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South Carolina Board of Health and Environmental Control

Agenda

January 6, 2020

***Call to Order – 10:00 a.m., Board Room (#3420)
South Carolina Department of Health and Environmental Control,
2600 Bull Street, Columbia, S.C.***

1. Minutes of December 12, 2019 meeting
2. Administrative and Consent Orders issued by Health Regulation
3. Administrative and Consent Orders issued by Environmental Affairs
4. **Public Hearing and Request for Notice of Final Regulation Approval, Regulation 61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence, Proposed Amendment, Document No. 4954**
5. **Public Hearing and Request for Notice of Final Regulation Approval, Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Proposed Amendment, Document No. 4953**
6. Agency Affairs

Executive Session (if needed)

Adjournment

Note: The next scheduled meeting is February 13, 2020.

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

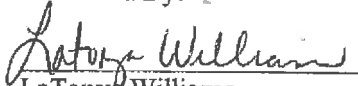
January 6, 2020

- () ACTION/DECISION
(X) INFORMATION

- I. **TITLE:** Health Regulation Administrative and Consent Orders.
- II. **SUBJECT:** Health Regulation Administrative and Consent Orders for the period of November 1, 2019, through November 30, 2019.
- III. **FACTS:** For the period of November 1, 2019, through November 30, 2019, Health Regulation reports one (1) Consent Order with no assessed monetary penalties. There were no Administrative Orders or Emergency Suspension Orders issued during the reporting period.

Health Regulation Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Emergency Suspension Orders	Assessed Penalties
EMS & Trauma	Paramedic	0	1	0	\$0
TOTAL		0	1	0	\$0

Submitted By: -



LaTonya Williams
Director of Quality Management Division
Health Facilities Licensing
On behalf of Gwen C. Thompson,
Interim Director of Health Regulation

HEALTH REGULATION ENFORCEMENT REPORT
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

January 6, 2020

Bureau of Emergency Medical Services and Trauma

Provider Type	Total # of Certified Paramedics
Paramedic	3,873

1. Stacey A. Winstead – Paramedic

Inspections and Investigations: In July 2019, the Department was notified of allegations concerning conduct by Ms. Winstead while working for a licensed advanced life support ambulance service. The Department initiated an investigation.

Violations: The Department found that while Ms. Winstead and her EMT partner were on duty and after initiating care of a patient at the scene of an illness, Ms. Winstead and her EMT partner discontinued such care without the patient's consent. The Department determined that Ms. Winstead committed misconduct by discontinuing care of a patient at the scene of an illness without the patient's consent or without providing for the further administration of care by an equal or higher medical authority.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a six-month suspension, which will be held in abeyance for twelve months, on Ms. Winstead's paramedic certificate. Ms. Winstead also agreed to successfully complete both a Pre-Hospital Trauma Life Support Class and a Professional Ethics and Personal Leadership (PEPL) Class within twelve months of the execution of this Consent Order.

Prior Actions: None.

SUMMARY SHEET
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
January 6, 2020

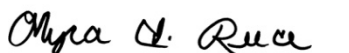
_____ ACTION/DECISION

X INFORMATION

1. **TITLE:** Administrative and Consent Orders issued by the Office of Environmental Affairs.
2. **SUBJECT:** Administrative and Consent Orders issued by the Office of Environmental Affairs during the period November 1, 2019, through November 30, 2019.
3. **FACTS:** For the reporting period of November 1, 2019, through November 30, 2019, the Office of Environmental Affairs issued one hundred twenty (120) Consent Orders with total assessed civil penalties in the amount of one hundred seventy-two thousand, eight hundred seventy (\$172,870.00) dollars. Also, nine (9) Administrative Orders were reported during this period with total assessed civil penalties in the amount of eleven thousand, four hundred fifty (11,450.00) dollars.

Bureau and Program Area	Administrative Orders	Assessed Penalties	Consent Orders	Assessed Penalties
Land and Waste Management				
UST Program	3	\$11,450.00	3	\$1,900.00
Aboveground Tanks	0	0	0	0
Solid Waste	0	0	3	\$7,300.00
Hazardous Waste	0	0	1	\$8,600.00
Infectious Waste	0	0	0	0
Mining	0	0	1	\$1,000.00
SUBTOTAL	3	\$11,450.00	8	\$18,800.00
Water				
Recreational Water	0	0	37	\$57,820.00
Drinking Water	0	0	2	0
Water Pollution	0	0	6	\$17,200.00
Dam Safety	1	0	0	0
SUBTOTAL	1	0	45	\$75,020.00
Air Quality				
SUBTOTAL	0	0	1	\$9,600.00
Environmental Health Services				
Food Safety	0	0	66	\$69,450.00
Onsite Wastewater	5	0	0	0
SUBTOTAL	5	0	66	\$69,450.00
OCRM				
SUBTOTAL	0	0	0	0
TOTAL	9	\$11,450.00	120	\$172,870.00

Submitted by:



Myra C. Reece

Director of Environmental Affairs

**ENVIRONMENTAL AFFAIRS ENFORCEMENT REPORT
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
January 6, 2020**

BUREAU OF LAND AND WASTE MANAGEMENT

Underground Storage Tank Enforcement

- 1) Order Type and Number: Administrative Order 19-0064-UST
 Order Date: October 31, 2019
 Individual/Entity: **Tien Van Nguyen**
 Facility: Michael's Express
 Location: 644 Rock Hill Highway
 Lancaster, SC 29720

 Mailing Address: Same
 County: Lancaster
 Previous Orders: none
 Permit/ID Number: 05522
 Violations Cited: The State Underground Petroleum
 Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann., § 44-2-10 et
seq. (2018); and South Carolina Underground Storage Tank Control Regulation, 7 S.C.
Code Ann., Regs. 61-92.280.93(a) and 280.110(c) (2012 & Supp. 2018).

Summary: Tien Van Nguyen (Individual/Entity) owns underground storage tanks (USTs) located in Lancaster, South Carolina. On January 17, 2019, the Department issued a Notice of Alleged Violation because there was no current financial responsibility assurance on file with the Department. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Control Regulation as follows: failed to demonstrate financial responsibility for an underground storage tank (UST) system and failed to submit financial assurance to the Department.

Action: The Individual/Entity is required to: submit a completed Certificate of Financial Responsibility form; submit evidence of financial assurance; and, pay a civil penalty in the amount of two thousand, six hundred fifty dollars (**\$2,650.00**).

- 2) Order Type and Number: Administrative Order 19-0182-UST
 Order Date: November 7, 2019
 Individual/Entity: **Jaisy & Sahil VI, LLC**
 Facility: Food Fare 2
 Location: 7426 Hunt Club Road
 Columbia, SC 29223

 Mailing Address: Same
 County: Richland

Previous Orders: None
Permit/ID Number: 07885
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988, S.C. Code Ann. § 44-2-10 et seq. (2018) (SUPERB Act); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.20(c)(1)(ii)(2012 & Supp. 2018)

Summary: Jaisy & Sahil VI, LLC (Individual/Entity) owns and operates underground storage tanks in Columbia, South Carolina. On June 19, 2019, the Department issued a Notice of Alleged Violation because petroleum or petroleum products had been introduced into an unregistered UST. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: introduction of petroleum or petroleum products into an unregistered or unpermitted UST.

Action: The Individual/Entity is required to pay a civil penalty in the amount of three thousand dollars (**\$3,000.00**).

3) Order Type and Number: Administrative Order 19-0062-UST
Order Date: November 18, 2019
Individual/Entity: **Surajhira LLC**
Facility: Surajhira
Location: 3522 South Okatie Highway
Hardeeville, SC 29927
Mailing Address: Same
County: Jasper
Previous Orders: none
Permit/ID Number: 17979
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann., § 44-2-10 et seq. (2018); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92.280.34(c); 280.40(a); 280.43(d); and, 280.45(b)(1) (2012 & Supp. 2018).

Summary: Surajhira LLC (Individual/Entity) owns underground storage tanks (USTs) located in York, South Carolina. On January 23, 2019, the Department issued a Notice of Alleged Violation because current automatic tank gauge (ATG) records or tank tightness test results were not provided to the Department upon request. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Control Regulation as follows: failed to provide records to the Department upon request; failed to provide an adequate release detection method for an UST system; failed to conduct proper release detection using an ATG; and, failed to maintain records for one year.

Action: The Individual/Entity is required to: submit tank tightness test results for all USTs; submit current ATG records; and, pay a civil penalty in the amount of five thousand, eight hundred dollars (**\$5,800.00**).

4) Order Type and Number: Consent Order 19-0363-UST
Order Date: November 5, 2019
Individual/Entity: **Carolina Convenience Corporation**
Facility: S Mart 102
Location: 436 Blossom Street
Columbia, SC 29201
Mailing Address: 557 Whiteford Way
Lexington, SC 29072
County: Richland
Previous Orders: 16-0232-UST (\$1,000.00)
Permit/ID Number: 07637
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann. § 44-2-10 et seq. (2018), and the South Carolina Underground Storage Tank Control Regulations, 7 S.C. Code Ann., Regs. 61-92.280.44(a) (2012 & Supp. 2018).

Summary: Carolina Convenience Corporation (Individual/Entity), owns underground storage tanks located in Columbia, South Carolina. The Department conducted an inspection on August 30, 2019. The Individual/Entity has violated the SUPERB Act and the S.C. Underground Storage Tank Control Regulation as follows: failure equip a pressurized line with an automatic line leak detector.

Action: The Individual/Entity is required to pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

5) Order Type and Number: Consent Order 19-0391-UST
Order Date: November 5, 2019
Individual/Entity: **Rashmiben Patel**
Facility: Quick Stop 5
Location: 103 East Home Avenue
Hartsville, SC 29550-3711
Mailing Address: 2237 East Bobo Newsom Highway
Hartsville, SC 29550
County: Darlington
Previous Orders: None
Permit/ID Number: 02763
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann. § 44-2-10 et seq. (2018), R.61-92, Sections 280.31(a), 280.70(c), 280.93(a), 280.110(c) (2012 & Supp. 2018).

Summary: Rashmiben Patel (Individual/Entity), owns and operates an underground storage tank located in Hartsville, South Carolina. On May 21, 2019, July 17, 2019, and August 6, 2019, the Department issued Notices of Alleged Violations. The Individual/Entity has violated the SUPERB Act as follows: failed to close a permanently out-of-service UST system, failed to

demonstrate financial responsibility for an underground storage tank system and submit evidence of financial assurance to the Department upon request, and failed to pay annual tank registration fees.

Action: The Individual/Entity is required to: submit either a passing metal integrity test results for all USTs or a completed UST Tank and Sludge Disposal Form, to permanently close the USTs and submit a UST Closure and Assessment Report; submit a completed Certificate of Financial Responsibility form and evidence of financial assurance; pay outstanding annual tank registration fees and associated late fees for fiscal year 2020 in the amount of one hundred sixty-five dollars (\$165.00); pay a civil penalty in the amount of nine hundred dollars (**\$900.00**); and pay a stipulated penalty in the amount of eight thousand dollars (\$8,000.00) should any requirement of the Order not be met.

6) Order Type and Number: Consent Order 19-0412-UST
Order Date: November 5, 2019
Individual/Entity: **Kareem Harding**
Facility: Yahuah People Unite
Location: 650 Center Street
Chester, SC 29706
Mailing Address: 656 Center Road
Chester, SC 29706
County: Chester
Previous Orders: None
Permit/ID Number: 18376
Violations Cited: The State Underground Petroleum
Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann. § 44-2-60(A) et
seq. (2018).

Summary: Kareem Harding (Individual/Entity), owns underground storage tanks located in Columbia, South Carolina. On August 23, 2019, the Department issued a letter to for failing to pay annual tank registration fees for fiscal years 2013 through 2020. The Individual/Entity has violated the SUPERB Act as follows: failed to pay annual tank registration fees.

Action: The Individual/Entity is required to: pay annual tank registration fees and associated late fees for fiscal years 2013 through 2020 in the amount of eight thousand, eight dollars (\$8,008.00) in accordance with a promissory note and pay a **suspended penalty** in the amount of three thousand, two hundred dollars (**\$3,200.00**) should any requirement of the Order not be met.

Solid Waste Enforcement

7) Order Type and Number: Consent Order 19-15-SW
Order Date: November 26, 2019

Individual/Entity: **New Century Construction Company, LLC – Recycling Division**

Facility: New Century Construction Recycling Division Chipping Site

Location: 1437 Davis Mill Road
Seneca, SC 29678

Mailing Address: 100 War Woman Trail
Seneca, SC 29672

County: Oconee

Previous Orders: None

Permit/ID Number: COM-00183

Violations Cited: South Carolina Solid Waste Policy and Management Act of 1991, S.C. Code Ann. §§ 44-96-290(A) (Rev. 2002) (Act), the Solid Waste Management: Compost and Mulch Production from Land-clearing Debris, Yard Trimmings, and Organic Residuals, R.61-107.4, Part III.C.1.b., Part III.E.1.a., Part III.E.1.d., Part III.E.1.e, Part III.E.5.c., Part III.E.13.a., and Part III.E.15 (Regulation) and Permit # COM-00183.

Summary: New Century Construction Company, LLC – Recycling Division (Individual/Entity), is responsible for operating a wood grinding facility in Seneca, South Carolina. The Department conducted inspections on June 25, 2018, September 27, 2018, October 30, 2018, March 4, 2019, and April 29, 2019, and observed the following: exceeded the permitted limit of unprocessed material; the required buffers were not met; all required equipment was not operational; piles were not managed to prevent fires; there were inadequate fire lanes surrounding all piles; and monthly records of current material on site were not maintained. The Individual/Entity has violated the South Carolina Solid Waste Policy, Management Act and Solid Waste Management: Compost and Mulch Production from Land-clearing Debris, Yard Trimmings, and Organic Residuals Regulation, and Permit # COM-00183 as follows: failed to meet a minimum 50-foot buffer from property lines; failed to control receipt of all materials; exceeded maximum capacity of material allowed by permit; failed to cease accepting deliveries of feedstock or other materials that would result in materials being stored in excess of the maximum capacity allowed by permit; failed to have sufficient space around piles of material to allow access of emergency fire-fighting equipment; failed to measure and record the amounts, in cubic yards, of feedstocks, in-process material and waste material on site at that time; and failed to operate in accordance with this regulation and an operational plan developed specifically for the Facility and approved by the Department.

Action: The Individual/Entity is required to: reduce the amount of unprocessed material to less than seven hundred and forty (740) cubic yards; remove all unprocessed material that is outside of the permitted area to within the permitted area; separate processed and unprocessed material in accordance with the permitted plans; establish a fifty foot fire lane around the unprocessed material; separate incoming and outgoing loads by permitted site for the daily and monthly records; and pay a civil penalty in the amount of six thousand, three hundred dollars (**\$6,300.00**).

8) Order Type and Number: Consent Order 19-26-SW
Order Date: November 26, 2019
Individual/Entity: **378 Recycle Center, LLC**
Facility: 378 Recycle Center
Location: 5040 Sunset Boulevard
Lexington, SC 29072
Mailing Address: 5009 Sunset Boulevard
Lexington, SC 29072
County: Lexington
Previous Orders: None
Permit/ID Number: 322456-1703
Violations Cited: South Carolina Solid Waste Policy and Management Act of 1991 (Act), Solid Waste Management: Solid Waste Landfills and Structural Fill Regulation (Regulation), R.61-107.19, Part III.D. and Permit # 322456-1703 (Permit)

Summary: 378 Recycle Center, LLC (Individual/Entity), is responsible for operating a Class One Landfill in Lexington, South Carolina. The Department conducted a file review on October 8, 2019 and determined that the Individual/Entity had not submitted its 2019 annual report. The Individual/Entity has violated the South Carolina Solid Waste Policy and Management Act, Solid Waste Management: Solid Waste Landfills and Structural Fill Regulation, and the Permit 322456-1703 as follows: Failed to submit an annual report for fiscal year 2019.

Action: The Individual/Entity is required to: submit an annual report for fiscal year 2019; pay a civil penalty in the amount of five hundred dollars (**\$500.00**); and pay a suspended penalty in the amount of three hundred dollars (\$300.00) should any requirement of the Order not be met.

Additional Information: The annual report for Fiscal year 2019 was submitted on November 14, 2019 and the civil penalty has been paid.

9) Order Type and Number: Consent Order 19-27-SW
Order Date: November 26, 2019
Individual/Entity: **378 Recycle Center, LLC**
Facility: 378 Recycle Center
Location: 5040 Sunset Boulevard
Lexington, SC 29072
Mailing Address: 5009 Sunset Boulevard
Lexington, SC 29072
County: Lexington
Previous Orders: None
Permit/ID Number: 322456-3002
Violations Cited: South Carolina Solid Waste Policy and Management Act of 1991 (Act), Solid Waste Management: Compost and Mulch

Production from Land-clearing Debris, Yard Trimmings, and Organic Residuals (Regulation), R.61-107.4, Part III.E.13.b. and Permit # 322456-3002 (Permit)

Summary: 378 Recycle Center, LLC (Individual/Entity), is responsible for operating a compost and mulch production facility in Lexington, South Carolina. The Department conducted a file review on October 8, 2019 and determined that the Individual/Entity had not submitted its 2019 annual report. The Individual/Entity has violated the South Carolina Solid Waste Policy and Management Act, Solid Waste Management: Compost and Mulch Production from Land-clearing Debris, Yard Trimmings, and Organic Residuals, and the Permit 322456-3002 as follows: failed to submit an annual report for fiscal year 2019.

Action: The Individual/Entity is required to: submit an annual report for fiscal year 2019; pay a civil penalty in the amount of five hundred dollars (**\$500.00**); and pay a suspended penalty in the amount of three hundred dollars (\$300.00) should any requirement of the Order not be met.

Hazardous Waste Enforcement

10) Order Type and Number: Consent Order 19-27-HW
Order Date: November 7, 2019
Individual/Entity: **Stueken, LLC**
Facility: Stueken, LLC
Location: 137 Southchase Boulevard
Fountain Inn, SC 29644
Mailing Address: Same
County: Greenville
Previous Orders: 17-28-HW (\$6,000.00)
Permit/ID Number: SCR 000 007 070
Violations Cited: The South Carolina Hazardous Waste Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2018).

Summary: Stueken, LLC (Individual/Entity) provides deep draw and metal stamping of components for the automotive, electronic, and consumer industries at its facility located at 137 Southchase Boulevard, Fountain Inn, South Carolina. The Department conducted an inspection on May 21, 2019. The Individual/Entity violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to accurately determine if a waste was a hazardous waste; failed to ensure each container is labeled or marked clearly with accumulation start dates; failed to clean up a hazardous waste discharge that occurred during processing; failed to record hazardous waste inspections in an inspection log or summary, and keep such records at the facility for at least three (3) years from the date of inspection; failed to maintain lamps in a manner to prevent a release and to keep such containers closed; failed to label or mark clearly each battery or container of

universal waste batteries; failed to accumulate universal waste for no longer than one year from the date generated; failed to demonstrate the length of time universal waste had been accumulated from the date it became a waste; failed to ensure containers of used oil were closed to prevent spillage; and failed to label or mark containers used to store used oil with the words "Used Oil."

Action: The Individual/Entity is required to: pay a civil penalty in the amount of eight thousand, six hundred dollars **(\$8,600.00)**.

Mining Enforcement

11) Order Type and Number: Consent Order 19-09-MSWM
Order Date: November 14, 2019
Individual/Entity: **Wilson Sand Company, LLC**
Facility: Frick Mine
Location: Intersection of I-20 and U.S. Highway 178, bisected by Ben Franklin Road and bounded by North Edisto Road, Gilbert, SC
Mailing Address: P.O. Box 945
Greenwood, SC 29648-0945
County: Lexington
Previous Orders: None
Permit/ID Number: I-000178
Violations Cited: South Carolina Mining Act S.C. Code Ann. § 48-20-10 et seq. (Rev. 2008); South Carolina Mining Regulation (Supp. 2012), R.89-20, R.89-80, and Permit I-000178, Part III and Part VII, Section 6.

Summary: Wilson Sand Company, LLC (Individual/Entity), operates a mine near Gilbert, South Carolina. The Department conducted inspections on June 26, 2018 and May 23, 2019. The Individual/Entity violated the South Carolina Mining Act, and the South Carolina Mining Regulation as follows: failed to complete reclamation of Phase I and Phase II segments of the mine within two (2) years of termination and engaged in mining outside the permitted area without obtaining a permit issued by the Department to cover the affected land.

Action: The Individual/Entity is required to: cease all mining activity outside of the original Individual Mining Permit and the approved 2.7 acres until a completed MR-1300 Application to Modify (MR-1300) the existing Permit and the MR-700 Land Entry Agreement (MR-700) is submitted to the Department; submit the MR-1300 and the MR-700 to the Department or begin reclamation of the Site; complete the reclamation of Phase II; upon confirmation from the Department that Phase II reclamation is complete, begin reclamation of Phase I; pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**; and pay a stipulated penalty in the amount of one thousand dollars (\$1,000.00) should any requirement of the Order not be met.

