

South Carolina Department of Health and Environmental Control



Division of Health Licensing Community Care Oversight Section

Top 10 Citations

- Does the Individual Care Plan (ICP) address: dietary needs, special diet?
- Does the resident record include orders for: care, hospice, treatment, physical therapy and/or occupational therapy, diets, et al?
- Was the ICP signed appropriately?
- Does the ICP address advanced directives and/or health care power-of-attorney?
- Are the residents medications available (and properly managed) for administration?

Top 10 Citations

- Was the physical examination completed within 30 days of admission and at least annually thereafter?
- Was the ICP updated every six months or as necessary?
- Does the admission physical include a two-step PPD?
- Does the ICP address the needs of the residents?
- Was a written assessment of the resident conducted within 72 hours of admission?

What's cited most during a general inspection?

- Maintenance issues
- Medications not available and properly managed
- Staff Training
- MAR errors (blanks, directions do not match physician order)
- ICP errors (areas left blank, do not matching other documentation)
- Physical Examinations (late, not dated, not completed by SC physician)
- Notes of observation, to include home health, hospice (not available)
- Housekeeping Issues
- Admission PPD
- Meds in resident's room with no physician order

Level of Care

C. Persons not eligible for admission/retention are:

1. Any person who is likely to endanger him/herself or others as determined by a physician or other authorized healthcare provider;
2. Any person other than an adult; (II)
3. Any person needing hospitalization or nursing home care;
4. Anyone needing the continuous daily attention of a licensed nurse. Nursing care may be furnished to residents in need of short-term intermittent nursing care (no more than fourteen (14) consecutive days) while convalescing from illness or injury, provided the nursing services, e.g., the utilization of a home health nurse for sterile dressing changes or for observation related to a surgical site, are furnished by a licensed nurse facility staff member or a home health nurse.

Level of Care

5. Any person who requires one of the following nursing services determined by the South Carolina Board of Nursing to require the skills of a licensed nurse for no more than fourteen (14) consecutive days:
 - a. Daily skilled monitoring/observation (except as permitted for no more than fourteen (14) consecutive days) due to an unstable or complex medical condition, *e.g.*, brittle diabetes, dialysis patients with complications such as infections in the blood;
 - b. Serious aggressive, violent or socially inappropriate behavioral symptoms which cannot be controlled or improved in the facility;
 - c. Medications that require frequent dosage adjustment, regulation and/or monitoring, *e.g.*, diabetics receiving sliding scale insulin;

Level of Care

- d. Intravenous medications or fluids, regular intra-muscular and subcutaneous injections by staff. This does not include injections administered on a part-time or intermittent basis by non-staff licensed nurses. Routine injection(s) of insulin scheduled daily or less frequently are permitted;
- e. Care of urinary catheter that cannot be managed independently by the resident;
- f. Treatment of stage 2, 3 or 4 decubitus ulcers, or multiple pressure sores or other widespread skin disorder (important considerations include: signs of infection, full thickness tissue loss, or requirement of sterile technique);
- g. Nasogastric tube feeding or having to be fed by a syringe or straw due to difficulties in swallowing. Gastronomy tube feedings that cannot be managed independently by the resident;
- h. Suctioning of the nose and/or mouth;
- i. Tracheotomy or sterile care of the tracheotomy that cannot be managed independently by the resident;

Level of Care

- j. Receiving oxygen for the first time, which requires adjustment and evaluation of oxygen concentration;
- k. Dependency in all activities of daily living for more than fourteen (14) consecutive days, e.g., bedridden; incapable of locomotion; unable to transfer; totally incontinent of urinary and/or bowel function; must be totally bathed and dressed and toileted and needs extensive assistance to eat. The facility should develop a transfer plan by the tenth (10th) day of total dependency for transfer on the fifteenth (15th) day if the resident is not improving; or
- l. Sterile dressing changes. Licensed staff nurses or home health nurses may perform these changes for no more than fourteen (14) consecutive days before discharge is appropriate.

Level of Care

6. Anyone not meeting facility requirements for admission; the facility may determine who is eligible for admission and retention in its policies, provided compliance with local, state, and federal laws and regulations is accomplished.
 - D. Residents whose condition changes to a degree that nursing home care or the daily attention of a nurse may be required, or have a contagious disease, shall be examined by a physician or other authorized healthcare provider regarding the possible necessity for transfer to a facility where the resident's eligibility for admission is appropriate.
 - E. When the provision of care/services in the facility, combined with other appropriately licensed services, in accordance with facility policy, e.g., hospice, home health, as may be ordered by a physician or other authorized healthcare provider, does not meet the needs of the resident, or if any resident becomes in need of continuous medical or nursing supervision, or if the facility does not have the capability to provide necessary care/services, the resident shall be transferred within 30 days to a location which shall meet those needs. The administrator shall coordinate this transfer with the resident, next-of-kin/responsible party, and sponsor.

Level of Care – How to stay in compliance

If you have a resident that is at a higher level of care than what is appropriate for a CRCF, and you wish to keep that resident, you may:

- Submit to the Department a Level of Care waiver or an Exception to Regulation 61-84 for the 801 section(s) that applies to that resident. Please submit either as soon as you can, BEFORE an inspection. Submissions received after a citation may not be approved.
- Give a thirty (30) day notice and document any contacts with other facilities that can provide the appropriate level of care that the resident requires.

Level of Care Waiver

The Department may grant a waiver to a CRCF to provide short-term care in end-of-life situations for those residents who have been certified by a physician as being “terminally ill” and who require medical care, skilled nursing care, or care beyond assistance with Activities of Daily Living (ADL’s) provided the facility meet specified and additional requirements.

Prior to submitting the LOC waiver, please contact Rhonda Staley at (803) 545-3055, to ensure that you have all the correct information needed, before sending the LOC for approval.

For further information, please contact the
Division of Health Licensing
(803) 545-4370

😊 Thank You 😊