schedules
- ❑Deep clean common areas at night
- ❑Train and monitor staff
- ❑Ensure documentation integrity for inspections and readily available

1206.C.2 Control Sheet Review

At each shift change, there shall be a documented review of the control sheets by outgoing staff members with incoming staff members that shall include verification by outgoing staff members that they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider and have documented the administrations. Errors/omissions indicated on the MAR's shall be addressed and corrective action taken at that time.

Examples of Noncompliance

- Administrators not aware of this regulatory requirement
- Staff not completing the documented review at the end of their shift
  - Blanks on the document
- Staff pre-signing the document prior to the end of their shift

Optional Ideas for Compliance Improvement

- ❑ Create a structured handoff process and protocol
  - ❑Encourage communication
- ❑Verify medication administration
- ❑Document in real time
- ❑Train and audit regularly
- ❑Ensure documentation integrity for inspections and readily available

1101.A Physical Exams

A physical examination shall be **completed for residents within thirty (30) days prior to admission and at least annually thereafter.**

Physical examinations conducted within thirty (30) days prior to admission by physicians licensed in states other than South Carolina are permitted for new admissions under the condition that residents obtain an attending physician licensed in South Carolina within thirty (30) days of admission to the facility and undergo a second (2nd) physical examination by that physician within thirty (30) days of admission to the facility. The physical examination shall be updated to include new medical information if the resident's condition has changed since the last physical examination was completed.

1101.A Physical Exams (cont.)

The physical examination shall address:

1. The appropriateness of placement in a CRCF;
2. Medications/treatments ordered;
3. Self-administration status;
4. Identification of special conditions/care required;
5. The need of (or lack thereof) for the continuous daily attention of a licensed nurse.

Examples of Noncompliance

- Not completed within the specified timeframe
- Documentation does not address the required criteria
- Documentation not available at the time of the inspection
- Not signed and/or dated by a physician
- Physical indicates the resident requires a higher level of care

Optional Ideas for Compliance Improvement

- ❑ Ensure timely pre-admission physicals completed
- ❑ Verify physicians to meet requirements
- ❑ Track and schedule annual exams
- ❑ Ensure all required components are addressed
- ❑ Train and educate staff on requirements
- ❑ Maintain thorough documentation
- ❑ Develop a QA/QI monitoring process

1601 Maintenance

The facility shall keep **all equipment and building components (e.g., 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 community residential care facilities.

Examples of Noncompliance

- Common maintenance issues:
  - Equipment not working ***(e.g., HVAC, water heater, lights, doors)***
  - Holes of various sizes and shapes in the ceiling, walls, floors and doors
  - Damage to the walls ***(e.g., paint peeling, scuff marks, baseboards, exposed insulation)***
  - Clogged drains, toilets, leaking faucets
  - Cracked and inoperable windows

Optional Ideas for Compliance Improvement

- ❑ Maintain equipment and building components
  - ❑Develop asset inventory
  - ❑Schedule inspections and maintenance tasks
  - ❑Act promptly on identified issues

- ❑Document preventive maintenance
  - ❑Use standardized logs/templates
  - ❑Track required inspections and services
  - ❑Maintain repair documentation and invoices

- ❑Comply with codes
  - ❑Stay current and up to date on all required codes

- ❑Ensure documentation integrity for inspections and readily available

703.A Individual Care Plans

Using the written assessment, **the facility shall develop within seven (7) days of admission an ICP with participation of the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, as evidenced by their signatures and date**.

The ICP shall be **reviewed and/or revised as changes in resident needs occur, but not less than semi-annually** with the resident, administrator (or designee), and/or the sponsor or responsible party as evidenced by their signatures and date.

703.A
Individual Care Plans (cont.)

The ICP shall describe:

1. The needs of the resident, including the activities of daily living for which the resident requires assistance, i.e., what assistance, how much, who will provide the assistance, how often, and when;
2. Requirements and arrangements for visits by or to physicians or other authorized healthcare providers;
3. Advance directives/healthcare power of attorney, as applicable;
4. Recreational and social activities which are suitable, desirable, and important to the well- being of the resident;
5. Nutritional needs.