BUREAU OF WATER

Recreational Waters Enforcement

- 12) Order Type and Number: Consent Order 19-236-RW
Order Date: November 1, 2019
Individual/Entity: **Willington Lakes, LLC**
Facility: Willington Lakes Apartment Homes
Location: 100 Willington Road
Orangeburg, SC 29116
Mailing Address: Same
County: Orangeburg
Previous Orders: None
Permit/ID Number: 38-1001B; 38-1002C
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Willington Lakes, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a kiddie pool. On June 25, 2019, and July 29, 2019, the pool and kiddie pool were inspected, and violations were issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: depth marker tiles were not secured in place during the first inspection and were cracked during the second inspection; the pool walls were dirty; the drinking water fountain was not operating properly; the gate did not self-close and latch; the cyanuric acid level was above the water quality standards acceptable limit; the current pool operator of record information was not posted to the public; the bound and numbered log book was not maintained on a daily basis and was not maintained a minimum of three times per week by the pool operator of record; the plaster on the pool floor was delaminated; the pool floor was dirty; skimmers were missing weirs; a bathroom did not have paper towels or a hand dryer; the emergency notification device was not operational; the facility address was not posted at the emergency notification device; the recirculation & filtration system was leaking; and, the chlorine and pH levels were not within the acceptable range of water quality standards.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of one thousand, three hundred sixty dollars (**\$1,360.00**). The civil penalty has been paid.

- 13) Order Type and Number: Consent Order 19-238-RW
Order Date: November 1, 2019
Individual/Entity: **Riverwalk at Arrowhead Country Club Property Owners' Association, Inc.**
Facility: Riverwalk at Arrowhead
Location: 678 Riverwalk Drive
Myrtle Beach, SC 29577
Mailing Address: 7400 North Kings Highway

	Myrtle Beach, SC 29527
<u>County:</u>	Horry
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	26-M90-1
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J) & 61-51.K.1(c)

Summary: Riverwalk at Arrowhead Country Club Property Owners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 28, 2019, and July 5, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain; and, on May 29, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain and for re-opening prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; a handrail was not tight and secure; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the emergency notification device was not operating; the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record; the bound and numbered log book was not maintained on a daily basis; and, the pool was operating prior to receiving Department approval.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, three hundred eighty dollars (**\$2,380.00**). The civil penalty has been paid.

14)	<u>Order Type and Number:</u>	Consent Order 19-239-RW
	<u>Order Date:</u>	November 1, 2019
	<u>Individual/Entity:</u>	Holiday Sands at South Beach Front Homeowners' Association, Inc.
	<u>Facility:</u>	Holiday Sands Oceanfront Resort
	<u>Location:</u>	2501 South Ocean Boulevard Myrtle Beach, SC 29577
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Horry
	<u>Previous Orders:</u>	18-267-RW (\$2,720.00)
	<u>Permit/ID Number:</u>	26-1594C
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Holiday Sands at South Beach Front Homeowners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a kiddie pool. On July 2, 2019, and August 7, 2019, the kiddie pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of one thousand, three hundred sixty dollars (**\$1,360.00**). The civil penalty has been paid.

15) Order Type and Number: Consent Order 19-240-RW
Order Date: November 1, 2019
Individual/Entity: **Kings Grant Villas Homeowners' Association, Inc.**
Facility: Kings Grant Villas
Location: 311 2nd Avenue North
North Myrtle Beach, SC 29582
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-1367D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Kings Grant Villas Homeowners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On June 26, 2019, July 16, 2019, and August 1, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the spa temperature was not monitored and posted to the public; the chlorine level was not within the acceptable range of water quality standards; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**). The civil penalty has been paid.

16) Order Type and Number: Consent Order 19-241-RW
Order Date: November 1, 2019
Individual/Entity: **Umang Properties, LLC**
Facility: Country Inn & Suites
Location: 220 Holiday Drive
Summerville, SC 29483
Mailing Address: P.O. Box 1127
Laramie, WY 82073
County: Berkeley
Previous Orders: 17-019-RW (\$2,040.00);
18-226-RW (\$4,080.00)
Permit/ID Number: 08-1016B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Umang Properties, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 27, 2019, and July 23, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a handrail was missing; the foot rinse shower was not operating properly; the pH level was not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; a gate did not self-close and latch; and, the life ring did not have a permanently attached rope.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, two hundred forty dollars (**\$2,240.00**). The civil penalty has been paid.

17) Order Type and Number: Consent Order 19-242-RW
Order Date: November 1, 2019
Individual/Entity: **The Arbor Homeowner's Association, Inc.**
Facility: The Arbor
Location: 312 69th Avenue North
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-661-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: The Arbor Homeowner's Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 4, 2019, June 20, 2019, and August 9, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; and, the gate did not self-close and latch.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**). The civil penalty has been paid.

18) Order Type and Number: Consent Order 19-243-RW
Order Date: November 1, 2019
Individual/Entity: **The Ashworth Homeowners Association**
Facility: Ashworth at Ocean Drive
Location: 102 North Ocean Boulevard
North Myrtle Beach, SC 29582
Mailing Address: 1125 48th Avenue North
Myrtle Beach, SC 29577
County: Horry
Previous Orders: None
Permit/ID Number: 26-1492D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: The Ashworth Homeowners Association (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On June 27, 2019, July 15, 2019, and July 29, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water

quality standards; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**). The civil penalty has been paid.

19) Order Type and Number: Consent Order 19-244-RW
Order Date: November 1, 2019
Individual/Entity: **Tahitian Taj Property Owner's Association, Inc.**
Facility: Tahitian Taj
Location: 1312 South Ocean Boulevard
North Myrtle Beach, SC 29582
Mailing Address: 5801 214th Street
Bayside, NY 11364
County: Horry
Previous Orders: 19-011-RW (\$680.00)
Permit/ID Number: 26-1186B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Tahitian Taj Property Owner's Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 4, 2019, July 22, 2019, and August 14, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool floor was not clean; the water level was too low; the drinking water fountain was not operating; the foot rinse shower was not operating; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the life ring was deteriorated and did not have a permanently attached rope; there was no emergency notification device; the pool rules sign was not completely filled out; the current pool operator of record information was not posted to the public; the bound and numbered log book was not available for review on the first inspection; the bound and numbered log book was not maintained on a daily basis on the second and third inspections; and, the bound and numbered log book had chemical readings entered in advance on the third inspection.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of four hundred eighty dollars (**\$480.00**); and, pay a suspended penalty in the amount of four thousand, three hundred twenty dollars (\$4,320.00) should any requirement of the Order not be met. The civil penalty has been paid.

20) Order Type and Number: Consent Order 19-245-RW
Order Date: November 1, 2019
Individual/Entity: **Azalea Hill Apts, LLC**
Facility: Azalea Hill Suites
Location: 380 Verdae Boulevard

Mailing Address: Greenville, SC 29607
County: Same
Previous Orders: Greenville
Permit/ID Number: None
Violations Cited: 23-484-1
S.C. Code Ann. Regs. 61-51(J)

Summary: Azalea Hill Apts, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 26, 2019, and July 26, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; ladders were missing bumpers and rungs; the drinking water fountain was not operating properly; the chlorine and pH levels were not within the acceptable range of water quality standards; the cyanuric acid level was above the above the water quality standards acceptable limit; the life ring did not have a permanently attached rope; the pool rules sign did not have all of the required rules; the current pool operator of record information was not posted to the public; and, the bound and numbered log book was not maintained on a daily basis and was not properly bound or numbered.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**).

21) Order Type and Number: Consent Order 19-246-RW
Order Date: November 1, 2019
Individual/Entity: **Myrtle Trace Grande Home Owners Association, Inc.**
Facility: Myrtle Trace Grande
Location: 119 Myrtle Grande Drive
Conway, SC 29526
Mailing Address: 11923 Plaza Drive
Murrells Inlet, SC 29576
County: Horry
Previous Orders: None
Permit/ID Number: 26-1645D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Myrtle Trace Grande Home Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On June 17, 2019, and July 23, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a gate did not self-close and latch; a section of the perimeter fencing was broken; a main drain grate was broken; the temperature of the spa was not monitored and posted; the pool rules sign was not completely filled out on the first inspection, and was not legible on the second inspection; and, the current pool operator of record information was not posted to the public.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**). The civil penalty has been paid.

22) Order Type and Number: Consent Order 19-247-RW
 Order Date: November 1, 2019
 Individual/Entity: **Windemere Homeowners Association, Inc.**

 Facility: Windemere
 Location: 523 South Ocean Boulevard
 North Myrtle Beach, SC 29582

 Mailing Address: 1125 48th Avenue North
 Myrtle Beach, SC 29577

 County: Horry
 Previous Orders: None
 Permit/ID Number: 26-G82-1
 Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Windemere Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On June 18, 2019, July 22, 2019, and August 9, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a skimmer was missing a weir; a handrail was not tight and secure; a light in the spa wall was out of its niche; the chlorine and pH levels were not within the acceptable range of water quality standards; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**).

23) Order Type and Number: Consent Order 19-248-RW
 Order Date: November 1, 2019
 Individual/Entity: **Island Dunes Homeowners Association, Inc.**

 Facility: Island Dunes
 Location: 1019 South Ocean Boulevard
 North Myrtle Beach, SC 29582

 Mailing Address: Same
 County: Horry
 Previous Orders: None
 Permit/ID Number: 26-H59-1
 Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Island Dunes Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 22, 2019, June 20, 2019, and August 13, 2019, the pool was inspected, and a violation was issued for failure to

properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the drinking water fountain was not operating properly; the annual operating fee had not been paid; the chlorine level was not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; and, a bolt cover was missing.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars **(\$2,040.00)**.

24)	<u>Order Type and Number:</u>	Consent Order 19-249-RW
	<u>Order Date:</u>	November 5, 2019
	<u>Individual/Entity:</u>	Pan Heritage of Conway, LLC
	<u>Facility:</u>	Econo Lodge
	<u>Location:</u>	1101 Church Street Conway, SC 29526
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Horry
	<u>Previous Orders:</u>	None
	<u>Permit/ID Number:</u>	26-002-1
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51(J)

Summary: Pan Heritage of Conway, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 18, 2019, and July 24, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were damaged and were not properly spaced; a handrail was not tight and secure; the plaster on the pool floor was delaminated; a skimmer was missing a weir; the chlorine and pH levels were not within the acceptable range of water quality standards; the life ring did not have a permanently attached rope; the "Shallow Water – No Diving Allowed" signs were missing on the first inspection; the "Shallow Water – Do Diving Allowed" signs did not have the correct size letters on the second inspection; and, only one "No Life Guard On Duty – Swim At Your Own Risk" sign was posted.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars **(\$680.00)**.

25)	<u>Order Type and Number:</u>	Consent Order 19-250-RW
	<u>Order Date:</u>	November 5, 2019
	<u>Individual/Entity:</u>	Ceean Management Corporation
	<u>Facility:</u>	Sea Horn Motel
	<u>Location:</u>	2805 South Ocean Boulevard Myrtle Beach, SC 29577
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Horry
	<u>Previous Orders:</u>	None

Permit/ID Number: 26-K53-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Ceean Management Corporation (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On July 5, 2019, and August 6, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: skimmers were missing weirs; the drinking water fountain and foot rinse shower were not operating properly; the chlorine and pH levels were not within the acceptable range of water quality standards; the shepherd's crook was not properly mounted in its designated location and was not the approved length; and, the "Shallow Water - No Diving Allowed" signs were damaged.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**). The civil penalty has been paid.

26) Order Type and Number: Consent Order 19-251-RW
Order Date: November 5, 2019
Individual/Entity: **Shiv of Orangeburg, LLC**
Facility: Quality Inn & Suites
Location: 3671 St. Matthews Road
Orangeburg, SC 29118
Mailing Address: Same
County: Orangeburg
Previous Orders: None
Permit/ID Number: 38-064-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Shiv of Orangeburg, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On July 13, 2019, July 30, 2019, and August 9, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a bolt cover was in disrepair; a ladder was missing bumpers; the pool floor was not clean and there was dirt and oil on the waterline tiles; algae was present on the walls and the floor of the pool; tiles were missing on the pool wall and floor; the pool furniture was not at least four feet from the edge of the pool; skimmers were missing weirs; the drinking water fountain and foot rinse shower were not operating properly; the chlorine and pH levels were not within the acceptable range of water quality standards; the life ring did not have a permanently attached rope; the facility address was not posted at the emergency notification device; the pool rules sign did not have all of the required rules and was obstructed; the "Shallow Water - No Diving Allowed" signs did not have the correct wording; the current pool operator of record information was not posted to the public; the bound and numbered log book was not maintained on a daily basis; and, the cyanuric acid levels were not recorded on a weekly basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two hundred dollars (**\$200.00**); and, pay a suspended penalty in the amount of one thousand,

eight hundred forty dollars (\$1,840.00) should any requirement of the Order not be met. The civil penalty has been paid.

27) Order Type and Number: Consent Order 19-252-RW
Order Date: November 5, 2019
Individual/Entity: **Carolina Dunes Condominium Association, Inc.**
Facility: Carolina Dunes Condos
Location: 6900 North Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-K96-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Carolina Dunes Condominium Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a kiddie pool. On June 4, 2019, and August 12, 2019, the kiddie pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; and, the cyanuric acid level was above the water quality standards acceptable limit.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**).

28) Order Type and Number: Consent Order 19-253-RW
Order Date: November 5, 2019
Individual/Entity: **Gower Estates Pool, Inc.**
Facility: Gower Estates
Location: 126 Shallowford Road
Greenville, SC 29607
Mailing Address: Same
County: Greenville
Previous Orders: None
Permit/ID Number: 23-063-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Gower Estates Pool, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 25, 2019, and July 25, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a depth deck marker tile was cracked; a ladder was missing non-slip tread inserts; the chlorine level was not

ladder was not tight and secure; the bound and numbered log book was not maintained on a daily basis; the lifeline floats were not properly spaced; and, a ladder was missing bumpers.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of four thousand, eighty dollars **(\$4,080.00)**.

31) Order Type and Number: Consent Order 19-256-RW
Order Date: November 6, 2019
Individual/Entity: **Cottages of Clemson (DE), LLC**
Facility: The Cottages of Clemson
Location: 202 Smoke Rise Drive
Central, SC 29630
Mailing Address: Same
County: Pickens
Previous Orders: None
Permit/ID Number: 39-1055B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Cottages of Clemson (DE), LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 21, 2019, and September 20, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: there was debris in the skimmer baskets; the main drain grate was broken and was not in place; the pool rules sign was not completely filled out; the bound and numbered log book was not maintained on a daily basis; the cyanuric acid readings were not being recorded weekly; and, the chlorine level was not within the acceptable range of water quality standards.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars **(\$680.00)**.

32) Order Type and Number: Consent Order 19-257-RW
Order Date: November 12, 2019
Individual/Entity: **The Gardens at Cypress Bay West Home Owners' Association, Inc.**
Facility: The Gardens at Cypress Bay West
Location: 4142 Hibiscus Drive
Little River, SC 29566
Mailing Address: 1304 Holloway Circle
North Myrtle Beach, SC 29582
County: Horry
Previous Orders: None
Permit/ID Number: 26-1764B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: The Gardens at Cypress Bay West Home Owners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 5, 2019, June 25, 2019, and July 23, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**). The civil penalty has been paid.

33) Order Type and Number: Consent Order 19-258-RW
Order Date: November 13, 2019
Individual/Entity: **Indigo 110 Apartments SC, LLC**
Facility: Indigo at 110
Location: 110 Chanticleer Village Drive
Myrtle Beach, SC 29579
Mailing Address: Same
County: Horry
Previous Orders: 19-029-RW (\$1,360.00);
18-090-RW (\$680.00)
Permit/ID Number: 26-1109B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Indigo 110 Apartments SC, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 11, 2019, and July 18, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a bolt cover was in disrepair; the pool floor was not clean; algae was present on the walls and floor of the pool; the chlorine and pH levels were not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; only one "No Lifeguard On Duty – Swim At Your Own Risk" sign was posted; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, two hundred forty dollars (**\$2,240.00**).

34) Order Type and Number: Consent Order 19-259-RW
Order Date: November 13, 2019
Individual/Entity: **OceanWalk Owners' Association**
Facility: OceanWalk Villas
Location: 10 Lemoyne Avenue
Hilton Head, SC 29928
Mailing Address: Same
County: Beaufort

Previous Orders: None
Permit/ID Number: 07-176-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: OceanWalk Owners' Association (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On January 17, 2019, July 23, 2019, and October 7, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the gate did not self-close and latch; the cyanuric acid level was above the water quality standards acceptable limit; and, the spa temperature was above 104 degrees Fahrenheit.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**).

35) Order Type and Number: Consent Order 19-260-RW
Order Date: November 13, 2019
Individual/Entity: **Surfside Beach Club Property Owners Association, Inc.**
Facility: Surfside Beach Club
Location: 655 Tinkers Drive
Surfside Beach, SC 29575
Mailing Address: Same
County: York
Previous Orders: None
Permit/ID Number: 26-1416D
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Surfside Beach Club Property Owners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On July 8, 2019, and August 9, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; and, there was no spa rules sign.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**).

36) Order Type and Number: Consent Order 19-261-RW
Order Date: November 13, 2019
Individual/Entity: **Sunset Square Homeowners' Association**
Facility: Sunset Square
Location: 1001 North Waccamaw Drive

Garden City, SC 29576
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-D37-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Sunset Square Homeowners' Association (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On July 15, 2019, and August 13, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; and, the cyanuric acid level was above the water quality standards acceptable limit.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**). The civil penalty has been paid.

37) Order Type and Number: Consent Order 19-262-RW
Order Date: November 13, 2019
Individual/Entity: **Palmwood Estates Homeowners Association, Inc.**
Facility: Palmwood Estates
Location: 329 9th Avenue South, #75
North Myrtle Beach, SC 29582
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-D05-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Palmwood Estates Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 31, 2019, June 19, 2019, and August 13, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; ladders were missing bumpers; the chlorine and pH levels were not within the acceptable range of water quality standards; the facility address posted at the emergency notification device was not the same address 911 had on file; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of one thousand, six hundred eighty dollars (**\$1,680.00**).

38) Order Type and Number: Consent Order 19-263-RW
Order Date: November 14, 2019

Individual/Entity: **Bells Bay, L.P.**
Facility: Bells Bay Landing
Location: 1801 Finney Avenue
Conway, SC 29527
Mailing Address: 500 Capital of Texas Highway North, Building 7
Austin, TX 78746
County: Horry
Previous Orders: None
Permit/ID Number: 26-1010B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Bells Bay, L.P. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 18, 2019, and July 23, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; there was debris in the skimmer baskets; the gate did not self-close and latch; the life ring was deteriorated and did not have a permanently attached rope; the facility address was not posted at the emergency notification device; the "No lifeguard On Duty - Swim At Your Own Risk" signs did not have the correct wording and the letters were not the appropriate size; and, the bound and numbered log book was not available for review.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**). The civil penalty has been paid.

39) Order Type and Number: Consent Order 19-264-RW
Order Date: November 15, 2019
Individual/Entity: **Sandstone Homeowner's Association, Inc.**
Facility: Sandstone Subdivision
Location: 152 Travelers Lane
Aiken, SC 29803
Mailing Address: Same
County: Aiken
Previous Orders: None
Permit/ID Number: 02-092-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Sandstone Homeowner's Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 14, 2019, and July 23, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: ladders were missing bumpers; the pool wall was dirty; the fill spout was not stainless steel or equivalent; the chlorine level was not within the acceptable range of water quality standards; the pool rules sign was not legible; the bound and numbered log book was not maintained on a daily basis; tiles were missing on the pool wall; one of the "No Lifeguard On Duty - Swim At Your Own Risk" signs was in disrepair; and, the cyanuric acid level was not checked weekly.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**).

40) Order Type and Number: Consent Order 19-265-RW
 Order Date: November 19, 2019
 Individual/Entity: **Master Hospitality, LLC**
 Facility: Baymont Inn & Suites
 Location: 3583 Saint Matthews Road
 Orangeburg, SC 29118

 Mailing Address: Same
 County: Orangeburg
 Previous Orders: 17-101-RW (\$340.00)
 Permit/ID Number: 38-066-1
 Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Master Hospitality, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 24, 2019, July 30, 2019, and August 9, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the deck depth marker tiles did not have a non-slip finish and were delaminated and faded; a bolt cover was in disrepair; ladders were missing bumpers; the pool walls were not clean and there was dirt and oil on the waterline tiles; tiles were missing on the pool wall; the plaster was cracked on the pool walls and floor; the pool furniture was not at least four feet from the edge of the pool; the deck was uneven with sharp edges; there was debris in the skimmer baskets; the water level was too low; the pressure gauge was not in operable condition; the chlorine level was not within the acceptable range of water quality standards; the main drain grates were missing; the life ring was not hung in its designated location; the facility address was not posted at the emergency notification device; the pool rules sign was not legible; the "Shallow Water – No Diving Allowed" signs did not have the correct wording; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of four thousand, eighty dollars (**\$4,080.00**).

