## SC DPH FACT SHEET: Nursing Home/Community Residential Care Facility

Category	Nursing Home (R61-17)	CRCF (R61-84)
Type of Care	Sections A.(1)(n) & D.(2)(a): Regular care and treatment by licensed and non-licensed nursing staff under the direct supervision of a	Sections 101.L., LL., and 801.
	physician.	Room and board; personal assistance with activities of daily living; intermediate, short duration nursing care.
Building Construction	Sections Q., R., T.(1), U.(2) & (3), W.(6) & Y.(7): Institutional - unrestrained Occupancy, fully sprinklered, 8 foot corridors, 44 inch	Sections 1901.B. & D., and 2202.
	wide resident room doors, nurses' station, nurse call system, "defend in place".	Less than 5 beds classified as residential occupancy; six or more meet requirements of SBC for Residential R-4; six or more residents incapable of self-preservation must meet requirements of the SBC for Institutional Occupancy. Automatic sprinkler system required for 6 or more beds.
Staffing Qualifications	Sections B.(3)(b) & E.:	Sections 502. & 501.
	Licensed administrator	Licensed Administrator,
	Licensed nursing staff (RN & LPN)	Non-licensed nursing staff,
	DON-RN	volunteers; No conviction or pled no contest (nolo contendere) for child or adult abuse, neglect, or mistreatment.
	Non-licensed nursing staff (aides, orderlies, etc.)	
Ratio	Section E.(3) & S. C. Code Ann. § 44-7-262.:	Section 503.
	1 licensed nurse per (44 bed or less) nurses' station per shift.	1 staff to 8 residents during peak hours (7A-7P or defined by facility)
	Non-licensed nursing staff:	1 staff to 30 residents non-peak hours.
	Shift Ratio Aides to	If building houses more than 8 residents a staff member must be awake and dressed during non-peak hours.
	Residents	Department may require additional personnel if client needs require.
	1 1:9	(NOTE: Dietary, housekeeping and administrative staffs are counted in staffing
	2 1:13	ratio. A community residential care facility with 8 residents would require a minimum of 1 staff person on the day shift.)
	3 1:22	
	Department may require additional personnel if patient needs require.	
	(NOTE: This staff must be dedicated strictly to direct resident care, e.	

	g., no cooking, housekeeping or administrative duties. A nursing home with 8 residents would require a minimum of 3 staff persons on the day shift, i.e., 1 administrator, 1 DON who must be an RN and 1 aide.)	
Repeat Violation	Section A.(4): Recurrence of a violation within 24 months.	Section 101.UU.
		Recurrence of a violation within 36 months.
Change of Ownership	(Not applicable.)	Section 103.D.
		When change of ownership occurs, the new licensee must bring the building into compliance with current building codes within 24 months of change.
Fees	Section A.(2)(e): \$10.00 per bed.	Section 103.L.
		\$10 per bed, minimum fee of \$75.00.
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Verbal Orders	Section (3)(a) & 04/14/95 Provider-Wide Exception: Verbal orders must be authenticated within 48 hours. As an alternative facilities may	Section 1202.B.
	establish a listing of medications for which verbal orders must be authenticated within 2 days; all other orders must be authenticated within 30 days.	Received by staff members authorized by facility (unlicensed staff permitted to take verbal orders) and must be authenticated within 72 hours.
Care Plans	Section G.(2)(f): Must be done within 14 days of admission.	Section 703.A.
		Must be developed within 7 days and updated not less than semi-annually.
Admission Criteria	Sections A.(n), D.(3)(a) & (b): Persons not in need of hospital care. On a M.D.'s orders. Discretion shall be exercised to avoid admission	Section 801.
	of persons whose needs cannot be met.	Must be an adult, must not need hospitalization, nursing home care, or continuous daily attention of a licensed nurse.
Admission Agreement	Section B.(9)(a): The Bill of Rights for Residents of Long-Term Care Facilities establishes certain rights for residents living in nursing	Sections 901.A. & 1001.
. igreement	homes. Admission agreements must not violate those rights.	There should be a written agreement between the resident and the facility explaining services provided, fees, advance notice requirements for fee changes, refund policies, date of receipt of personal needs allowance, transportation policy, resident rights, and grievance procedure. The Bill or Rights for Residents of Long-Term Care Facilities applies.
Restraints	Section E.(4)(c): Restraints may be applied in accordance with a M.D. order and facility policy and procedure.	Section 905.
		Restraints allowed only in emergencies.
Admission Physical	Section G.(2)(b): Within 5 days prior or within 48 hours after admission. Section D.(3)(c): A two-step PPD is required for admission	Section 1101.A.
<b>J</b> 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	(-/(-/	Within 30 days prior to admission and at least annually thereafter. A two-step PPD must be administered as part of the admission physical.

Administering	Section E.(4)(b): Administered by licensed nurses.	Section 1203.B.
Medication		
		A non-licensed staff member may administer medications provided the staff
		member has been trained by individuals licensed to administer medications.
		Injections limited to non-sliding scale insulin and medications associated with
		anaphylactic reactions under established medical protocol. Staff licensed nurses
		may administer influenza and Vitamin B-12 injections.
	Section F.(4)(f)(1): Self-administration of medications is allowed only	Section1203.B.
1	on the specific written orders a M.D. Self-administered medications	
1	shall be recorded on the medication administration records by the	No requirement for documentation of self-administration of medications on a
	appropriate licensed personnel.	medication administration record (MAR).
		Self-administration must be checked quarterly by staff or updated semi-annually by
		a physician.
Emergency Drugs	Section F.(6): Emergency drug kit must be maintained.	Not required.
Pharmacist Review	Section F.(2): Monthly consulting pharmacist visit and monthly	Section 1205.B.
	review of resident's records is required.	
		Quarterly reviews by a pharmacist when unit dose systems are used.
Quality	(Not applicable.)	Section 1801.
Improvement		
Program		A written Q.I. program is required.

The SC DPH, Division of Public Health Licensing produced this information. Call 803-545-4370 with any questions.