Examples of Noncompliance

- ICPs not completed for new admissions
- ICPs not completed and reviewed within designated timeframes
- ICPs not revised when needed
  - *Changes in ADLs, type of care, behavior, diets, etc.*
- Blanks on the ICPs.
- Not signed or dated by appropriate person(s)

Optional Ideas for Compliance Improvement

- ❑ Use sample forms created by the Department (not required but suggested)
- ❑Conduct staff training
- ❑Develop a system that will remind of upcoming due dates
- ❑Audit regularly
- ❑Develop a QA/QI monitoring process
- ❑Ensure documentation integrity for inspections and readily available

Checklist for ICPs

Step	Action
1. Assessment	Complete within 72 hrs; document comprehensively
2. ICP Development	Within 7 days; involve resident/rep; use templates
3. Goal Writing	SMART objectives, assign responsibilities
4. Signature Collection	Resident, admin/designee, and sponsor/rep sign and date
5. Ongoing Monitoring	Track changes; adjust ICP promptly
6. Semi-Annual Review	Review every 6 months; re-sign and re-date
7. Audit & Document	Ensure records are accurate and survey-ready

Healthcare Quality Reminders

Reminders

- Update facility information
- Report administrator changes
- Loss of Service Memorandum
- TB Screening Memorandum
- Changes to Department e-mail addresses **@dph.sc.gov**
- Residential Care Committee

MEMORANDUM

TO: Administrators, Licensed Facilities

FROM: Gwen C. Thompson, Deputy Director
Healthcare Quality

SUBJECT: Reporting Loss of Utilities/Services

Extreme weather conditions may severely impact the safety of residents, patients or clients in facilities that are licensed by Healthcare Quality. Extreme temperatures place a heavy burden on heating, ventilation, and air conditioning equipment. Associated increased electrical needs may overwhelm the power supply resulting in burn outs or complete loss of power. Facilities must plan ahead to address these issues and are expected to have emergency plans to accommodate disruptions in power.

As a reminder, should a facility licensed by Healthcare Quality experience a loss of cooling or heating, interruption of potable water supply, loss of electrical power or other conditions affecting the continuity of essential services, the facility must notify the Department immediately after ensuring the safety of the residents, patients or clients. You may contact the Department at (803) 545-4370. After hours, please contact the Department at (803) 606-0767.

Failure to notify Healthcare Quality promptly may result in sanctions from the Department.

RE: Tuberculosis screening of residents admitted from a hospital and S.558/Section 44-31-40

On May 20, 2024, Governor McMaster signed into law S.558 which adds Section 44-31-40 to the S.C. Code of Laws regarding the tuberculosis screening of nursing home or community residential care facility ***residents admitted from a hospital***.

Prior to admission of such residents, the nursing home or community residential care facility (CRCF) must:

1) Request and receive a written declaration, which can be in a hospital progress note or discharge summary, from an authorized healthcare provider that, based upon medical examination, the resident has no signs or symptoms of active tuberculosis;
2) Within 3 days of admission of the resident, administer the first step of the two-step tuberculin skin test (TST) to the resident; and
3) Within 14 days of admission of the resident, administer the second step of the two-step TST to the resident.

Additionally, a nursing home or CRCF may substitute a single blood assay for mycobacterium tuberculosis (BAMT) for a two-step TST. Further, if the facility has documentation that within the 12-month period prior to admission the resident obtained a negative tuberculin skin test or a negative single BAMT, then it may administer a single TST or single BAMT within 14 days of the resident's admission.

Section 44-31-40 does not concern residents admitted from settings other than a hospital. The resident tuberculosis screening requirements for residents admitted from other settings can be found at Regulation 61-17 Section 1704 for nursing homes and Regulation 61-84 Section 1702.E and -F for CRCFs.

CONTACT ME

JoMonica Taylor

(803) 545-4257

taylorjj@dph.sc.gov

https://dph.sc.gov/professionals/healthcare-quality/healthcare-facility-licensing/community-residential-care