41) Order Type and Number: Consent Order 19-266-RW
 Order Date: November 19, 2019
 Individual/Entity: **Passco Carolina Forest, DST**
 Facility: The Lively at Carolina Forest
 Location: 107 Village Center Boulevard
 Myrtle Beach, SC 29579

 Mailing Address: 2050 Main Street, Suite 650
 Irvine, CA 92614

 County: Horry
 Previous Orders: None

Permit/ID Number: 26-1950B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Passco Carolina Forest, DST (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 6, 2019, and July 31, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the emergency notification device was not operational; the pool rules sign was not completely filled out; the facility could not produce current valid documentation of pool operator certification; the bound and numbered log book was not available for review on the first inspection; the drinking water fountain was not operating properly; the chlorine level was not within the acceptable range of water quality standards; and, the bound and numbered log book was not maintained on a daily basis on the second inspection.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**). The civil penalty has been paid.

42) Order Type and Number: Consent Order 19-267-RW
Order Date: November 19, 2019
Individual/Entity: **Crown Reef Resort, LLC**
Facility: Crown Reef Resort
Location: 2913 South Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: 1144 Shine Avenue
Myrtle Beach, SC 29577
County: Horry
Previous Orders: None
Permit/ID Number: 26-K10-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Crown Reef Resort, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 11, 2019, June 26, 2019, and July 26, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**).

43) Order Type and Number: Consent Order 19-268-RW
Order Date: November 19, 2019
Individual/Entity: **Hartford Inn HOA, Inc.**
Facility: Hartford Motor Inn
Location: 5409 North Ocean Boulevard
North Myrtle Beach, SC 29582

Mailing Address: 1110 London Street, Suite 103
Myrtle Beach, SC 29577
County: Horry
Previous Orders: None
Permit/ID Number: 26-349-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Hartford Inn HOA, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 13, 2019, July 9, 2019, and July 24, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; the life ring was deteriorated; the plaster on the pool floor was chipped; a skimmer was missing a weir; the drinking water fountain and foot rinse shower were not operating properly; the drinking water fountain was not accessible; a gate did not self-close and latch; a ladder was not tight and secure; and, the chlorine level was not within the acceptable range of water quality standards.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**).

44) Order Type and Number: Consent Order 19-269-RW
Order Date: November 19, 2019
Individual/Entity: **Grand Strand Resort IV Homeowners Association, Inc.**
Facility: Grand Strand Resort IV
Location: 5201 North Ocean Boulevard
Myrtle Beach, SC 29582
Mailing Address: P.O. Box 32722
Charlotte, NC 28232
County: Horry
Previous Orders: None
Permit/ID Number: 26-459-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Grand Strand Resort IV Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 14, 2019, July 10, 2019, and July 25, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the lifeline floats were not properly spaced; the chlorine and pH levels were not within the acceptable range of water quality standards; skimmer covers were broken; the bound and numbered log book was not maintained on a daily basis; and, a gate did not self-close and latch.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**).

45) Order Type and Number: Consent Order 19-270-RW
Order Date: November 21, 2019
Individual/Entity: **Lynwood Byrdic, Individually and d.b.a.
Brookgreen Estates**
Facility: Brookgreen Estates
Location: 4122 Rein Court
Conway, SC 29526
Mailing Address: 4400 Shantee Drive
Conway, SC 29523
County: Horry
Previous Orders: None
Permit/ID Number: 26-J39-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Lynwood Byrdic, Individually and d.b.a. Brookgreen Estates (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 18, 2019, July 18, 2019, and July 23, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the plaster on the pool floor was delaminated; the deck was uneven; a section of the perimeter fencing was broken; the current pool operator of record information was not posted to the public; and, the bound and numbered log book was not maintained on a daily basis.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars (**\$2,040.00**). The civil penalty has been paid.

46) Order Type and Number: Consent Order 19-271-RW
Order Date: November 21, 2019
Individual/Entity: **Hotel Ventures of Manning, Inc.**
Facility: Hampton Inn Manning
Location: 2822 Paxville Highway
Manning, SC 29102
Mailing Address: 3034 Washington Road
Augusta, GA 30907
County: Clarendon
Previous Orders: 16-206-RW (\$680.00);
17-171-RW (\$1,360.00)
Permit/ID Number: 14-1008B
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Hotel Ventures of Manning, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On August 7, 2019, and August 29, 2019, the pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; a gate did not self-close and latch; the pH level was not within

the acceptable range of water quality standards; the shepherd's crook was missing a bolt; the facility address was not posted at the emergency notification device; the pool rules sign was not completely filled out; only one "Shallow Water – No Diving Allowed" sign was posted; the current pool operator of record information was not posted to the public; the cyanuric acid level was not recorded on a weekly basis in the bound and numbered log book; and, the bound and numbered log book was not maintained a minimum of three times per week by the pool operator of record.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, seven hundred twenty dollars (**\$2,720.00**). The civil penalty has been paid.

47) Order Type and Number: Consent Order 19-272-RW
Order Date: November 22, 2019
Individual/Entity: **Villamare Condominium Association, Inc.**
Facility: Villamare Health Club
Location: 1 Ocean Lane
Hilton Head, SC 29938
Mailing Address: P.O. Drawer 5
Hilton Head, SC 29938
County: Beaufort
Previous Orders: None
Permit/ID Number: 07-390-1
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Villamare Condominium Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a spa. On January 31, 2019, June 12, 2019, July 19, 2019, and October 8, 2019, the spa was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a skimmer lid was cracked; the chlorine and pH levels were not within the acceptable range of water quality standards; and, the cyanuric acid level was above the water quality standards acceptable limit.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of one thousand, six hundred eighty dollars (**\$1,680.00**).

48) Order Type and Number: Consent Order 19-273-RW
Order Date: November 26, 2019
Individual/Entity: **Fox Trace Owners' Association, Inc.**
Facility: Fox Trace
Location: Airdale Lane
Simpsonville, SC 29681
Mailing Address: 412 East Butler Road
Mauldin, SC 29662
County: Greenville

Previous Orders: None
Permit/ID Number: 23-1097C
Violations Cited: S.C. Code Ann. Regs. 61-51(J)

Summary: Fox Trace Owners' Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a kiddie pool. On July 5, 2019, and August 22, 2019, the kiddie pool was inspected, and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the drinking water fountain was not operating properly; the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the kiddie pool floor was delaminated; the automatic controller was not operating; and, there were chlorine pucks in the skimmer baskets.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars (**\$680.00**).

Drinking Water Enforcement

49) Order Type and Number: Consent Order 19-023-DW
Order Date: November 4, 2019
Individual/Entity: **Riverside Holding, LLC**
Facility: Palmetto Mobile Home Park 2
Location: Darby Plantation and Brooklyn Drive
Hardeeville, SC 29927
Mailing Address: P.O. Box 588
Hardeeville, SC 29927
County: Jasper
Previous Orders: None
Permit/ID Number: 2760013
Violations Cited: S.C. Code Ann. Regs. 61-58.17.K(1)(a)

Summary: Riverside Holding, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On September 23, 2019, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS tested present for total coliform and E. coli, which resulted in a violation of the maximum contaminant level (MCL) for E. coli.

Action: The Individual/Entity is required to: submit a corrective action plan to include proposed steps to address the MCL violation; and, pay a **stipulated penalty** in the amount of four thousand dollars (**\$4,000.00**) should any requirement of the Order not be met.

50) Order Type and Number: Consent Agreement 19-024-DW

<u>Order Date:</u>	November 25, 2019
<u>Individual/Entity:</u>	Jenksville Water Company, Inc.
<u>Facility:</u>	Jenksville Water Company
<u>Location:</u>	12924 Highway 213 Jenksville, SC 29065
<u>Mailing Address:</u>	Same
<u>County:</u>	Fairfield
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	2020001
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-58.5.H(3)

Summary: Jenksville Water Company, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On July 23, 2019, and September 25, 2019, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS exceeded the maximum contaminant level (MCL) for gross alpha particle activity.

Action: The Individual/Entity is required to: submit a corrective action plan with a schedule to include proposed steps to remove the gross alpha particle activity if sampling at the PWS produces results that cause the running annual average to exceed the MCL for gross alpha particle activity.

Water Pollution Enforcement

51)	<u>Order Type and Number:</u>	Consent Order 19-067-W
	<u>Order Date:</u>	November 12, 2019
	<u>Individual/Entity:</u>	City of Anderson
	<u>Facility:</u>	Rocky River WWTF
	<u>Location:</u>	309 Kirkwood Drive Anderson, SC 29624
	<u>Mailing Address:</u>	401 South Main Street Anderson, SC 29624
	<u>County:</u>	Anderson
	<u>Previous Orders:</u>	19-031-W (\$2,800.00)
	<u>Permit/ID Number:</u>	NPDES Permit SC0023744
	<u>Violations Cited:</u>	Pollution Control Act, S.C Code Ann § 48-1- 110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41 (a) and (d) (2011).

Summary: City of Anderson (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Anderson County, South Carolina. On April 18, 2019, a Notice of Violation was issued as a result of violations of the permitted discharge limits for chronic toxicity (CTOX) as reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permit Regulations in that it failed to

comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for CTOX.

Action: The Individual/Entity is required to: submit to the Department a Corrective Action Plan (CAP) addressing compliance with the permitted discharge limits for CTOX; complete quarterly CTOX testing for a period of twelve (12) months; and pay a civil penalty in the amount of two thousand eight hundred dollars **(\$2,800.00)**.

52) Order Type and Number: Consent Order 19-068-W
Order Date: November 12, 2019
Individual/Entity: **Spirax Sarco Inc.**
Facility: Spirax Sarco Inc.
Location: 1150 Northpoint Boulevard
Blythewood, SC 29834
Mailing Address: Same
County: Richland
Previous Orders: None
Permit/ID Number: NPDES Permit SCG250226
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1- 110
(d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.21(d) (2011).

Summary: Spirax Sarco Inc., (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Richland County, South Carolina. On August 1, 2019, a Notice of Violation was issued as a result of violation of failure to comply with the reporting requirements of the NPDES Permit. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follows: failed to submit a new NOI or permit application 180 days before the existing permit expires. The NOI or application was due on or before July 4, 2019.

Action: The Individual/Entity is required to: submit an administratively complete application for renewal of its NPDES Permit; continue operation of its WWTF in accordance with its NPDES Permit; and, pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

53) Order Type and Number: Consent Order 19-069-W
Order Date: November 14, 2019
Individual/Entity: **Town of Norway**
Facility: Town of Norway WWTF
Location: 710 Winchester Avenue
Norway, SC 29113
Mailing Address: P.O. Box 127
Norway, SC 29113
County: Orangeburg
Previous Orders: 19-050-W (\$1,000.00)

Permit/ID Number: NPDES Permit SC0045993
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1- 110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.21(d) (2011).

Summary: The Town of Norway (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Orangeburg County, South Carolina. On July 11, 2019, a Notice of Violation was issued as a result of violation of failure to comply with the reporting requirements of the NPDES Permit. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations is that it failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for CTOX and pH.

Action: The Individual/Entity is required to: submit to the Department a Corrective Action Plan (CAP) addressing compliance with the permitted discharge limits for CTOX and pH; monitor for CTOX for one year after final implementation of the CAP; perform a Toxicity Identification Evaluation/Toxicity Reduction Evaluation if there is a CTOX failure observed during the one year monitoring period following the implementation of the CAP; and pay a civil penalty in the amount of six thousand eight hundred dollars (**\$6,800.00**).

54) Order Type and Number: Consent Order 19-070-W
Order Date: November 14, 2019
Individual/Entity: **GVD Corporation**
Facility: GVD Corporation
Location: 88 Osage Drive
Greenville, SC 29605
Mailing Address: 45 Spinelli Place
Cambridge, MA 02138
County: Greenville
Previous Orders: None
Permit/ID Number: NPDES Permit SCG250262
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1- 110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.21(d) (2011).

Summary: GVD Corporation, (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Greenville County, South Carolina. On August 1, 2019, a Notice of Violation was issued as a result of violation of failure to comply with the reporting requirements of the NPDES Permit. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations as follows: failed to submit a new NOI or permit application 180 days before the existing permit expires. The NOI or application was due on or before July 4, 2019.

Action: The Individual/Entity is required to: submit an administratively complete application for renewal of its NPDES Permit; continue operation of its WWTF in accordance

with its NPDES Permit; and, pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

55) Order Type and Number: Consent Order 19-071-W
Order Date: November 14, 2019
Individual/Entity: **Laurel Baye Healthcare of Blackville, LLC**
Facility: Laurel Baye Healthcare of Blackville, LLC
Location: 1612 Jones Bridge Road
Blackville, SC 29817
Mailing Address: Same
County: Barnwell
Previous Orders: 17-012-W
Permit/ID Number: State Land Application Permit ND0067024
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1- 110
(d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.505.41 (a) (2011).

Summary: Laurel Baye Healthcare of Blackville, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Barnwell County, South Carolina. On May 2, 2019, a Notice of Violation was issued as a result of a violation of the permitted discharge limits for fecal coliform bacteria (FC) as reported on the discharge monitoring report submitted to the Department for the February 2019 monthly monitoring period. The Individual/Entity also reported violations of the permitted discharge limits for FC for the April 2019 monthly monitoring period. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permit Regulations in that it failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for FC.

Action: The Individual/Entity is required to eliminate the discharge from the WWTF by connection to the Town of Blackville's sewer system by December 31, 2019, close out the lagoon by June 30, 2020, and pay a civil penalty in the amount of two thousand eight hundred dollars **(\$2,800.00)**.

56) Order Type and Number: Consent Order 19-072-W
Order Date: November 21, 2019
Individual/Entity: **Shree of Aiken, Inc.**
Facility: Shree of Aiken Motel
Location: 110 Frontage Road
Aiken, SC 29801-9200
Mailing Address: Same
County: Aiken
Previous Orders: None
Permit/ID Number: State Land Application Permit ND0065871

Violations Cited: Pollution Control Act, S.C Code Ann § 48-1- 110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41 (a) (2011).

Summary: Shree of Aiken, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Aiken County, South Carolina. On July 10, 2019, a Notice of Violation was issued as a result of violations of the permitted discharge limits for fecal coliform (FC) as reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permit Regulations in that it failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for FC.

Action: The Individual/Entity is required to: submit to the Department a Corrective Action Plan (CAP) addressing compliance with the permitted discharge limits for FC and pay a civil penalty in the amount of two thousand eight hundred dollars **(\$2,800.00)**.

Dams Enforcement

57) Order Type and Number: Administrative Order 19-065-W
Order Date: November 5, 2019
Individual/Entity: **Davis Family Heritage LLC, Thomas Holland, BSW Inc., and William Travis Craven**
Facility: Upper Northlake Dam
Location: Approximately one (1) mile southwest of Greenwood County Airport, and one-half (0.5) mile east of Greenwood High School
Mailing Address: P.O. Box 681
Greenwood, SC 29648
County: Greenwood
Previous Orders: May 18, 2018 Emergency Order
Permit/ID Number: D 4361
Law Citations: S.C. Dams and Reservoirs Safety Act, S.C. Code Ann. § 49-11-110, *et seq.*, (2008) and Dams and Reservoirs Safety Act Regulation 72.1, *et seq.* (2012)

Summary: Davis Family Heritage LLC, Thomas Holland, BSW Inc., and William Travis Craven (Individual/Entity) own and are responsible for the proper operation and maintenance of the Upper Northlake Dam in Greenwood County, South Carolina. On October 15, 2015, the Department issued an Emergency Order to the Individual/Entity to address unsafe conditions at the dam. This Administrative Order contains remedial actions necessary for addressing deficiencies in the condition of the dam.

Action: The Individual/Entity is required to: maintain a safe water level as to not present a hazard to surrounding residents and property; submit documentation that a professional engineer has been retained to develop a repair or removal plan; submit a permit application for repair or removal of the dam; submit documentation that all necessary local, state, and federal permit applications have been submitted; and pay a stipulated expense recovery to the Department in the amount of one hundred fifty-nine thousand six hundred sixty-three dollars (\$159,663.00) should it fail to comply with any requirement of the Order.

BUREAU OF AIR QUALITY

58) Order Type and Number: Consent Order 19-026-A
Order Date: November 22, 2019
Individual/Entity: **Georgetown County Water and Sewer District**
Facility: Georgetown County Water and Sewer District
Location: 1441 Pond Road
Murrells Inlet, SC 29576 and
1975 Sandy Island Road
Pawleys Island, SC 29585
Mailing Address: P.O. Box 2730
Pawleys Island, SC 29585
County: Georgetown
Previous Orders: None
Permit/ID Number: N/A
Violations Cited: U.S. EPA 40 CFR 68, and 5 S.C. Code Ann. Regs. 61-62.68, Section II, Chemical Accident Prevention Provisions

Summary: Georgetown County Water and Sewer District (Individual/Entity), located in Georgetown, South Carolina operates the Murrells Inlet waste water treatment plant and the Waccamaw Neck water treatment plant. On July 17, 2018, the Department conducted Risk Management Program inspections at both plants and observed multiple violations of their Risk Management Programs. The Individual/Entity violated South Carolina Air Pollution Control Regulations as follows: failed to implement and maintain its Risk Management Plan in accordance with the requirements of the Regulations.

Action: The Individual/Entity is required to: Immediately and henceforth maintain its risk management program in accordance with the requirements of the 112(r) Regulations and pay a civil penalty in the amount of fifteen thousand dollars (**\$9,600.00**).

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

Food Safety Enforcement

59) Order Type and Number: Consent Order 2019-206-01-046
 Order Date: November 4, 2019
 Individual/Entity: **Freddy's Frozen Custard**
 Facility: Freddy's Frozen Custard
 Location: 1702 East Greenville Street
 Anderson, SC 29621
 Mailing Address: 621 Westport Boulevard
 Salina, KS 67401
 County: Anderson
 Previous Orders: None
 Permit Number: 04-206-04450
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Freddy's Frozen Custard (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on June 10, 2019, June 17, 2019, and June 28, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

60) Order Type and Number: Consent Order 2019-206-01-069
 Order Date: November 4, 2019
 Individual/Entity: **Vaqueros Mexican Restaurant**
 Facility: Vaqueros Mexican Restaurant
 Location: 133 East Queen Street
 Pendleton, SC 29670
 Mailing Address: Same
 County: Anderson
 Previous Orders: 2018-206-01-028 (\$800.00)
 Permit Number: 04-206-03745
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Vaqueros Mexican Restaurant (Individual/Entity) is a restaurant located in Pendleton, South Carolina. The Department conducted an inspection on August 21, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

61) Order Type and Number: Consent Order 2019-206-01-072
Order Date: November 4, 2019
Individual/Entity: **Stop-A-Minit #13**
Facility: Stop-A-Minit #13
Location: 943 Highway 252
Belton, SC 29627
Mailing Address: 1015 Thornehill Drive
Anderson, SC 29621
County: Anderson
Previous Orders: None
Permit Number: 04-206-03286
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Stop-A-Minit #13 (Individual/Entity) is a convenience store located in Belton, South Carolina. The Department conducted inspections on February 8, 2018, February 16, 2018, February 4, 2019, September 18, 2019, and September 27, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand, four hundred dollars **(\$2,400.00)**.

62) Order Type and Number: Consent Order 2019-206-01-073
Order Date: November 4, 2019
Individual/Entity: **Thai Spice**
Facility: Thai Spice
Location: 414 East Greenville Street
Anderson, SC 29621
Mailing Address: Same
County: Anderson
Previous Orders: 2018-206-01-038 (\$800.00)
Permit Number: 04-206-03873
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Thai Spice (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on October 16, 2017, September 7, 2018, September 5, 2019, and September 12, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding

temperatures of time/temperature control for safety foods and failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand dollars **(\$2,000.00)**.

63) Order Type and Number: Consent Order 2019-206-03-086
Order Date: November 4, 2019
Individual/Entity: **Schooners Bar & Grill**
Facility: Schooners Bar & Grill
Location: 364 Long's Pond Road, Suite A
Lexington, SC 29073
Mailing Address: Same
County: Lexington
Previous Orders: None
Permit Number: 32-206-05967
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Schooners Bar & Grill (Individual/Entity) is a restaurant located in Lexington, South Carolina. The Department conducted inspections on August 31, 2017, July 26, 2018, July 27, 2018, August 3, 2018, and July 24, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to clean the physical facilities as often as necessary to keep them clean.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of six hundred dollars **(\$600.00)**.

64) Order Type and Number: Consent Order 2019-206-03-099
Order Date: November 4, 2019
Individual/Entity: **Korea Garden**
Facility: Korea Garden
Location: 2318 Decker Boulevard
Columbia, SC 29206
Mailing Address: Same
County: Richland
Previous Orders: None
Permit Number: 40-206-08422
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Korea Garden (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on August 9, 2019, August 19, 2019, August

29, 2019, and September 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked; and failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, two hundred dollars (**\$1,200.00**).

65)	<u>Order Type and Number:</u>	Consent Order 2019-206-03-107
	<u>Order Date:</u>	November 4, 2019
	<u>Individual/Entity:</u>	AM PM Food Mart
	<u>Facility:</u>	AM PM Food Mart
	<u>Location:</u>	7230 Parklane Road Columbia, SC 29223
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Richland
	<u>Previous Orders:</u>	None
	<u>Permit Number:</u>	40-206-04954
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: AM PM Food Mart (Individual/Entity) is a convenience store located in Columbia, South Carolina. The Department conducted inspections on September 9, 2019, September 19, 2019, and September 27, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

66)	<u>Order Type and Number:</u>	Consent Order 2019-206-04-035
	<u>Order Date:</u>	November 4, 2019
	<u>Individual/Entity:</u>	Del Sol Mexican Restaurant
	<u>Facility:</u>	Del Sol Mexican Restaurant
	<u>Location:</u>	904 Highway 301 North Dillon, SC 29536
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Dillon
	<u>Previous Orders:</u>	None
	<u>Permit Number:</u>	17-206-00752
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Del Sol Mexican Restaurant (Individual/Entity) is a restaurant located in Dillon, South Carolina. The Department conducted inspections on October 29, 2018, May 20, 2019, and May 28, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

67)	<u>Order Type and Number:</u>	Consent Order 2019-206-06-064
	<u>Order Date:</u>	November 4, 2019
	<u>Individual/Entity:</u>	Pizza Kitchen
	<u>Facility:</u>	Pizza Kitchen
	<u>Location:</u>	7432 Highway 905 Longs, SC 29568
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Horry
	<u>Previous Orders:</u>	None
	<u>Permit Number:</u>	26-206-13811
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Pizza Kitchen (Individual/Entity) is a restaurant located in Longs, South Carolina. The Department conducted inspections on December 11, 2018, January 29, 2019, and May 14, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

68)	<u>Order Type and Number:</u>	Consent Order 2019-206-06-126
	<u>Order Date:</u>	November 4, 2019
	<u>Individual/Entity:</u>	Sakura Hibachi Buffet
	<u>Facility:</u>	Sakura Hibachi Buffet
	<u>Location:</u>	523 Highway 17 North North Myrtle Beach, SC 29582
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Horry
	<u>Previous Orders:</u>	None
	<u>Permit Number:</u>	26-206-13764
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Sakura Hibachi Buffet (Individual/Entity) is a restaurant located in North Myrtle Beach, South Carolina. The Department conducted inspections on March 18, 2019, April 17, 2019, and August 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

69) Order Type and Number: Consent Order 2019-206-06-127
 Order Date: November 4, 2019
 Individual/Entity: **Prosser's BBQ**
 Facility: Prosser's BBQ
 Location: 3750 Highway 17 Business
 Murrells Inlet, SC 29576

 Mailing Address: P.O. Box 801
 Murrells Inlet, SC 29576

 County: Georgetown
 Previous Orders: 2016-206-06-039 (\$800.00);
 2016-206-06-143 (\$1,200.00)

 Permit Number: 22-206-05675
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Prosser's BBQ (Individual/Entity) is a restaurant located in Murrells Inlet, South Carolina. The Department conducted inspections on April 9, 2018, December 19, 2018, July 23, 2019, and August 2, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand dollars (**\$2,000.00**).

70) Order Type and Number: Consent Order 2019-206-07-101
 Order Date: November 4, 2019
 Individual/Entity: **Sabatino's Pizza**
 Facility: Sabatino's Pizza
 Location: 151 Calhoun Street
 Charleston, SC 29401

 Mailing Address: 507 Stinson Drive, Apartment E9
 Charleston, SC 29407

 County: Charleston
 Previous Orders: None
 Permit Number: 10-206-07433

Violations Cited:

S.C. Code Ann. Regs. 61-25

Summary: Sabatino's Pizza (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on October 24, 2017, August 16, 2018, and August 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure written procedures were in place and made available to the Department when the facility uses time as a public health control.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

71) Order Type and Number: Consent Order 2019-206-07-105
Order Date: November 4, 2019
Individual/Entity: **Philly's**
Facility: Philly's
Location: 10040 Dorchester Road, Unit 109
Summerville, SC 29485
Mailing Address: Same
County: Dorchester
Previous Orders: None
Permit Number: 18-206-11003
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Philly's (Individual/Entity) is a restaurant located in Summerville, South Carolina. The Department conducted inspections on May 18, 2018, September 4, 2018, and August 28, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred fifty dollars **(\$550.00)**.

72) Order Type and Number: Consent Order 2019-206-07-106
Order Date: November 4, 2019
Individual/Entity: **China Town**
Facility: China Town
Location: 1206 North Main Street
Summerville, SC 29483
Mailing Address: Same
County: Berkeley
Previous Orders: 2019-206-07-044 (\$800.00)
Permit Number: 08-206-05854
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: China Town (Individual/Entity) is a restaurant located in Summerville, South Carolina. The Department conducted an inspection on August 20, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

73)	<u>Order Type and Number:</u>	Consent Order 2019-206-07-109
	<u>Order Date:</u>	November 4, 2019
	<u>Individual/Entity:</u>	Baroni's Pizza & Pasta
	<u>Facility:</u>	Baroni's Pizza & Pasta
	<u>Location:</u>	1226 Ben Sawyer Boulevard, Suite H Mount Pleasant, SC 29464
	<u>Mailing Address:</u>	1773 Banbury Road Charleston, SC 29414
	<u>County:</u>	Charleston
	<u>Previous Orders:</u>	None
	<u>Permit Number:</u>	10-206-08061
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Baroni's Pizza & Pasta (Individual/Entity) is a restaurant located in Mount Pleasant, South Carolina. The Department conducted inspections on November 6, 2018, August 12, 2019, and August 19, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to keep food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations and non-food contact surfaces clean and free of accumulation of dust, dirt, food residue, and other debris; failed to clean non-food contact surfaces at a frequency to preclude accumulation of soil residues; and failed to clean the physical facilities as often as necessary to keep them clean.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars **(\$400.00)**.

74)	<u>Order Type and Number:</u>	Consent Order 2019-206-07-111
	<u>Order Date:</u>	November 4, 2019
	<u>Individual/Entity:</u>	Zaxby's
	<u>Facility:</u>	Zaxby's
	<u>Location:</u>	3476 Shelby Ray Court

Mailing Address: Charleston, SC 29414
P.O. Box 429
Bostwick, GA 30623

County: Charleston

Previous Orders: 2019-206-07-074 (\$2,750.00)

Permit Number: 10-206-06752

Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Zaxby's (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on May 29, 2019, June 7, 2019, and August 29, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to provide individual disposable towels at each hand washing sink or group of adjacent handwashing sinks and failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars **(\$500.00)**.

75) Order Type and Number: Consent Order 2019-206-07-113

Order Date: November 4, 2019

Individual/Entity: **Marina Variety Store Restaurant Inc.**

Facility: Marina Variety Store Restaurant Inc.

Location: 17 Lockwood Drive
Charleston, SC 29401

Mailing Address: P.O. Box 22585
Charleston, SC 29402

County: Charleston

Previous Orders: 2015-206-07-096 (\$800.00)

Permit Number: 10-206-00172

Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Marina Variety Store Restaurant Inc. (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on November 16, 2017, November 7, 2018, and July 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

76) Order Type and Number: Consent Order 2019-206-07-116
Order Date: November 4, 2019
Individual/Entity: **Hyatt Place**
Facility: Hyatt Place
Location: 2455 Prospect Drive
North Charleston, SC 29406
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit Number: 10-206-08794
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Hyatt Place (Individual/Entity) operates a restaurant located in North Charleston, South Carolina. The Department conducted inspections on October 11, 2017, October 3, 2018, and September 12, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

77) Order Type and Number: Consent Order 2019-206-04-032
Order Date: November 5, 2019
Individual/Entity: **Wal-Mart #642 Deli**
Facility: Wal-Mart #642 Deli
Location: 1040 Chesterfield Highway
Cheraw, SC 29520
Mailing Address: Same
County: Chesterfield
Previous Orders: None
Permit Number: 13-206-01370
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Wal-Mart #642 Deli (Individual/Entity) is a deli located in Cheraw, South Carolina. The Department conducted inspections on September 6, 2017, August 15, 2018, and May 17, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that each handwashing sink or group of two (2) adjacent handwashing sinks was provided with a supply of hand cleaning, liquid, powder or bar soap.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

78) Order Type and Number: Consent Order 2019-206-04-051
 Order Date: November 5, 2019
 Individual/Entity: **Flavors of India**
 Facility: Flavors of India
 Location: 137 East Palmetto Street
 Florence, SC 29506
 Mailing Address: Same
 County: Florence
 Previous Orders: 2018-206-04-006 (\$800.00)
 Permit Number: 21-206-02678
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Flavors of India (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted an inspection on July 17, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

79) Order Type and Number: Consent Order 2019-206-06-139
 Order Date: November 5, 2019
 Individual/Entity: **Nakato Steak House**
 Facility: Nakato Steak House
 Location: 9912 North Kings Highway
 Myrtle Beach, SC 29572
 Mailing Address: P.O. Box 7159
 Myrtle Beach, SC 29572
 County: Horry
 Previous Orders: None
 Permit Number: 26-206-00262
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Nakato Steak House (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on January 2, 2019, August 22, 2019, and August 29, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

80) Order Type and Number: Consent Order 2019-211-04-002
Order Date: November 5, 2019
Individual/Entity: **Piggly Wiggly #90 Market**
Facility: Piggly Wiggly #90 Market
Location: 1011 Broad Street
Sumter, SC 29150
Mailing Address: 415 North Salem Street
Sumter, SC 29150
County: Sumter
Previous Orders: None
Permit Number: 43-211-11009
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Piggly Wiggly #90 Market (Individual/Entity) operates a market located in Sumter, South Carolina. The Department conducted inspections on August 26, 2019, September 3, 2019, and September 12, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

81) Order Type and Number: Consent Order 2019-206-01-054
Order Date: November 7, 2019
Individual/Entity: **Doolittle's**
Facility: Doolittle's
Location: 112 North Main Street
Anderson, SC 29621
Mailing Address: Same
County: Anderson
Previous Orders: None
Permit Number: 04-206-04048
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Doolittle's (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on August 25, 2017, July 31, 2018, and July 29, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

82)	<u>Order Type and Number:</u>	Consent Order 2019-206-02-082
	<u>Order Date:</u>	November 7, 2019
	<u>Individual/Entity:</u>	Nose Dive
	<u>Facility:</u>	Nose Dive
	<u>Location:</u>	116 South Main Street Greenville, SC 29601
	<u>Mailing Address:</u>	207 South Main Street Greenville, SC 29601
	<u>County:</u>	Greenville
	<u>Previous Orders:</u>	2018-206-02-044 (\$800.00)
	<u>Permit Number:</u>	23-206-10176
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Nose Dive (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted inspections on June 19, 2018, March 4, 2019, and September 5, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

83)	<u>Order Type and Number:</u>	Consent Order 2019-206-03-106
	<u>Order Date:</u>	November 7, 2019
	<u>Individual/Entity:</u>	Eastover Express
	<u>Facility:</u>	Eastover Express
	<u>Location:</u>	625 Spears Creek Church Road Elgin, SC 29045
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Richland
	<u>Previous Orders:</u>	2019-206-03-040 (\$2,500.00)
	<u>Permit Number:</u>	40-206-07433
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Eastover Express (Individual/Entity) is a convenience store located in Elgin, South Carolina. The Department conducted inspections on October 25, 2018, September 19, 2019, and September 27, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

84) Order Type and Number: Consent Order 2019-206-06-131
 Order Date: November 7, 2019
 Individual/Entity: **Cliff's Cash & Carry**
 Facility: Cliff's Cash & Carry
 Location: 593 New Zion Road
 Lake City, SC 29560
 Mailing Address: 589 Cooktown Road
 Lake City, SC 29560
 County: Williamsburg
 Previous Orders: None
 Permit Number: 45-206-00465
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Cliff's Cash & Carry (Individual/Entity) is a convenience store located in Lake City, South Carolina. The Department conducted inspections on August 1, 2018, July 22, 2019, and August 1, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

85) Order Type and Number: Consent Order 2019-206-02-079
 Order Date: November 8, 2019
 Individual/Entity: **Pixie & Bills**
 Facility: Pixie & Bills
 Location: 1058 Tiger Boulevard
 Clemson, SC 29631
 Mailing Address: Same
 County: Pickens
 Previous Orders: None
 Permit Number: 39-206-00743
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Pixie & Bills (Individual/Entity) is a restaurant located in Clemson, South Carolina. The Department conducted inspections on December 14, 2017, October 3, 2018, and October 3, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

86)	<u>Order Type and Number:</u> <u>Order Date:</u> <u>Individual/Entity:</u> <u>Facility:</u> <u>Location:</u> <u>Mailing Address:</u> <u>County:</u> <u>Previous Orders:</u> <u>Permit Number:</u> <u>Violations Cited:</u>	Consent Order 2019-206-01-067 November 13, 2019 El Titanic American & Mexican El Titanic American & Mexican 605 South Main Street Belton, SC 29627 Same Anderson 2017-206-01-003 (\$800.00); 2018-206-01-001 (\$2,000.00); 2018-206-01-056 (\$1,000.00) 04-206-02961 S.C. Code Ann. Regs. 61-25
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Summary: El Titanic American & Mexican (Individual/Entity) is a restaurant located in Belton, South Carolina. The Department conducted inspections on December 5, 2018, August 21, 2019, August 30, 2019, and September 11, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; obtain and provide documentation of its designated staff members completion of an accredited Food Handler Certification program; pay a civil penalty in the amount of two thousand, seven hundred fifty dollars (**\$2,750.00**); and pay a suspended penalty in the amount of three thousand dollars (\$3,000.00) should any requirement of the Order not be met.

87)	<u>Order Type and Number:</u> <u>Order Date:</u> <u>Individual/Entity:</u> <u>Facility:</u> <u>Location:</u> <u>Mailing Address:</u> <u>County:</u> <u>Previous Orders:</u> <u>Permit Number:</u> <u>Violations Cited:</u>	Consent Order 2019-206-03-098 November 13, 2019 Crossings Deli Crossings Deli 8604-F Farrow Road Columbia, SC 29203 Same Richland None 40-206-04488 S.C. Code Ann. Regs. 61-25
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Summary: Crossings Deli (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on January 18, 2018, October 4, 2018, and September 3, 2019. The Individual/Entity has violated the South Carolina Retail Food

Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

88) Order Type and Number: Consent Order 2019-206-03-100
 Order Date: November 13, 2019
 Individual/Entity: **Circle K/Subway #3272**
 Facility: Circle K/Subway #3272
 Location: 4048 Charleston Highway
 West Columbia, SC 29172
 Mailing Address: 2440 Whitehall Park Drive, #800
 Charlotte, NC 28273

 County: Lexington
 Previous Orders: None
 Permit Number: 32-206-06439
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Circle K/Subway #3272 (Individual/Entity) is a convenience store located in West Columbia, South Carolina. The Department conducted inspections on August 20, 2019, August 29, 2019, and September 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

89) Order Type and Number: Consent Order 2019-206-04-053
 Order Date: November 13, 2019
 Individual/Entity: **Firehouse Subs**
 Facility: Firehouse Subs
 Location: 3007-B West Radio Drive
 Florence, SC 29501
 Mailing Address: P.O. Box 50645
 Columbia, SC 29250

 County: Florence
 Previous Orders: None
 Permit Number: 21-206-02296
 Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Firehouse Subs (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted inspections on December 20, 2017, September 28, 2018,

and August 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to store poisonous or toxic materials so that they cannot contaminate food equipment, utensils, linens, and single-service and single-use articles.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars **(\$400.00)**.

90) Order Type and Number: Consent Order 2019-206-04-060
Order Date: November 13, 2019
Individual/Entity: **Cruizers XIII**
Facility: Cruizers XIII
Location: 701 North Cashua Drive
Florence, SC 29501
Mailing Address: Same
County: Florence
Previous Orders: None
Permit Number: 21-206-02680
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Cruizers XIII (Individual/Entity) is a convenience store located in Florence, South Carolina. The Department conducted inspections on September 24, 2018, August 5, 2019, and August 14, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

91) Order Type and Number: Consent Order 2019-206-06-129
Order Date: November 13, 2019
Individual/Entity: **Little Caesars Georgetown**
Facility: Little Caesars Georgetown
Location: 1177 North Fraser Street
Georgetown, SC 29440
Mailing Address: P.O. Box 39
Elizabethtown, NC 28337
County: Georgetown
Previous Orders: None
Permit Number: 22-206-06366
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Little Caesars Georgetown (Individual/Entity) is a restaurant located in Georgetown, South Carolina. The Department conducted inspections on October 12, 2017, October 12, 2018, and July 25, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure written procedures were in place and made available to the Department when the facility uses time as a public health control.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

92) Order Type and Number: Consent Order 2019-206-06-141
Order Date: November 13, 2019
Individual/Entity: **Bob Evans Restaurant**
Facility: Bob Evans Restaurant
Location: 175 Brookton Circle
Myrtle Beach, SC 29588
Mailing Address: 8111 Smith's Mill Road
New Albany, OH 43054
County: Horry
Previous Orders: None
Permit Number: 26-206-08621
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Bob Evans Restaurant (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on January 16, 2019, May 1, 2019, and September 19, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

93) Order Type and Number: Consent Order 2019-206-07-103
Order Date: November 13, 2019
Individual/Entity: **Shoney's #1136**
Facility: Shoney's #1136
Location: 1307 North Main Street
Summerville, SC 29483
Mailing Address: 1717 Elm Hill Pike
Nashville, TN 37210
County: Berkeley
Previous Orders: 2015-206-07-043 (\$800.00)
Permit Number: 08-206-07464

Violations Cited:

S.C. Code Ann. Regs. 61-25

Summary: Shoney's #1136 (Individual/Entity) is a restaurant located in Summerville, South Carolina. The Department conducted inspections on August 15, 2017, February 7, 2018, December 18, 2018, December 20, 2018, July 31, 2019, and August 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that after cleaning and sanitizing, equipment and utensils were properly air-dried before contact with food; and may not be cloth dried and failed to ensure that physical facilities were maintained in good repair.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

94) Order Type and Number: Consent Order 2019-206-01-040
Order Date: November 14, 2019
Individual/Entity: **Barnwood Grill**
Facility: Barnwood Grill
Location: 2606 Whitehall Road
Anderson, SC 29626
Mailing Address: Same
County: Anderson
Previous Orders: 2018-206-01-040 (\$2,600.00)
Permit Number: 04-206-03784
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Barnwood Grill (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted an inspection on May 29, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to provide equipment sufficient in number and capacity to maintain food temperatures for cooling and heating food and holding cold and hot food.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of seven hundred fifty dollars (**\$750.00**).

95) Order Type and Number: Consent Order 2019-206-03-105
Order Date: November 14, 2019
Individual/Entity: **Shoney's**
Facility: Shoney's
Location: 2208-B Airport Boulevard
West Columbia, SC 29170
Mailing Address: 205 East Liberty Street
Sumter, SC 29150

County: Lexington
Previous Orders: 2015-206-03-054 (\$800.00)
Permit Number: 32-206-05070
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Shoney's (Individual/Entity) is a restaurant located in West Columbia, South Carolina. The Department conducted inspections on June 6, 2018, May 24, 2019, September 16, 2019, and September 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, seven hundred fifty dollars (**\$1,750.00**).

96) Order Type and Number: Consent Order 2019-206-05-020
Order Date: November 14, 2019
Individual/Entity: **Rose Hill in Aiken**
Facility: Rose Hill in Aiken
Location: 221 Greenville Street NW
Aiken, SC 29801
Mailing Address: 755 Silver Bluff Road
Aiken, SC 29803
County: Aiken
Previous Orders: None
Permit Number: 02-206-03252
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Rose Hill in Aiken (Individual/Entity) is a restaurant located in Aiken, South Carolina. The Department conducted inspections on March 7, 2019, March 14, 2019, August 1, 2019, August 8, 2019, and August 15, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure food is safe, unadulterated and honestly presented; failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to ensure that all equipment installed in a retail food establishment after the effective date of this regulation shall be certified or classified and listed to National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) Commercial Food Equipment Standards, or Baking Industry Sanitation Standards Committee (BISSC) or other accredited ANSI food equipment sanitation certification recognized by the Department.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand, six hundred dollars (**\$2,600.00**).

97) Order Type and Number: Consent Order 2019-206-06-140

Order Date: November 14, 2019
Individual/Entity: **Pizza Hut #012865**
Facility: Pizza Hut #012865
Location: 1610 North Kings Highway
Surfside Beach, SC 29577
Mailing Address: P.O. Box 3647
Myrtle Beach, SC 29578
County: Horry
Previous Orders: None
Permit Number: 26-206-07970
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Pizza Hut #012865 (Individual/Entity) is a restaurant located in Surfside Beach, South Carolina. The Department conducted inspections on August 8, 2019, September 9, 2019, and September 19, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

98) Order Type and Number: Consent Order 2019-206-08-009
Order Date: November 14, 2019
Individual/Entity: **Montage Palmetto Bluff**
Facility: Montage Palmetto Bluff
Location: 477 Mount Pelia Road
Bluffton, SC 29910
Mailing Address: Same
County: Beaufort
Previous Orders: None
Permit Number: 07-206-10244
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Montage Palmetto Bluff (Individual/Entity) is a restaurant located in Bluffton, South Carolina. The Department conducted an inspection on October 2, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: obscured, covered, defaced, relocated, or removed the grade decal that was posted by the Department.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars (**\$500.00**).

99) Order Type and Number: Consent Order 2019-211-04-001
Order Date: November 14, 2019
Individual/Entity: **IGA Foodliner #68**
Facility: IGA Foodliner #68
Location: 310 East Smith Street
Timmonsville, SC 29161
Mailing Address: Same
County: Florence
Previous Orders: None
Permit Number: 21-211-00135
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: IGA Foodliner #68 (Individual/Entity) operates a market located in Timmonsville, South Carolina. The Department conducted inspections on September 27, 2018, July 31, 2019, and August 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

100) Order Type and Number: Consent Order 2019-206-01-076
Order Date: November 15, 2019
Individual/Entity: **Sportsman One Stop**
Facility: Sportsman One Stop
Location: 9807 Highway 81 South
Iva, SC 29655
Mailing Address: Same
County: Anderson
Previous Orders: None
Permit Number: 04-206-02555
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Sportsman One Stop (Individual/Entity) is a restaurant located in Iva, South Carolina. The Department conducted inspections on March 9, 2017, February 15, 2018, January 16, 2019, and October 24, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

101) Order Type and Number: Consent Order 2019-206-02-054

Order Date: November 15, 2019
Individual/Entity: **Charleston Sports Pub**
Facility: Charleston Sports Pub
Location: 359 College Avenue
Clemson, SC 29631
Mailing Address: 1227 Yeamans Hall Road
Hanahan, SC 29410
County: Pickens
Previous Orders: None
Permit Number: 39-206-02077
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Charleston Sports Pub (Individual/Entity) is a restaurant located in Clemson, South Carolina. The Department conducted inspections on January 15, 2019, January 25, 2019, July 11, 2019, and July 19, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests; and failed to clean the physical facilities as often as necessary to keep them clean.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of six hundred dollars **(\$600.00)**.

102) Order Type and Number: Consent Order 2019-206-02-069
Order Date: November 15, 2019
Individual/Entity: **Charleston Sports Pub**
Facility: Charleston Sports Pub
Location: 359 College Avenue
Clemson, SC 29631
Mailing Address: 1227 Yeamans Hall Road
Hanahan, SC 29410
County: Pickens
Previous Orders: 2019-206-02-054 (\$600.00)
Permit Number: 39-206-02077
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Charleston Sports Pub (Individual/Entity) is a restaurant located in Clemson, South Carolina. The Department conducted inspections on January 15, 2019, July 11, 2019, and August 28, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to clean the physical facilities as often as necessary to keep them clean; and failed to keep equipment food contact surfaces and utensils clean to sight and touch.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars **(\$500.00)**.

103) Order Type and Number: Consent Order 2019-206-03-104
Order Date: November 15, 2019
Individual/Entity: **Ray's Diner**
Facility: Ray's Diner
Location: 3110 Two Notch Road
Columbia, SC 29204
Mailing Address: Same
County: Richland
Previous Orders: 2019-206-03-057 (\$1,000.00)
Permit Number: 40-206-07293
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Ray's Diner (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on September 11, 2019, and September 18, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, seven hundred fifty dollars (**\$1,750.00**).

104) Order Type and Number: Consent Order 2019-206-05-026
Order Date: November 15, 2019
Individual/Entity: **Subway**
Facility: Subway
Location: 1675 Richland Avenue West
Aiken, SC 29803
Mailing Address: 1242 Willow Wood Drive
Aiken, SC 29803
County: Aiken
Previous Orders: None
Permit Number: 02-206-02045
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Subway (Individual/Entity) is a restaurant located in Aiken, South Carolina. The Department conducted inspections on September 3, 2019, September 12, 2019, September 19, 2019, and September 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

105)	<u>Order Type and Number:</u>	Consent Order 2019-206-05-027
	<u>Order Date:</u>	November 15, 2019
	<u>Individual/Entity:</u>	Deshawns Seafood
	<u>Facility:</u>	Deshawns Seafood
	<u>Location:</u>	10316 Atomic Road North Augusta, SC 29841
	<u>Mailing Address:</u>	P.O. Box 652 Clearwater, SC 29822
	<u>County:</u>	Aiken
	<u>Previous Orders:</u>	2016-206-05-010 (\$800.00); 2018-206-05-012 (\$1,000.00)
	<u>Permit Number:</u>	02-206-02935
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Deshawns Seafood (Individual/Entity) is a restaurant located in North Augusta, South Carolina. The Department conducted inspections on February 15, 2019, September 5, 2019, and September 12, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of three thousand dollars **(\$3,000.00)**.

106)	<u>Order Type and Number:</u>	Consent Order 2019-206-01-065
	<u>Order Date:</u>	November 19, 2019
	<u>Individual/Entity:</u>	Santa Fe Mexican Restaurant
	<u>Facility:</u>	Santa Fe Mexican Restaurant
	<u>Location:</u>	248 Birchtree Drive Greenwood, SC 29649
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Greenwood
	<u>Previous Orders:</u>	2019-206-01-003 (\$1,600.00)
	<u>Permit Number:</u>	24-206-01407
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Santa Fe Mexican Restaurant (Individual/Entity) is a restaurant located in Greenwood, South Carolina. The Department conducted an inspection on September 4, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

107) Order Type and Number: Consent Order 2019-206-01-074
Order Date: November 19, 2019
Individual/Entity: **Wendy's #30**
Facility: Wendy's #30
Location: 12424 Highway 56 North
Clinton, SC 29325
Mailing Address: 166 Southgate Drive #10
Boone, NC 28607
County: Laurens
Previous Orders: 2019-206-01-028 (\$800.00)
Permit Number: 30-206-00829
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Wendy's #30 (Individual/Entity) is a restaurant located in Clinton, South Carolina. The Department conducted an inspection on October 2, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

108) Order Type and Number: Consent Order 2019-206-02-078
Order Date: November 19, 2019
Individual/Entity: **KFC/LJS Clemson**
Facility: KFC/LJS Clemson
Location: 118 Pinnacle Street
Clemson, SC 29631
Mailing Address: 880 South Pleasantburg Drive, Suite 4C
Greenville, SC 29607
County: Pickens
Previous Orders: None
Permit Number: 39-206-01886
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: KFC/LJS Clemson (Individual/Entity) is a restaurant located in Clemson, South Carolina. The Department conducted inspections on November 8, 2017, August 13, 2018, August 21, 2018, August 31, 2018, February 4, 2019, August 22, 2019, August 23, 2019, and August 30, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to keep food contact surfaces of cooking equipment and pans free of encrusted grease deposits and other soil accumulations and non-food contact surfaces clean and free of accumulation of dust, dirt, food residue, and other debris; and failed to clean the physical facilities as often as necessary to keep them clean.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, two hundred dollars **(\$1,200.00)**.

109) Order Type and Number: Consent Order 2019-206-02-081
Order Date: November 19, 2019
Individual/Entity: **Poinsett Club**
Facility: Poinsett Club
Location: 807 East Washington Street
Greenville, SC 29601
Mailing Address: Same
County: Greenville
Previous Orders: 2019-206-02-008 (\$800.00)
Permit Number: 23-206-02142
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Poinsett Club (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted an inspection on September 18, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

110) Order Type and Number: Consent Order 2019-206-02-087
Order Date: November 19, 2019
Individual/Entity: **La Choza**
Facility: La Choza
Location: 6425 White Horse Road
Greenville, SC 29611
Mailing Address: Same
County: Greenville
Previous Orders: None
Permit Number: 23-206-04619
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: La Choza (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted an inspection on July 15, 2019, July 18, 2019, and July 22, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature control for safety foods; failed to use effective methods to cool cooked time/temperature control for safety

foods; and obscured, covered, defaced, relocated, or removed the grade decal that was posted by the Department.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, three hundred dollars **(\$1,300.00)**.

111) Order Type and Number: Consent Order 2019-206-04-054
Order Date: November 19, 2019
Individual/Entity: **Little Caesar's #2**
Facility: Little Caesar's #2
Location: 313 Second Loop Road
Florence, SC 29505
Mailing Address: 2300 Second Loop Road
Florence, SC 29501
County: Florence
Previous Orders: None
Permit Number: 21-206-02202
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Little Caesar's #2 (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted inspections on August 20, 2018, October 17, 2018, and August 19, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure written procedures were in place and made available to the Department when the facility uses time as a public health control.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

112) Order Type and Number: Consent Order 2019-206-05-025
Order Date: November 19, 2019
Individual/Entity: **Quick Pantry #37**
Facility: Quick Pantry #37
Location: 1093 Five Chop Road
Orangeburg, SC 29115
Mailing Address: Same
County: Orangeburg
Previous Orders: None
Permit Number: 38-206-02253
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Quick Pantry #37 (Individual/Entity) is a restaurant located in Orangeburg, South Carolina. The Department conducted inspections on April 2, 2019, August 2, 2019, August 8, 2019, August 14, 2019, and August 19, 2019. The Individual/Entity has violated the

South Carolina Retail Food Establishment Regulation as follows: failed to ensure wall and ceiling covering materials shall be attached so that they are easily cleanable, except in areas used only for dry storage, concrete, porous blocks, or bricks used for indoor wall construction shall be finished and sealed to provide a smooth, nonabsorbent, easily cleanable surface and failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

113) Order Type and Number: Consent Order 2019-206-06-123
Order Date: November 19, 2019
Individual/Entity: **Fire and Smoke Gastropub**
Facility: Fire and Smoke Gastropub
Location: 411 79th Avenue North
Myrtle Beach, SC 29572
Mailing Address: Same
County: Horry
Previous Orders: None
Permit Number: 26-206-12544
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Fire and Smoke Gastropub (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on September 27, 2018, July 31, 2019, and August 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

114) Order Type and Number: Consent Order 2019-206-07-053
Order Date: November 19, 2019
Individual/Entity: **Mellow Mushroom Charleston**
Facility: Mellow Mushroom Charleston
Location: 309 King Street
Charleston, SC 29401
Mailing Address: 700 Daniel Island Drive, #7302
Charleston, SC 29412
County: Charleston
Previous Orders: 2015-206-07-099 (\$800.00);
2016-206-07-068 (\$800.00);
2017-206-07-013 (\$1,200.00);
2018-206-07-015 (\$1,000.00)

Permit Number: 10-206-03701
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Mellow Mushroom Charleston (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted an inspection on April 30, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

115) Order Type and Number: Consent Order 2019-206-07-058
Order Date: November 19, 2019
Individual/Entity: **Restoration on King**
Facility: Restoration on King
Location: 75 Wentworth Street
Charleston, SC 29401
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit Number: 10-206-09807
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Restoration on King (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on August 16, 2016, July 12, 2017, May 29, 2018, and May 21, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; failed to keep shellstock tags or labels attached to the container in which the shellstock are received, until the container is empty; and failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, eight hundred dollars (**\$1,800.00**).

116) Order Type and Number: Consent Order 2019-206-07-102
Order Date: November 19, 2019
Individual/Entity: **Circle K Store #5128**
Facility: Circle K Store #5128
Location: 1330 North Main Street
Summerville, SC 29483
Mailing Address: 2440 Whitehall Park Drive #800

Charlotte, NC 28273
County: Berkeley
Previous Orders: 2018-206-07-054 (\$400.00)
Permit Number: 08-206-09437
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Circle K Store #5128 (Individual/Entity) is a convenience store located in Summerville, South Carolina. The Department conducted an inspection on July 31, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that the handwashing sinks were accessible at all times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars **(\$500.00)**.

117) Order Type and Number: Consent Order 2019-206-08-006
Order Date: November 19, 2019
Individual/Entity: **Subway #8702**
Facility: Subway #8702
Location: 775 Bells Highway
Walterboro, SC 29488
Mailing Address: P.O. Box 728
Savannah, GA 31402
County: Colleton
Previous Orders: 2018-206-08-013 (\$1,600.00)
Permit Number: 15-206-00727
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Subway #8702 (Individual/Entity) is a restaurant located in Walterboro, South Carolina. The Department conducted an inspection on August 16, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars **(\$1,000.00)**.

118) Order Type and Number: Consent Order 2019-206-02-083
Order Date: November 21, 2019
Individual/Entity: **Greenville Rescue Mission**
Facility: Greenville Rescue Mission
Location: 575 West Washington Street
Greenville, SC 29601
Mailing Address: P.O. Box 2546

County: Greenville, SC 29602
Previous Orders: Greenville
Permit Number: None
Violations Cited: 23-206-02245
S.C. Code Ann. Regs. 61-25

Summary: Greenville Rescue Mission (Individual/Entity) operates a cafeteria in Greenville, South Carolina. The Department conducted inspections on April 20, 2018, January 30, 2019, and September 23, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars **(\$800.00)**.

119) Order Type and Number: Consent Order 2019-206-02-085
Order Date: November 21, 2019
Individual/Entity: **Bon Secours Wellness Arena (Main Kitchen)**
Facility: Bon Secours Wellness Arena (Main Kitchen)
Location: 650 North Academy Street
Greenville, SC 29607
Mailing Address: Same
County: Greenville
Previous Orders: None
Permit Number: 23-206-06753
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Bon Secours Wellness Arena (Main Kitchen) (Individual/Entity) is an event center commissary located in Greenville, South Carolina. The Department conducted inspections on March 22, 2017, February 6, 2018, January 4, 2019, and September 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars **(\$1,600.00)**.

120) Order Type and Number: Consent Order 2019-206-04-055
Order Date: November 21, 2019
Individual/Entity: **McDonald's**
Facility: McDonald's

Location: 2014 South Irby Street
Florence, SC 29505
Mailing Address: 2135 B Hoffmeyer Road
Florence, SC 29501
County: Florence
Previous Orders: None
Permit Number: 21-206-02675
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: McDonald's (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted inspections on October 16, 2017, September 4, 2018, and August 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure written procedures were in place and made available to the Department when the facility uses time as a public health control.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

121) Order Type and Number: Consent Order 2019-206-04-056
Order Date: November 21, 2019
Individual/Entity: **McDonald's**
Facility: McDonald's
Location: 310 Highway 301 North
Dillon, SC 29536
Mailing Address: 2135 B Hoffmeyer Road
Florence, SC 29501
County: Dillon
Previous Orders: None
Permit Number: 17-206-00993
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: McDonald's (Individual/Entity) is a restaurant located in Dillon, South Carolina. The Department conducted inspections on August 2, 2018, March 1, 2019, and August 21, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that the handwashing sinks were accessible at all times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

122) Order Type and Number: Consent Order 2019-206-04-063
Order Date: November 21, 2019
Individual/Entity: **Arafat Abuhammoud D/B/A One Stop**

	Country Store & Grill
<u>Facility:</u>	One Stop Country Store & Grill
<u>Location:</u>	916 Highway 38 South Bennettsville, SC 29512
<u>Mailing Address:</u>	Same
<u>County:</u>	Marlboro
<u>Previous Orders:</u>	2019-206-04-010 (\$800.00)
<u>Permit Number:</u>	34-206-00644
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: One Stop Country Store & Grill (Individual/Entity) is a restaurant located in Bennettsville, South Carolina. The Department conducted inspections on August 13, 2018, August 23, 2018, February 5, 2019, February 15, 2019, February 25, 2019, and July 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that a person in charge is certified by a food protection manager certification program that is recognized by the Conference for Food Protection.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, obtain and provide documentation of its designated employee's completion of the certified food protection manager certification program; and pay a civil penalty in the amount of seven hundred fifty dollars (**\$750.00**).

123)	<u>Order Type and Number:</u>	Consent Order 2019-206-06-113
	<u>Order Date:</u>	November 21, 2019
	<u>Individual/Entity:</u>	Wahoo's Fish House
	<u>Facility:</u>	Wahoo's Fish House
	<u>Location:</u>	3993 Highway 17 Business Murrells Inlet, SC 29576
	<u>Mailing Address:</u>	P.O. Box 3393 Murrells Inlet, SC 29580
	<u>County:</u>	Georgetown
	<u>Previous Orders:</u>	2015-206-01-002 (\$800.00); 2018-206-06-130 (\$800.00)
	<u>Permit Number:</u>	22-206-06217
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Wahoo's Fish House (Individual/Entity) is a restaurant located in Murrells Inlet, South Carolina. The Department conducted inspections on March 22, 2017, November 2, 2017, September 7, 2018, and July 18, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to properly thaw time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, two hundred fifty dollars **(\$1,250.00)**.

124) Order Type and Number: Consent Order 2019-206-07-118
Order Date: November 21, 2019
Individual/Entity: **Nick's Gyros & Philly's #2**
Facility: Nick's Gyros & Philly's #2
Location: 6150 Rivers Avenue
North Charleston, SC 29406
Mailing Address: Same
County: Charleston
Previous Orders: 2018-206-07-006 (\$1,000.00);
2019-206-07-085 (\$2,500.00)
Permit Number: 10-206-09454
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Nick's Gyros & Philly's #2 (Individual/Entity) is a restaurant located in North Charleston, South Carolina. The Department conducted inspections on September 24, 2019, and September 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand dollars **(\$2,000.00)**.

Onsite Wastewater Enforcement

125) Order Type and Number: Administrative Order 19-49-OSWW
Order Date: November 7, 2019
Individual/Entity: **John C. Purvis**
Debra C. Purvis
Facility: John C. Purvis
Debra C. Purvis
Location: 245 Skylight Drive
West Columbia, SC 29170
Mailing Address: Same
County: Lexington
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: John C. Purvis and Debra C. Purvis (Individual/Entity) own property located in Lexington, South Carolina. The Department conducted an investigation on September 12, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

126)	<u>Order Type and Number:</u>	Administrative Order 19-50-OSWW
	<u>Order Date:</u>	November 7, 2019
	<u>Individual/Entity:</u>	Demond Witherspoon
	<u>Facility:</u>	Demond Witherspoon
	<u>Location:</u>	1118 Simmons Hill Road Jamestown, SC
	<u>Mailing Address:</u>	Same
	<u>County:</u>	Berkeley
	<u>Previous Orders:</u>	None
	<u>Permit Number:</u>	None
	<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-56

Summary: Demond Witherspoon (Individual/Entity) owns property located in Berkeley, South Carolina. The Department conducted an investigation on August 26, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

127)	<u>Order Type and Number:</u>	Administrative Order 19-52-OSWW
	<u>Order Date:</u>	November 18, 2019
	<u>Individual/Entity:</u>	Stone Haven Mobile Home Park, LLC
	<u>Facility:</u>	Stone Have Mobile Home Park, LLC
	<u>Location:</u>	531 Cricket Stone Drive

Mailing Address: Spartanburg, SC 29302
P.O. Box 1649
Oakdale, CA 95361
County: Spartanburg
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Stone Haven Mobile Home Park, LLC (Individual/Entity) owns property located in Spartanburg, South Carolina. The Department conducted an investigation on October 4, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

128) Order Type and Number: Administrative Order 19-32-OSWW
Order Date: November 22, 2019
Individual/Entity: **Jeremy Brian Smith**
Facility: Jeremy Brian Smith
Location: 140 Kristina Drive
Cowpens, SC 29330
Mailing Address: Same
County: Cherokee
Previous Orders: None
Permit Number: None
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Jeremy Brian Smith (Individual/Entity) owns property located in Cherokee, South Carolina. The Department conducted an investigation on May 31, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

129) <u>Order Type and Number:</u>	Administrative Order 19-54-OSWW
<u>Order Date:</u>	November 22, 2019
<u>Individual/Entity:</u>	Samuel L. Todd
<u>Facility:</u>	Samuel L. Todd
<u>Location:</u>	212 Camellia Drive Greenwood, SC 29646
<u>Mailing Address:</u>	Same
<u>County:</u>	Greenwood
<u>Previous Orders:</u>	None
<u>Permit Number:</u>	None
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-56

Summary: Samuel L. Todd (Individual/Entity) owns property located in Greenwood, South Carolina. The Department conducted an investigation on September 26, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

* Unless otherwise specified, "Previous Orders" as listed in this report include orders issued by Environmental Affairs Programs within the last five (5) years.

Date: January 6, 2020

To: S.C. Board of Health and Environmental Control

From: Bureau of Health Facilities Licensing

Re: Public Hearing for Notice of Final Regulation Amending R. 61-93, *Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence*, Document No. 4954

I. Introduction

The Bureau of Health Facilities Licensing proposes the attached Notice of Final Regulation amending R. 61-93, *Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence*. Legal authority resides in S.C. Code Section 44-7-260 et seq., which requires the Department of Health and Environment Control (“Department”) to establish and enforce basic standards for the licensure, maintenance, and operation of health facilities and services in order to ensure the safe and adequate treatment of persons served in this state. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

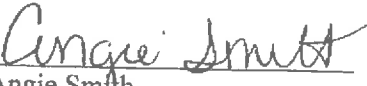
II. Facts

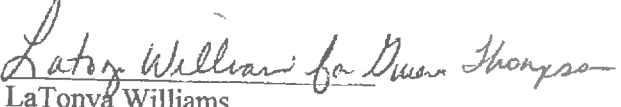
1. The Bureau proposes amending R.61-93 to update provisions in accordance with current practices and standards. The proposed amendments incorporate and revise provisions relating to statutory mandates, update terminology to conform to the terminology widely used and understood within the provider community, and revise requirements for incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. Proposed revisions also include changing the name of the regulation and facility type to “Facility for Chemically Dependent or Addicted Persons.” The Bureau proposes this change to parallel the statutory term for this facility type. The facility type may also be referred to as “Substance Use Disorder Facilities” based on current terminology within the provider community. Additional proposed revisions include those for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61-93 was last amended in 2015.
2. The Department had a Notice of Drafting published in the March 22, 2019, *State Register*.
3. Appropriate Department staff conducted an internal review of the proposed amendments on August 7, 2019.
4. There is no advisory council for this facility type.
5. The Bureau held stakeholder meetings on April 1, 2019, and August 6, 2019. The Bureau considered stakeholder feedback in formulating the proposed amendments herein.
6. The Department had a Notice of Proposed Regulation published in the November 22, 2019, *State Register*. The Department received no public comments by December 23, 2019, which was the closing date of the public comment period.
7. The Bureau held a final stakeholder meeting on November 19, 2019. Amendments were presented and stakeholders were informed on the process of submitting comments. Eight (8) stakeholders were in attendance.

8. The addition of medication units will increase access to opioid treatment services in rural areas and underserved communities.

III. Request for Approval

The Bureau of Health Facilities Licensing respectfully requests the Board to find need and reasonableness of the attached proposed amendment R.61-93, *Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence*, for submission to the General Assembly.


Angie Smith
Interim Chief of Health Facilities Licensing


LaTonya Williams
Director of Quality Management Division
Health Facilities Licensing
On behalf of Gwen C. Thompson,
Interim Director of Health Regulation

Attachments:

- A. Notice of Final Regulation
- B. Summary of Public Comments and Department Responses

ATTACHMENT A

STATE REGISTER NOTICE OF FINAL REGULATION
FOR R. 61-93, *Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence.*

January 6, 2020

Document No. 4954

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61

Statutory Authority: 1976 Code Sections 44-7-260 et seq.

61--93. Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence.

Synopsis:

The Department of Health and Environmental Control (“Department”) amends R.61--93 to update provisions in accordance with current practices and standards. The amendments incorporate and revise provisions relating to statutory mandates, update terminology to conform to the terminology widely used and understood within the provider community, and revise requirements for incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. Revisions also include changing the name of the regulation and facility type to “Facility for Chemically Dependent or Addicted Persons.” The Department makes this change to parallel the statutory term for this facility type. The facility type may also be referred to as “Substance Use Disorder Facilities” based on current terminology within the provider community. Additional revisions include those for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

A Notice of Drafting was published in the March 22, 2019, *South Carolina State Register*.

Instructions: Replace R.61-93, Standards for Licensing Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence, in its entirety with this amendment.

Text:

~~Indicates Matter Stricken~~

Indicates New Matter

61-93. Standards for Licensing Facilities ~~That Treat Individuals for Psychoactive Substance Abuse or Dependence~~ for Chemically Dependent or Addicted Persons.

Statutory Authority: (S.C. Code Sections 44-7-260 et seq.)

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2612. Heating, Ventilation, and Air Conditioning (II).

2613. Patient Rooms.

2614. Patient Room Floor Area.

2615. Bathrooms and Restrooms.

2616. Seclusion Room (II).

2617. Patient Care Unit and Station for Medical Withdrawal Management (II).

2618. Doors (II).

2619. Elevators (II).

2620. Screens (II).

2621. Janitor's Closet.

2622. Storage Areas.

2623. Telephone Service.

2624. Location.

2625. Outdoor Area.

SECTION 2700 – SEVERABILITY (I)

SECTION 2800 – GENERAL (I)

PART I
ALL FACILITIES

SECTION 100 – DEFINITIONS, REFERENCES, AND LICENSE/LICENSURE REQUIREMENTS.

101. Definitions.

For the purpose of this regulation, the following definitions shall apply:

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing infliction of physical injury on a Patient 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 of a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional. Physical abuse does not include altercations or acts of assault between Patients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a Patient or within the Patient's hearing distance, regardless of the Patient'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.

AB. Administering Medication. The direct application acts of preparing and giving of a single dose of a medication to the body of a ~~client~~ Patient by injection, ingestion, or any other means in accordance with the orders of a Physician or other Authorized Healthcare Provider.

BC. Administrator. The staff member designated by the ~~licensee~~ Licensee to have the authority and responsibility to manage the ~~facility~~ Facility and who is in charge of all functions and activities of the Facility.

CD. Adult. A person eighteen (18) years of age or older or ~~person under the age of 18 who has been emancipated in accordance with state law.~~

D. Advanced Practice Registered Nurse. An individual who has Official Recognition as such by the SC Board of Nursing.

E. Aftercare/Continuing Care. Services provided to ~~clients~~ Patients after discharge from a ~~facility~~ Facility that facilitates the ~~client's~~ Patient's integration or reintegration into society. Activities may include self-help groups, supportive work programs, and staff follow-up contacts and interventions.

F. Annual. ~~Once each 12-month period.~~ A time period that requires an activity to be performed at least every twelve (12) months.

G. Architect. An individual currently registered as such by the ~~SC State Board of Architectural Examiners.~~

~~HG. Assessment. A procedure for determining the nature and extent of the problems for which the individual is seeking treatment/services/care/education to include risk assessment, diagnosis, evaluating the physical, emotional, behavioral, social, vocational, recreational, mental, and, when appropriate, the nutritional and legal status/needs and needs of a client/Patient or potential Patient to ascertain if the Facility can adequately address those problems, meet those needs, and to secure information for use in the development of the Individual Plan of Care. Clinical consideration of each client's needs, strengths, and weaknesses shall be included in the assessment to assist in a level of care placement.~~

~~HH. Authorized Healthcare Provider. An individual authorized by law and currently licensed in SC South Carolina as a Physician, advanced practice registered nurse, or physician assistant to provide specific treatments, care, or services to clients/Patients. Examples of individuals who may be authorized by law to provide the aforementioned treatment/care/services may include, but are not limited to, advanced practice registered nurses, physician's assistants.~~

I. Blood Assay for *Mycobacterium tuberculosis* ("BAMT"). A general term to refer to in vitro diagnostic tests that assess for the presence of tuberculosis ("TB") infection with *Mycobacterium tuberculosis*. This term includes, but is not limited to, IFN- γ release assays ("IGRA").

J. Chemical Dependency. A disorder manifested by repeated use of alcohol or another substance to an extent that it interferes with a person's health, social, or economic functioning; some degree of habituation and dependence may be implied. May also be referred to as Substance Use Disorder.

~~J. Client. A person who receives treatment, services, or care from a psychoactive substance abuse or dependence facility. This term is synonymous with the term "patient."~~

~~K. Client Room. An area enclosed by ceiling high walls that can house one or more clients of the facility.~~

~~LK. Clinical Services Supervisor. The designated individual with responsibility for clinical supervision of treatment Staff and interpretation of program policy and standards.~~

~~ML. Consultation. A visit to meeting with a licensed facility/Facility by and individuals authorized by the Department to provide information to Facilities in order to enable Facilities to better comply with the regulations.~~

M. Contact Investigation. Procedures that occur when a case of infectious Tuberculosis is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent Tuberculosis Infection or Tuberculosis disease, and treatment of these persons, as indicated.

N. Controlled Substance. A medication or other substance included in Schedule I, II, III, IV, and V of the Federal Controlled Substances Act or the South Carolina Controlled Substances Act.

NO. Counselor. An appropriately licensed/certified individual who applies a specific body of knowledge and skills within a particular ethical context in order to facilitate behavior change or to facilitate greater comfort with an existing behavioral pattern. These services may be provided in individual, group and/or family modalities, and provided in a variety of settings (See Section 504) licensed by the South Carolina Department of Labor, Licensing and Regulation or certified as such by South Carolina Association of Alcoholism and Drug Abuse Counselors.

~~O. DSS. The SC Department of Social Services~~

~~P. Department. The SC South Carolina Department of Health and Environmental Control.~~

~~Q. Delivery of Medications. The actual, constructive, or attempted transfer of a medication or device from one person to another. In instances where the facility is storing medication, the act of presenting/making available the container of this medication to a client who has been authorized by physician or authorized healthcare provider orders to self-administer that medication.~~

~~R. Detoxification. A process of withdrawing a client from a specific psychoactive substance in a safe and effective manner.~~

~~S. Detoxification Facility. A 24-hour freestanding facility providing detoxification services of which there are two types:~~

~~1. Medical. A short-term Residential facility, separated from an inpatient treatment facility, providing for medically supervised withdrawal from psychoactive substance-induced intoxication, with the capacity to provide screening for medical complications of alcoholism and/or drug abuse, a structured program of counseling, if appropriate, and referral for further rehabilitation.~~

~~2. Social. A service providing supervised withdrawal from alcohol or other drugs in which neither the client's level of intoxication nor physical condition is severe enough to warrant direct medical supervision or the use of medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling, if appropriate, educational services, and referral for further rehabilitation. A social detoxification facility provides 24-hour-a-day observation of the client until discharge.~~

~~TQ. Dietitian. An person individual who is registered by the Commission on Dietetic Registration, currently licensed as a Dietitian by the South Carolina Department of Labor, Licensing and Regulation.~~

~~UR. Direct Care Staff/Volunteers. Those individuals who provide care/treatment and services to the client/Patient.~~

~~VS. Discharge. The point at which the client's active involvement with treatment, care, and services in a facility/Facility is/are terminated and the facility/Facility no longer maintains active responsibility for the care of the client/Patient, except for Continuing Care monitoring.~~

~~W. Dispensing Medication. The transfer of possession of one or more doses of a drug or device by a licensed pharmacist or person permitted by law, to the ultimate consumer or his/her agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by a client.~~

~~T. Elopement. An instance when a Patient who is physically, mentally, or chemically impaired wanders, walks, runs away, escapes, or otherwise leaves the Facility unsupervised or unnoticed.~~

~~X. Existing Facility. A facility which was in operation and/or one which began the construction or renovation of a building, for the purpose of operating the facility, prior to the promulgation of this regulation. The licensing standards governing new facilities apply if and when an existing facility is not continuously operated and licensed under this regulation.~~

~~U. Exploitation. (1) Causing or requiring a Patient to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a Patient. Exploitation does not include requiring a Patient to participate in an activity or labor that is a part of a written individual plan of care or prescribed or authorized by the Patient's attending physician; (2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a Patient by an individual~~

for the profit or advantage of that individual or another individual; or (3) causing a Patient 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 Patient through cunning arts or devices that delude the Patient and cause him or her to lose money or other property.

~~YV.~~ Facility for Chemically Dependent or Addicted Persons (Facility or Substance Use Disorder Facility). An entity licensed by the Department that provides care/treatment/services for psychoactive substance abuse or dependence to two or more persons (not related to the licensee) and their families based on an individual treatment plan including diagnostic treatment, individual and group counseling, family therapy, vocational and educational development counseling, and referral services in any of the following modalities:

1. Outpatient;

2. Residential treatment program;

3. Medical detoxification;

4. Social detoxification;

~~5. Narcotic treatment program.~~ A facility/Facility organized to provide Outpatient or Residential Services to Chemically Dependent or Addicted Persons and their families based on an Individual Plan of Care including diagnostic treatment, individual and group counseling, family therapy, vocational and educational development counseling, and referral services.

~~ZW.~~ Follow-up. Intermittent contact with a ~~client~~Patient following discharge from the program, for assessment of ~~client~~Patient status and needs.

~~AA~~X. Health Assessment. An evaluation of the health status of a staff member/volunteer by a Physician, other Authorized Healthcare Provider, or a registered nurse; A registered nurse may complete the Health Assessment pursuant to standing orders approved by a Physician as evidenced by the Physician's signature. The standing orders shall be reviewed annually by the Physician, with a copy of the review maintained at the facility/Facility.

Y. Individual Plan of Care. A written action plan based on assessment data that identifies the Patient's diagnosis and/or needs, the strategy for providing services to meet those needs, treatment goals and objectives, and the criteria for terminating the specified interventions.

~~BB.~~ Initial License. A license granted to a new facility.

~~CC~~Z. In-process Counselor. A counselor ~~who has been~~ accepted by the SCAADAC/South Carolina Association of Alcoholism and Drug Abuse Counselors as enrolled for certification.

~~DD~~AA. Inspection. A visit by ~~authorized individuals to a facility or to a proposed facility~~the Department for the purpose of determining compliance with this regulation.

~~EE~~BB. Intake. The administrative and assessment process for admission to a program.

~~FF.~~ Individualized Treatment Plan (ITP). A written action plan based on assessment data that identifies the client's needs, the strategy for providing services to meet those needs, treatment goals and objectives, and the criteria for terminating the specified interventions.

CC. Interdisciplinary Team. A group designated by the Facility to provide or supervise care, treatment, and services. The group normally includes but is not limited to the following persons: Counselors, social workers, Physicians and other Authorized Healthcare Providers, pharmacists, peer support specialists, etc.

GGDD. Investigation. A visit by ~~authorized individuals~~ Department representatives to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to ~~this regulation~~ statutory and regulatory compliance.

EE. Legend Medications.

1. A Controlled Substance, when under federal law, is required, prior to being dispensed or delivered to be labeled with any of the following statements:

a. "Caution: Federal law prohibits dispensing without prescription."

b. "Rx only"; or

2. A Controlled Substance which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any Controlled Substance considered to be a public health threat, after notice and public hearing as designated by the South Carolina Board of Pharmacy; or

4. Any prescribed compounded prescription Controlled Substance within the meaning of the South Carolina Pharmacy Practice Act.

~~HH. Levo-alpha acetylmethadol (LAAM). A multi-day synthetic narcotic medication.~~

~~FFF. License. The authorization to operate a ~~facility~~ Substance Use Disorder Facility as defined in this regulation and as evidenced by a certificate issued by the Department to a ~~facility~~ Facility.~~

~~JGG. Licensed Nurse. A person to whom the ~~SC~~ South Carolina Board of Nursing has issued a license as a registered nurse or licensed practical nurse-, or an individual licensed as a registered nurse or licensed practical nurse who resides in another state that has been granted multi-state licensing privileges by the South Carolina Board of Nursing and may practice nursing in any ~~facility~~ Facility or activity licensed by the Department subject to the provisions and conditions as indicated in the Nurse Licensure Compact Act.~~

~~KKHH. Licensee. The individual, corporation, organization, or public entity who has received a license to provide psychoactive substance abuse or dependence treatment services and with whom rests the ultimate responsibility for compliance with this regulation licensed pursuant to this regulation to provide dependency and Substance Use Disorder treatment services.~~

II. Medical Withdrawal Management Program. A program in a Residential Facility providing for medically-supervised Withdrawal Management, with the capacity to provide screening for medical complications of Substance Use Disorder, a structured program of counseling, if appropriate, and referral for further rehabilitation.

JJ. Medication. A substance that has therapeutic effects, including, but not limited to, Legend, Non-Legend, over-the counter, and nonprescription Medications, herbal products, vitamins, and nutritional supplements.

KK. Medication Unit. A Satellite location established as part of, but geographically separate, from a licensed Opioid Treatment Program to only administer Medications and conduct substance use screening.

LL. Methadone. A synthetic opioid Medication usually administered on a daily basis.

MM. Minor. Any person whose age does not meet the criteria indicated in Section 101.C.

~~NN. Mothers with Children Facilities. A Residential treatment program facility for mothers undergoing psycho-substance abuse/dependence treatment where circumstances prohibit the child(ren) being housed/cared for in locations other than with the mother, and the child is under the mother's direct care or in a licensed child care facility approved by DSS. The terms "child" or "children" are considered synonymous with "infant," "baby," "adolescent," or "offspring."~~

~~OO. Narcotic Treatment Program (NTP). An outpatient psychoactive substance abuse/dependence program using methadone or other narcotic treatment medication such as LAAM, and offering a range of treatment procedures and services for the rehabilitation of persons dependent on opium, morphine, heroin, or any derivative or synthetic drug of that group. The NTP is designed to prevent the onset of abstinence symptoms for at least 24 hours; reduce or eliminate drug craving; and block the effects of other opiates without producing euphoria or other undesirable effects.~~

~~1. Clinic. A single location at which NTP medication and rehabilitative services to clients are provided.~~

~~2. Detoxification. A medically supervised, gradual reduction or tapering of dose over time to achieve the elimination of tolerance and physical dependence to NTP medications, and not detoxification from other substances which shall be accomplished pursuant to R.61-4.~~

~~3. Maintenance. A treatment procedure using NTP medication or any of its derivatives administered over a period of time to relieve withdrawal symptoms, reduce craving and permit normal functioning.~~

~~4. Maintenance Continuing Care. A planned course of treatment for NTP maintenance clients directed toward reduction in dosage, achievement of abstinence and, with the aid of supportive counseling, the forging of a drug-free lifestyle.~~

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

~~PP. New Facility. All buildings or portions of buildings, new and existing building(s), that are:~~

~~1. Being licensed for the first time;~~

~~2. Providing a different modality/service when the licensee has changed the type of license;~~

~~3. Being licensed after the previous licensee's license has been revoked, suspended, or after the previous licensee has voluntarily surrendered his/her license.~~

OO. Non-Legend Medications. A substance which may be sold without a prescription and which is labeled for use by the consumer in accordance with state and federal law.

PP. Opioid Treatment Program. A program within an Outpatient Facility providing services using Methadone or other opioid treatment Medication, and offering a range of treatment procedures and services for the rehabilitation of persons dependent on opium, morphine, heroin, or any derivative or synthetic Controlled Substance of that group.

QQ. Outpatient Facility. A ~~facility~~ Facility providing specialized nonresidential services, which may include prevention services, for individuals dependent upon or abusing psychoactive substance(s) and for their families Outpatient Services. (NTP is a separate type of facility)

RR. Outpatient Services. ~~Services to individuals dependent upon or abusing psychoactive substance(s) and their families based on an individualized treatment plan (ITP) in a nonresidential setting including assessment, diagnosis, and treatment that may encompass individual, family, and group counseling, vocational and educational counseling, and referral services.~~ Non-Residential services for persons with Substance Use Disorder and/or their families.

SS. Patient. Any individual who receives Outpatient or Residential Services from a licensed Facility.

~~SS. Peak Hours.~~ Those hours in a 24 hour facility from the time when clients awake until going to bed, or other justifiable and reasonable time period determined by the facility, and in consideration of clients' presence in the facility, and acuity of their needs.

~~TT. Pharmacist.~~ An individual currently licensed as such by the SC Board of Pharmacy.

UUTT. Physical Examination. ~~In facilities other than NTP (See Section 3208), an~~ An examination of a client Patient by a Physician or other Authorized Healthcare Provider which addresses those issues identified in Section 1100 of this regulation.

~~VV. Physician.~~ An individual currently licensed to practice medicine by the SC Board of Medical Examiners.

~~WW. Physician's Assistant.~~ An individual currently licensed as such by the SC Board of Medical Examiners.

XXUU. Primary Counselor. An individual who is assigned by a ~~facility~~ Facility to develop, implement, and periodically review the ~~client's ITP~~ Patient's Individual Plan of Care and to monitor a ~~client's~~ Patient's progress in treatment.

~~YY. Psychoactive Substance Abuse or Dependence.~~ A chronic disorder manifested by repeated use of alcohol or other drugs to an extent that interferes with a person's health, social, or economic functioning; some degree of habituation, dependence or addiction may be implied. Persons who are dependent or abusing psychoactive substance(s) are those whose compulsive use of alcohol or other drugs is such that they have lost the power of self control with respect to the use of the chemical.

~~ZZ. Psychoactive Substance Abuse or Dependence Treatment Facility.~~ A facility that provides specialized structured psychoactive substance abuse/dependence care/treatment for two or more persons unrelated to the licensee, including outpatient, NTP, Residential treatment, or detoxification.

~~AAAVV~~. Quality Improvement Program. The process used by a ~~facility~~ Facility to examine its methods and practices of providing care services, identify the ways to improve its performance, and take actions that result in ~~higher~~ improved quality of care for the ~~facility's~~ Facility's ~~clients~~ Patients.

~~BBB~~. Ramp. An ~~inclined accessible route that facilitates entrance to or egress from or within a facility.~~

~~CCC~~. Related/Relative. A spouse, son, daughter, sister, brother, parent, aunt, uncle, grandchild, niece, nephew, grandparent, great grandparent, grandchild, or great grandchild. (This is also referred to as within the 3rd degree of consanguinity).

~~DDD~~ WW. Repeat Violation. The recurrence of a violation cited under the same section of the regulation within a ~~36 month~~ twenty-four (24) month period. ~~The time period determinant of repeat violation status is also applicable in instances when there are ownership changes.~~

XX. Residential Facility. A twenty-four (24) hour Facility offering Residential Treatment Program, Medical Withdrawal Management, and Social Withdrawal Management services in a Residential setting including services for parents with children.

~~EEEE~~ YY. Residential Treatment Program Facility. A 24-hour facility service program in a Residential Facility offering an organized service which that is designed to improve the client's Patient's ability to structure and organize the tasks of daily living and foster recovery through planned clinical activities, counseling, and clinical monitoring in order to promote successful involvement or re-involvement in regular, productive daily activity, and, as indicated, successful reintegration into family living.

~~FFF~~ ZZ. Revocation of License. An action by the Department to cancel or annul a ~~facility~~ Facility License by recalling, withdrawing, or rescinding its authority to operate.

~~GGG~~ AAA. Satellite Facility. An approved ~~outpatient facility~~ Outpatient Facility at a location other than the main ~~outpatient facility~~ Outpatient Facility that is owned or operated by the same licensee. ~~Satellite locations are authorized only in the same county as the main facility or in contiguous counties to the county in which the main facility is located.~~

BBB. Self-Administration. A procedure by which any Medication is taken orally, injected, inserted, or topically or otherwise administered by a Patient to himself or herself without prompting. The procedure is performed without assistance and includes removing an individual dose from a previously dispensed and labeled container (including a unit dose container), verifying it with the directions on the label, taking it orally, injecting, inserting, or applying topically or otherwise administering the Medication.

CCC. Social Withdrawal Management Program. A program in a Residential Facility providing supervised Withdrawal Management in which neither the Patient's level of intoxication nor physical condition is severe enough to warrant direct medical supervision or the use of Medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling (if appropriate), educational services, and referral for further rehabilitation.

HHH DDD. Staff. Those individuals who are employees (full and part-time) of the ~~facility~~ Facility, to include those individuals contracted to provide ~~treatment/care/services~~ care and services for the ~~client~~ Patients.

EEE. Substance Use Disorder. A recurrent use of alcohol or other substance causing clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

~~HHFF. Suspend~~Suspension of License. An action by the Department requiring a ~~facility~~Facility to cease operations for a period of time or to require a ~~facility~~Facility to cease admitting ~~clients~~Patients, until such time as the Department rescinds that restriction.

~~JJ. Treatment~~. ~~The process of providing for the physical, emotional, psychological, and social needs of clients which may include diagnostic evaluation, counseling, medical, psychiatric, psychological, nutritional, recreational, educational, or social service care, which may be extended to clients to influence the behavior of such individuals toward identified goals and objectives.~~

GGG. Tuberculosis Risk Assessment. An initial and ongoing evaluation of the risk for transmission of Mycobacterium Tuberculosis in a particular healthcare setting. To perform a risk assessment, the following factors shall be considered: the community rate of Tuberculosis, number of Tuberculosis Patients encountered in the setting, and the speed with which Patients with Tuberculosis disease are suspected, isolated, and evaluated. The Tuberculosis Risk Assessment determines the types of administrative and environmental controls and respiratory protection needed for a setting.

~~KKK. Twenty Four Hour Facility~~. A facility which offers overnight accommodations to clients as well as psychoactive substance abuse or dependence treatment and other care/services appropriate to their condition.

~~LLL~~HHH. Volunteer. An individual who performs tasks that are associated with the operation of the ~~facility~~Facility without pay and at the direction of the ~~administrator~~Administrator or his or her designee.

III. Withdrawal Management. A process of withdrawing a Patient from a specific psychoactive substance in a safe and effective manner.

102. References.

A. The following Departmental publications are referenced in these regulations:

1. R.61-4, SC Controlled Substances Regulation;
2. R.61-20, Communicable Diseases;
3. R.61-25, Retail Food Establishments;
4. R.61-51, Public Swimming Pools;
5. R.61-58, State Primary Drinking Water Regulations;
6. R.61-67, Standards for Wastewater Facility Construction;
7. R.61-105, SC Infectious Waste Management Regulations;
8. SC Guidelines for Prevention and Control of Antibiotic Resistant Organisms.

B. The following non-Departmental publications are referenced within this regulation:

1. Underwriters Laboratories – Fire Resistance Directory;

- ~~2. Underwriters Laboratories – Building Materials List;~~
- ~~3. Occupational Safety and Health Act of 1970 (OSHA);~~
- ~~4. Food and Nutrition Board of the National Research Council, National Academy of Sciences;~~
- ~~5. National Sanitation Federation;~~
- ~~6. Guidelines for Preventing the Transmission of Myco bacterium Tuberculosis in Healthcare Facilities.~~

1032. License Requirements.

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, ~~or represent, advertise, or market~~ itself as a ~~facility~~ Facility in ~~SC~~ South Carolina without first obtaining a License from the Department. No Facility shall admit Patients prior to the effective date of the License. When it has been determined by the Department that ~~care/treatment services for psychoactive substance abuse or dependence to two or more individuals unrelated to the owner is for Substance Use Disorder~~ are being provided at a location, and the owner has not been issued a License from the Department to ~~provide such care/treatment~~, the owner shall cease ~~and desist~~ operation immediately and ensure the safety, health, and well-being of the ~~occupants within the scope of the law~~ Patients. ~~Admission of clients prior to the effective date of licensure is a violation of Section 44-7-260(A)(1) of the SC Code of Laws, 1976, as amended.~~ Current ~~and/or~~ previous violations of the ~~SC~~ South Carolina Code ~~and/or~~ Department regulations may jeopardize the issuance of a License for the ~~facility~~ Facility or the licensing of any other, ~~facility~~ Facility or addition to an existing ~~facility~~ Facility that is owned/operated by the licensee. The ~~facility~~ Facility shall provide only the treatment, services, and care it is licensed to provide pursuant to the definition in Section 101.V. of this regulation. (I)

B. Compliance. An initial License shall not be issued to a proposed ~~facility~~ Facility ~~that has been not previously and continuously licensed under Department regulations~~ until the ~~licensee~~ Licensee has demonstrated to the Department that the proposed ~~facility~~ Facility is in substantial compliance with the ~~licensing regulations~~ standards. In the event a current ~~licensee~~ Licensee ~~of a currently licensed~~ who already has a facility Facility / or activity makes application for another ~~facility~~ Facility, the currently licensed ~~facility~~ Facility / activity shall ~~demonstrate~~ be in substantial compliance with the applicable standards prior to the Department issuing a License to the proposed ~~facility~~ Facility or amended License to the existing Facility. A paper or electronic copy of ~~this regulation~~ the licensing standards shall be maintained at the ~~facility~~ Facility and accessible to all Staff members and Volunteers. Facilities shall comply with applicable local, state, and federal laws, codes, and regulations.

C. Licensed Capacity Services. ~~No facility~~ Facility ~~that has been authorized to~~ shall provide ~~certain treatment/care/services~~ shall provide other services outside the limits of the type ~~facility~~ Facility identified on the face of the License and/or which ~~it~~ the Facility has been authorized to provide. (I)

D. Satellite Facilities.

1. Outpatient Satellite locations, other than Medication Units, are authorized only in the same county as the main Facility or in contiguous counties to the county in which the main Facility is located.

2. Medication Units. A Licensed Outpatient Facility providing an Opioid Treatment Program may establish a Medication Unit. A Medication Unit shall only administer Medications and conduct substance use screening. Other required services shall be provided at the licensed Facility's primary location. The

Medication Unit shall meet the regulatory requirements for Medication administration, staffing, substance use screening, and construction.

a. Medication Units shall be opened no closer than forty-five (45) miles and no further than ninety (90) miles from the primary Opioid Treatment Program.

b. The Facility shall obtain a registration from the Department's Bureau of Drug Control and a Controlled Substances registration from the federal Drug Enforcement Administration for each Medication Unit.

c. The Facility shall not establish, operate, or maintain a Medication Unit without submitting an application to and receiving approval from the Department. The Facility's application for the Medication Unit shall include documentation from the Department evidencing that the applicant received either a Certificate of Need or a determination by the Department that Certificate of Need review is not required.

~~DE~~. Licensed Bed Capacity. No ~~24-hour facility~~ Residential Facility that has been authorized to provide a set number of licensed beds, as identified on the face of the License, shall exceed the licensed bed capacity. No ~~facility~~ Facility shall establish new ~~treatment/care/~~ or services or occupy additional beds or renovated space without first obtaining authorization from the Department. ~~(H)~~ Licensed beds shall not be utilized by any individuals other than Facility Patients. (I)

~~EF~~. Persons Received in Excess of Licensed Bed Capacity. No ~~24-hour facility~~ Residential Facility shall receive for treatment, ~~care,~~ or services persons in excess of the licensed bed capacity, except in cases of justified emergencies (See Section 1400). (I)

~~EXCEPTION: Licensed Capacity Exception. In the event that the facility temporarily provides shelter for evacuees who have been displaced due to a disaster, then for the duration of that emergency, provided the health, safety, and well-being of all clients are not compromised, it is permissible to temporarily exceed the licensed capacity for the facility in order to accommodate these individuals (See Section 607).~~

~~FG~~. Living Quarters for Staff in ~~24-hour~~ Residential Facilities. In addition to ~~clients~~ Patients, only Staff members, Volunteers, or owners of the ~~facility~~ Facility and members of ~~their~~ the owner's immediate families ~~family~~ may reside in ~~facilities~~ Facilities licensed under this regulation. ~~Client~~ Patient rooms shall not be utilized by ~~staff/family/volunteers~~ any individuals other than Facility Patients, nor shall bedrooms of Staff ~~members/volunteers~~ or family members of the owner or the Licensee ~~bedrooms~~ be utilized by ~~clients~~ Patients. ~~However, children may occupy client rooms that have been licensed by the Department in programs specifically licensed to provide care/treatment for mothers who are chemically dependent.~~ (II) Staff members or family members of the owner or Licensee, or Volunteers shall not use Patient living rooms, recreational areas, or dining rooms unless they are on duty.

~~GH~~. Issuance and Terms of License.

1. ~~A~~ The license License is issued by the Department and shall be posted by the Licensee in a conspicuous place in a public area within the ~~facility~~ Facility.

2. The issuance of a License does not guarantee adequacy of individual care, ~~treatment services,~~ personal safety, fire safety, or the well-being of any ~~client~~ Patient or occupant of a ~~facility~~ Facility.

3. A License is not assignable ~~nor~~ transferable and is subject to revocation at any time by the Department for the ~~licensee's~~ Licensee's failure to comply with the laws and regulations of this ~~State~~ state.

4. A License shall be effective for a specified ~~facility~~ Facility, at a specific location(s), for a specified period following the date of issue as determined by the Department. A License shall remain in effect until ~~the facility is otherwise notified by the Department~~ Department notifies the Licensee of a change in the status.

5. ~~Except for outpatient satellite facilities, facilities~~ Facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, ~~e.g., interstate highways,~~ shall not be considered as dividing otherwise adjoining or contiguous property. For Facilities owned by the same entity, separate Licenses are not required for separate buildings on the same or adjoining grounds where a single type of service is provided.

6. ~~Separate licenses are not required, but may be issued, for separate buildings on the same or adjoining grounds where a single level or type of care is provided.~~

7. ~~Multiple types of facilities~~ Facilities providing Outpatient and Residential Services on the same premises shall be licensed separately even though owned by the same entity.

H. ~~Facility Name. No proposed facility~~ Facility shall be named nor ~~may~~ shall any existing ~~facility~~ Facility have its name changed to the same or similar name as any other ~~facility~~ Facility licensed in ~~SC~~ South Carolina. The Department shall determine if names are similar. If ~~the Facility~~ 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. ~~The Department shall determine if names are similar.~~

I. ~~Application. Applicants for a license~~ License shall submit to the Department a completed application on a form prescribed, prepared, and furnished by the Department prior to initial licensing and ~~periodically thereafter at intervals determined by the Department.~~ Applicants for a ~~license~~ License shall file an application with the Department, that includes ~~both~~ an oath assuring ~~that~~ the contents of the application are accurate ~~and~~ and true and in compliance with this regulation.

J. ~~Fees. Fees shall be made payable by check or money order to the Department.~~

1. ~~The initial and annual license fee shall be \$75.00 for outpatient facilities and NTP's. The licensing fee for outpatient facility satellite locations shall be \$50.00 initial and annual per satellite facility.~~

2. ~~For all other facilities licensed under this regulation, the annual license fee shall be \$10.00 per bed, with a minimum of \$75.00.~~

3. ~~Fees for additional beds shall be prorated based upon the remaining months of the licensure year.~~

4. ~~All fees remaining unpaid 30 days after billing shall be issued a late notice with no penalty due; however, it shall contain advisement of penalty for non-payment after 60 days. Fees remaining unpaid after 60 days shall be assessed a 10% penalty. Fees remaining unpaid at the end of 90 days shall be assessed a 25% penalty in addition to the 60-day penalty.~~

5. ~~If a license renewal is denied, a portion of the fee shall be refunded based upon the remaining months of the licensure year, or \$75.00, whichever is greater.~~

6. ~~Continual failure to submit completed and accurate renewal applications and/or fees by the time periods specified by the Department may result in an enforcement action.~~

~~7. The Department may charge a fee for plan reviews, construction inspections and licensing inspections.~~

K. Required Documentation. The application for initial licensure shall include:

1. Completed application;
2. Proof of ownership of real property on which the Facility is located or a rental or lease agreement allowing the Licensee to occupy the real property on which the Facility is located;
3. Verification of emergency evacuation plan (see Section 1401); and
4. Verification of Administrator's qualifications.

L. Licensing Fees. Each applicant shall pay a License fee prior to the issuance of a License.

1. The initial and annual License fee shall be seventy-five dollars (\$75.00) for Outpatient Facilities. The initial and annual License fee for Outpatient Facility satellite locations shall be fifty dollars (\$50.00) per Satellite Facility.

2. For Residential Facilities, the annual License fee shall be ten dollars (\$10.00) per bed or seventy-five dollars (\$75.00), whichever is greater.

M. Licensing Late Fees. Failure to submit a renewal application and fee to the Department by the License expiration date shall result in a late fee of seventy-five dollars (\$75.00) or twenty-five percent (25%) of the licensing fee amount, whichever is greater, in addition to the licensing fee. Failure to submit the licensing fee and licensing late fee to the Department within thirty (30) days of the licensure expiration date shall render the Facility unlicensed. (II)

~~N. License Renewal. For a license License to be renewed, applicants shall file an application with the Department, pay a license License fee, and shall not be under consideration for, or undergoing, enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license will be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable. Annual licensing fees shall also include any outstanding Inspection fees. All fees are non-refundable, shall be made payable by check or credit card to the Department or online, and shall be submitted with the application.~~

~~O. Change of License. Amended License. No facility shall establish new care or services or occupy additional beds or renovated space without first obtaining authorization from the Department. A Facility shall request issuance of an amended License by application to the Department prior to any of the following circumstances:~~

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

- ~~a1. Change of ownership licensed bed capacity;~~
- ~~b2. Change in authorized capacity of Facility location from one geographic site to another;~~
- ~~e3. Reallocation of types of beds as shown on the license (if applicable). Changes in Facility name or address (as notified by the post office); or~~

~~d4. Change of facility location from one geographic site to another in Facility service type.~~

~~2. Changes in a facility name or address initiated by the post office (no location change) may be accomplished by application or letter from the licensee.~~

~~M. Licensing is not required for any facility operated by the federal government.~~

~~N. Exceptions to the Standards of this Regulation. The Department has the authority to make exceptions to these standards when it is determined that the health, safety, and well-being of the clients will not be compromised and provided the standard is not specifically required by state or federal law.~~

P. Change of Licensee. A Facility shall request issuance of a new License by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name; or

2. A change in the type of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.

Q. Variance. A variance is an alternative method that ensures the equivalent level of compliance with the standards in this regulation. The Facility may request a variance to this regulation in a format as determined by the Department. Variances shall be considered on a case by case basis by the Department. The Department may revoke issued variances as determined to be appropriate by the Department.

SECTION 200

ENFORCING REGULATIONS.

SECTION 200 – ENFORCEMENT OF REGULATIONS

201. General.

The Department shall utilize ~~inspections~~ Inspections, ~~investigations~~ Investigations, ~~consultations~~ Consultations, and other pertinent documentation regarding a proposed or licensed ~~facility~~ Facility in order to enforce this regulation.

202. Inspections and Investigations.

A. Inspections by the Department shall be conducted prior to initial licensing of a ~~facility~~ Facility and subsequent ~~inspections~~ Inspections conducted as deemed appropriate by the Department.

B. All facilities ~~Facilities~~ are subject to ~~inspection/investigation~~ Inspection and/or Investigation at any time without prior notice by individuals authorized by the ~~Department~~ South Carolina Code of Laws. When ~~staff~~ Staff members and/or clients ~~Patients~~ are absent, the ~~facility~~ Facility shall provide post information at the entrance of the Facility to those seeking legitimate access to the ~~facility~~ Facility, including visitors ~~as to the expected return of staff/clients~~. The posted information shall include contact information and the expected time of return of the Staff members and Patients. The contact information shall include the name of a designated contact and his or her telephone number. The telephone number for the designated contact shall not be the Facility's telephone number. (I)

C. ~~Individuals authorized by the Department South Carolina law shall be allowed to enter the Facility for the purpose of Inspection and/or Investigation and granted access to all properties and areas, objects, and requested records, and documentation at the time of the Inspection or Investigation. The Department shall have the authority to require the facility Facility to make photocopies of those documents required in the course of inspections Inspections or investigations 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. The physical area of Department Inspections and Investigations shall be determined by the Department based on the potential impact or effect upon patients.~~
(H)(I)

D. ~~When there is noncompliance with the licensing standards of this regulation, the facility Facility shall submit an acceptable written plan of correction to in a format determined by the Department. that The plan of correction shall be signed by the administrator Administrator and returned by the date specified on the report of inspection/investigation Inspection and/or 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. ~~Reports of inspections conducted by the Department, including the facility response, shall be made available upon request with the redaction of the names of those individuals in the report as provided by Section 44-7-315 of the SC Code of Laws, 1976, as amended. In accordance with South Carolina Code Section 44-7-270, the Department may charge a fee for Inspections.~~

1. Residential Facilities. The fee for initial, relocation, and routine Inspections shall be three hundred fifty dollars (\$350.00), plus twenty-five dollars (\$25.00) per licensed bed. The Inspection fee for a bed increase and/or service modification is two hundred dollars (\$200.00), plus twenty-five dollars (\$25.00) per licensed bed. The fee for all follow-up Inspections shall be two hundred dollars (\$200.00), plus twenty-five dollars (\$25.00) per licensed bed.

2. Outpatient Facilities. The fee for initial, relocation, and routine Inspections shall be four hundred fifty dollars (\$450.00). The Inspection fee for service modification, including the establishment of a Satellite Facility, and follow-up Inspections is two hundred fifty dollars (\$250.00).

F. The Licensee shall pay the following Inspection fees during the construction phase of the project. The plan Inspection fee is based on the total estimated cost of the project whether new construction, an addition, or a renovation. The fees are detailed in the table below.

Construction Inspection Fees	
Plan Inspection	
Total Project Cost	Fee
<u>< \$10,001</u>	<u>\$750</u>
<u>\$10,001 - \$100,000</u>	<u>\$1,500</u>
<u>\$100,001 - \$500,000</u>	<u>\$2,000</u>
<u>> \$500,000</u>	<u>\$2,500 plus \$100 for each additional \$100,000 in project cost</u>

<u>Site Inspection</u>	
<u>50% Inspection</u>	<u>\$500</u>
<u>80% Inspection</u>	<u>\$500</u>
<u>100% Inspection</u>	<u>\$500</u>

203. Consultations.

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

SECTION 300

ENFORCEMENT ACTIONS.
SECTION 300 – ENFORCEMENT ACTIONS

301. General.

When the Department determines that a ~~facility~~ Facility is in violation of any statutory provision or regulation relating to the operation or maintenance of such ~~facility~~ Facility, the Department, upon proper notice to the Licensee, may ~~initiate an enforcement action, i.e., deny, suspend, or revoke a license~~ impose assess a monetary penalty, or both.

302. Violation Classifications.

A. Violations of standards in this regulation are classified as follows:

A1. Class I violations are those that ~~the Department determines to~~ present an imminent danger to the health, safety, or well-being of the persons in the ~~facility~~ Facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, or operations in use in a ~~facility~~ 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 exists after expiration of the time established by the Department shall be considered a subsequent violation.

B2. Class II violations are those, other than Class I violations, that ~~the Department determines to~~ have a negative impact on the health, safety, or well-being of persons in the ~~facility~~ Facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

C3. Class III violations are those that are not classified as Class I or II in ~~these~~ this regulations or those that 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 exists after expiration of this time shall be considered a subsequent violation.

D. The notations, “(I)” or “(II),” placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In ~~arriving at a decision to take~~ determining an enforcement actions action, the Department ~~will~~ shall consider the following factors: ~~specific conditions and their impact or potential impact on health, safety or~~

~~well being; efforts by the facility to correct cited violations; behavior of the licensee that would reflect negatively on the licensee's character such as illegal/illicit activities; overall conditions; history of compliance; and any other pertinent conditions that may be applicable to current statutes and regulations.~~

1. Specific conditions and their impact or potential impact on health, safety, or well-being of the Patients including, but not limited to:

a. Deficiencies in Medication management; critical waste water problems; housekeeping, or fire and life safety-related problems that pose a health threat to the Patients;

b. Power, water, gas, or other utility and/or service outages;

c. Patients exposed to air temperature extremes that jeopardize their health;

d. Unsafe condition of the building or structure;

e. Indictment of an Administrator for malfeasance or a felony, which by its nature indicates a threat to the Patients;

f. Direct evidence of Abuse, Neglect, or Exploitation;

g. Lack of food or evidence that the Patients are not being fed properly;

h. No Staff available at the Facility with Patients present;

i. Unsafe procedures and/or treatment being practiced by Staff; (I)

2. Repeated failure of the Licensee or Facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services; (II)

3. Efforts by the Facility to correct cited violations;

4. Overall conditions of the Facility;

5. History of compliance; and

6. Any other pertinent conditions that may be applicable to current statutes and regulations.

~~FD. When a decision is made to impose imposing monetary penalties, the following schedule will be used as a guide to determine the dollar amount the Department may invoke South Carolina Code Section 44-7-320(C) to determine the dollar amount or may utilize the following schedule:~~

**Frequency of violation
of standard within a
36-month period:**

MONETARY PENALTY RANGES			
FREQUENCY	CLASS I	CLASS II	CLASS III
1st	\$ 500-1,500	\$ 300-800	\$100-300
2nd	1,000-3,000	500-1,500	300-800

FREQUENCY	CLASS I	CLASS II	CLASS III
3rd	2,000-5,000	1,000-3,000	500-1,500
4th	5,000	2,000-5,000	1,000-3,000
5th	7,500-5,000	5,000	2,000-5,000
6th	10,000-5,000	7,500-5,000	5,000

~~G. Any enforcement action taken by the Department may be appealed in a manner pursuant to the Administrative Procedures Act, Section 1-23-310, et seq. of the SC Code Laws, 1976, as amended.~~

SECTION 400

~~POLICIES AND PROCEDURES.~~
SECTION 400 – POLICIES AND PROCEDURES (II)

~~401. General (II).~~

~~A. Policies and procedures addressing each section of this regulation regarding client treatment, care, services, and rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. Facilities shall establish a time period for review of all policies and procedures. These policies and procedures shall be accessible at all times. A hard copy of the client care policies and procedures shall be available or be accessible electronically at each facility.~~

~~B. The policies and procedures shall describe the means by which the facility shall assure that the standards described in this regulation, which the licensee has agreed to meet as confirmed by his/her application, are met.~~

A. The Facility shall maintain and adhere to written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The Facility shall be in full compliance with the policies and procedures.

B. The written policies and procedures shall include the following:

1. Staffing and training;
2. Reporting incidents, accidents, reportable diseases, closure and zero census;
3. Patient records;
4. Admission and Discharge;
5. Patient care, treatment, and services;
6. Medication management;
7. Maintenance including doors, windows, heating, ventilation, air conditioning, fire alarm, electrical, mechanical, plumbing, and for all equipment;
8. Infection control and housekeeping;

9. Quality Improvement Program; and

10. Fire Prevention;

C. The Facility shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the Administrator. All policies and procedures shall be accessible to Facility staff, printed or electronically, at all times.

SECTION 500

STAFF.

SECTION 500 – STAFF AND TRAINING

501. General (II).

~~A. Appropriate staff/volunteers~~ The Facility shall develop and implement policies and procedures to provide for appropriate Staff and/or Volunteers in numbers and training ~~shall be provided~~ to suit the needs and condition of the clients/Patients and meet the demands of effective emergency on-site action that might arise. Training requirements/qualifications for the tasks each performs shall be in compliance with all local, state, and federal laws, and current professional organizational standards. Direct care staff members/volunteers of the facility, shall not have a prior conviction or pled no contest (nolo contendere) for child or adult abuse, neglect or mistreatment, or have an active dependency on psychoactive substances that would impair his/her ability to perform assigned duties. The facility shall coordinate with applicable organizations that maintain registries should licensed/certified individuals be considered as employees of the facility.

~~B. There shall be a qualified administrator available within a reasonable time and distance in order to appropriately manage the day to day operation of the facility. The administrator shall exercise judgement that reflects that s/he is mentally and emotionally capable of meeting the responsibilities involved in operating a facility to ensure that it is in compliance with these regulations, and shall demonstrate adequate knowledge of these regulations. A qualified staff member shall be designated, in writing, to act in the absence of the administrator.~~

~~C. Additional staff shall be provided if it is determined that the minimum staff requirements are inadequate to provide appropriate services and supervision to the clients of a facility.~~

~~D. Staff/volunteers shall be provided the necessary training to perform the duties for which they are responsible in an effective manner.~~

~~E. In 24 hour facilities, no care/treatment/services shall be provided to individuals who are not clients of the facility, except those services provided to family members as part of the client's recovery plan.~~

~~FB. There~~ The Facility shall be maintain accurate information maintained regarding all staff Staff and/or volunteers Volunteers of the facility Facility, to include. The documentation shall include at least current address, phone number, health and work/ and/or training background, as well as current information. All The Facility shall ensure all employees shall be are assigned certain duties and responsibilities that shall be in writing and in accordance with the individual's capability. (II)

~~GC. When care, treatment, or services are provided by another entity, there shall be a Facility engages a source other than the Facility to provide services normally provided by the Facility, the Facility shall maintain documentation of the written agreement with the entity-source that describes how and when the services are to be provided are in accordance with the individualized treatment plan (ITP) and states that~~

~~the staff/volunteers providing these services are qualified and supervised properly, the exact services to be provided, and that these services are to be provided by qualified individuals. The entity with whom a facility has written agreement source shall comply with this regulation in regard to client Patient care, treatment services, and rights.~~

D. The Facility shall maintain documentation to ensure the Facility meets staffing requirements in Sections 503, 504, and 505.

502. Administrator (II).

A. Each Facility shall have a full-time Administrator who is responsible for the overall management and operation of the Facility and has at least a bachelor's degree in a related field.

B. A Staff member shall be designated by name or position, in writing, to act in the absence of the Administrator, for example, a listing of the lines of authority by position title, including the names of the individuals filling these positions.

503. Staffing for Residential Facilities (I).

A. All Staff members and/or Volunteers on duty shall be present, awake, and dressed at all times when Patients are present in the Facility. All Staff members and/or Volunteers shall know how to respond to Patient needs and emergencies.

B. Additional Staff shall be provided if it is determined that the minimum Staff requirements are inadequate to provide appropriate services and supervision to the Patients of a Facility.

C. Staffing for Residential Treatment Programs.

1. The number of Staff members that shall be maintained in all Facilities:

a. In each building, there shall be at least one (1) Staff member and/or Volunteer on duty for each ten (10) Patients or fraction thereof present from 7:00 am until 7:00 p.m.

b. In each building, there shall be at least one (1) Staff member and/or Volunteer for each twenty (20) Patients or fraction thereof from 7:00 p.m. until 7:00 a.m.

2. The Facility shall have at least one (1) Physician available during Facility operating hours, either in person or by telephone for consultation and for emergencies.

D. Staffing for Withdrawal Management Programs.

1. In each building, there shall be at least one (1) Direct Care or Counselor Staff member for each ten (10) Patients or fraction thereof on duty at all times.

2. In Residential Facilities providing Medical Withdrawal Management, Staff members and Volunteers shall be under the general supervision of a Physician or registered nurse; a Physician, Licensed Nurse, or other Authorized Healthcare Provider shall be present at all times.

505. Staffing for Opioid Treatment Programs (I).

A. The Opioid Treatment Program Physician shall have authority over all medical aspects of care and make treatment decisions in consultation with treatment Staff consistent with the needs of the Patient, clinical protocols, and research findings. The Facility shall have at least one (1) Physician available during dosing and Facility operating hours, either in person or by telephone for consultation and for emergencies.

B. The Facility shall have a pharmacist or other person licensed to dispense Opioid Treatment Program Medications pursuant to the South Carolina Code of Laws who is responsible for dispensing the amounts of Opioid Treatment Program Medications administered and shall record and countersign all changes in dosing schedules.

C. The Facility shall have one (1) Licensed Nurse present at all times Medications are being administered to Patients.

D. The Opioid Treatment Program shall have a least one (1) full-time counselor on staff for every fifty (50) Patients or fraction thereof. Counselors shall be qualified as specified in Section 508.

5026. Inservice Training (II).

A. All Facilities shall provide Staff and Volunteers the necessary training to perform the duties for which they are responsible in an effective manner. The Facility shall require all Staff members and Volunteers to complete the necessary training to perform their duties and responsibilities. The Facility shall document all in-service training. Staff training shall be signed and dated by the individual providing the training and the person receiving the training. The signature for the individual providing the training may be omitted for online training.

~~AB. In all facilities,~~ All Facilities shall provide the following training shall be provided to all staff/volunteers Staff and Volunteers, and those clients in Residential treatment program facilities who may be utilized to supplement staffing, within one month of hiring prior to Patient contact and at a frequency as determined by the Facility, but at least annually:

1. The nature of ~~alcohol and other drug addiction~~ Substance Use Disorder, complications of ~~addictions~~ Chemical Dependency, and withdrawal symptoms.

2. Confidentiality of ~~client~~ Patient information and records; and the protection of ~~client~~ Patient rights.

~~BC. In addition to the above, in 24-hour facilities, the following training shall be provided by appropriate resources, e.g., licensed persons, video tapes, books, etc., to all direct client care staff/volunteers prior to client contact and at a frequency as determined by the facility, but at least annually.~~ All Residential Facilities shall provide the following training to all Staff and Volunteers prior to Patient contact and at a frequency as determined by the Facility, but at least annually:

1. Cardio-pulmonary resuscitation to ensure that there is at least one (1) certified individual present when ~~clients~~ Patients are in the ~~facility~~ Facility (~~detoxification facilities only~~);

2. Basic first-aid to include emergency procedures as well as procedures to manage and/or care for minor accidents or injuries;

3. Procedures for checking and recording vital signs (~~for those facilities to which applicable~~);

4. Management/care of persons with contagious and/or communicable disease, e.g., hepatitis, tuberculosis (TB), Human Immunodeficiency Virus (HIV) infection;

5. Medication management ~~(for those facilities to which applicable);~~
6. Use of restraints and seclusion ~~(detoxification facilities only, if applicable);~~
7. Seizure ~~management (detoxification facilities only)~~ response training; and
8. ~~For those whose care for clients may involve contact with blood and may be at risk, those~~ OSHA standards regarding bloodborne pathogens.

D. All Opioid Treatment Programs shall provide opioid Medication treatment training to all Staff and Volunteers prior to Patient contact and at a frequency as determined by the Facility, but at least annually.

~~CE. All new staff/volunteers shall be oriented to acquaint them with the organization and environment of the facility, specific duties and responsibilities of the staff/volunteers, and client needs. All Staff members and Volunteers shall have documented orientation to the purpose and environment of the Facility within twenty-four (24) hours of their first day on the job in the Facility.~~

5037. Health Status (I).

A. ~~All staff Staff and volunteers Volunteers~~ who have contact with ~~clients Patients~~, including food service ~~staff Staff and /volunteers Volunteers~~, shall have a ~~health Health-assessment Assessment~~, as defined in Section 101.X, within twelve (12) months prior to initial ~~client Patient~~ contact. The ~~health Health assessment Assessment~~ shall include tuberculin skin testing as described in ~~Sections 1402 and 1403~~ 1702.

B. ~~If a staff member For Staff members and/or volunteer Volunteers is working at multiple facilities Facilities operated by the same licensee Licensee, copies the documented of records for TB tuberculosis screening and the pre-employment health Health-assessment Assessment shall be acceptable accessible at each facility Facility, provided that the information is in compliance with this regulation. For any other staff member/volunteer, a copy of the TB screening record shall be acceptable provided the screening had been completed within three months prior to client contact.~~

5048. Counselors (II).

A. Each ~~facility Facility~~ shall have at least one (1) staff Staff counselor Counselor who is fully-certified or licensed. All non-certified and/or licensed counselors Counselors shall be under the direct supervision ~~(on-site) of a an on-site fully-certified/ or licensed Counselor. Staff/volunteers shall be considered qualified to provide clinical counseling services only by one of the following:~~

B. Staff and Volunteers providing clinical counseling services shall have one (1) of the following qualifications:

1. For direct client services Certification:

a. ~~Certification as a Clinical Supervisor or Addictions Counselor I or II~~ under the system administered by the ~~SC~~ South Carolina Association of Alcohol and Drug Abuse Counselors (SCAADAC) Certification Commission, or currently engaged, ~~(as verified and documented in the individual's personnel file),~~ in the SCAADAC South Carolina Association of Alcohol and Drug Abuse Counselors certification process that is to be completed within a three (3)-year period from date of hire as a ~~counselor Counselor~~; or

b. Certification as ~~an addiction counselor~~ a Counselor by:

- (1) The National Association of Alcohol and Drug Abuse Counselors (~~NAADAC~~);
- (2) An International Certification Reciprocity Consortium-approved certification board; or
- (3) Any other ~~SC South Carolina~~ Department of Alcohol and Other Drug Abuse Services (~~DAODAS~~)-approved credentialing/or certification association or commission; or

~~e~~2. Licensed as aLicensure:

- (~~1~~)a. Licensed as a Psychiatrist by the ~~SC South Carolina~~ Board of Medical Examiners;
- (~~2~~)b. Licensed as a Psychologist by the ~~SC South Carolina~~ Board of Examiners in Psychology;
- (~~3~~)c. Licensed as a Social worker by the ~~SC South Carolina~~ Board of Social Work Examiners; or
- (~~4~~)d. Licensed as a Counselor or therapist by the ~~SC Board of Examiners for Licensure Professional Counselors and Marital and Family Therapists~~ South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, pursuant to Section 40-75-30, of the ~~SC South Carolina~~ Code of Laws, 1976, as amended.; or

3. Licensure as a Licensed Addiction Counselor Associate by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and Psycho-Educational Specialists, pursuant to Section 40-75-30, of the South Carolina Code of Laws, 1976, under appropriate supervision. Full licensure must be completed within a three (3)-year period from date of hire as a Counselor.

2C. For counselors Counselors in narcotic treatment programs (NTP) Opioid Treatment Programs shall have one (1) of the following qualifications:

- a1. Any of the certifications/or licensures in ~~504A.1~~ 508.B above; or
- b2. The American Academy of Health Care Providers in the Addictive Disorders; or
- e3. The National Board for Certified Counselors; or
- d4. Any other equivalent, nationally-recognized, and (~~DAODAS~~) South Carolina Department of Alcohol and Other Drug Abuse Services-approved association or accrediting body that includes similar competency-based testing, supervision, educational, and substantial experience.

3D. In facilitiesFacilities providing prevention services, counselorsCounselors shall have one (1) of the following qualifications For prevention services when provided:

- a1. Certification by the ~~SC South Carolina~~ Association of Prevention Professionals and Advocates as a Prevention Professional or Senior Prevention Professional; or
- b2. In-process of becoming certified as a Prevention Professional. This certification shall be achieved within a thirty-six (336)-month period of time from the date of hire as a prevention Counselor.

~~BE.~~ Any individual employed as a direct-client Patient Counselor, NTP Opioid Treatment Program Counselor, or prevention services ~~counselor~~ professional, to include contracted Staff, who does not obtain his/ or her certification/ or licensing within the above time-periods, shall cease providing counseling services until that certification/ or licensing status is achieved.

F. The Facility shall verify and maintain documentation of each Counselor's qualifications in the individual's Staff record.

SECTION 600

REPORTING.

SECTION 600 – REPORTING

601. Accidents and Incidents (II).

A. ~~The licensee~~ Facility shall ~~report~~ maintain a record of each accident and/or incident, including usage of mechanical and/or physical restraints, involving Patients, Staff members or Volunteers, occurring at in the facility ~~Facility to the Department within five (5) days of occurrence or on the Facility grounds. Reports submitted to the Department shall contain only: facility name, license number, type of accident/incident, date of accident/incident occurred, number of Patients/clients directly injured or affected, Patient/client medical record identification number, Patient/client 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 Patient(s)/client(s), staff, and/or visitor(s), the injuries and treatment associated with each Patient/client, staff, and/or visitor. Records of all accidents and incidents shall be retained by the facility for ten (10) years. The Facility shall retain all documented incidents reported pursuant to this section six (6) years after the patient~~ Facility stops receiving services at the ~~facility~~ Facility.

B. ~~The licensee~~ Facility shall ~~report each accident and/or incident~~ report the following types of incidents resulting in unexpected death or serious injury to the next of kin or party responsible for each affected individual party at the earliest practicable hour, not exceeding twenty-four (24) hours of the incident. The licensee Facility shall notify report the following types of incidents to the Department immediately, not to exceed twenty-four (24) hours, via telephone, email or facsimile the Department's electronic reporting system or as otherwise determined by the Department. The licensee 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. Confirmed or Suspected Abuse, Neglect or Exploitation (Confirmed) against a Patient by Facility Staff;

2. Abuse, Neglect or Exploitation (Suspected);

3. Adverse medication reaction;

4. Client left without notification for more than (24) hours;

5. Criminal event Crimes committed against client Patients;

63. Death: For Residential Facilities, any Patient's death in the Facility or on the Facility grounds; for Opioid Treatment Programs, any Patient's death regardless of location;

4. Overdose reversal (naloxone);

75. Elopement (Residential Facility only);

8. Fire;

96. Bone Fracture fracture of bone or joint fracture;

107. Hospitalization as a result of accident and/or incident;

118. Medication Error;

12. Severe burn;

13. Severe hematoma;

14. Severe laceration;

159. Attempted Suicide; and

160. Use Severe injury involving use of physical restraints.

C. The Facility shall submit a separate written investigation report within five (5) days of every incident required to be immediately reported to the Department pursuant to Section 601.B via the Department's electronic reporting system or as otherwise determined by the Department. Reports submitted to the Department shall contain only: Facility name, License number, type of accident and/or incident, the date of accident and/or incident occurred, number of Patients directly injured or affected, Patient medical record identification number, Patient 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 and/or incident, internal investigation results if cause unknown, a brief description of the accident and/or incident including location where occurred, and treatment of injuries.

602. Fire/ and Disasters (II).

A. The Department Facility's Administrator or his or her designee shall be notified immediately notify the Department immediately via telephone, e-mail, or fax regarding of any fire in the facility Facility; and The Facility shall submit followed by a complete written report to include fire reports, if any, to be submitted within a time-period determined by the facility Facility, but not to exceed 72 forty-eight (48) hours from the occurrence of the fire.

B. The Facility's Administrator, or his or her designee, shall notify the Department immediately of Any any natural disaster or fire, that requires displacement of the clients Patients, or jeopardizes or potentially jeopardizes the safety of the clients Patients, shall be reported to the Department via telephone/fax immediately. The Facility shall submit followed by a complete written report which that includes the fire report from the local fire department, if appropriate, submitted within a time-period as determined by the facility Facility, but not to exceed 72 forty-eight (48) hours.

603. Communicable Diseases and Animal Bites (I).

~~All~~ The Facility shall report all cases of diseases and animal bites that are required to be reported to the appropriate county health department shall be accomplished in accordance with R.61-20, Communicable Diseases.

604. Administrator Change.

The Licensee shall notify the Department via email, or a means as otherwise determined by the Department within seventy-two (72) hours of any change in Administrator status. The Department Licensee shall be notified provide the Department in writing by the licensee within ten (10) days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual and Administrator and the effective date of the appointment.

605. Joint Annual Report.

Residential Facilities, e.g., medical providing a Medical detoxification Withdrawal Management Program and Outpatient Facilities providing an Opioid Treatment Program, required by the Department's Planning and Certificate of Need Division to submit a "Joint Annual Report" shall complete and return a "Joint Annual Report" to the South Carolina Revenue and Fiscal Affairs Office this report within the time-period specified by that Division the Department.

606. Accounting of Controlled Substances (I).

Any facility Facility registered with the Department's Bureau of Drug Control and the United States federal Drug Enforcement Agency shall report any theft or loss of Controlled Substances to local law enforcement and to the Department's Bureau of Drug Control within five days seventy-two (72) hours of the discovery of the loss and/or theft. Any facility Facility permitted by the SC South Carolina Board of Pharmacy shall report the loss or theft of drugs or devices in accordance with Section 40-43-91 of the SC South Carolina Code of Laws.

607. Emergency Placements

In instances where evacuees have been relocated to the facility, the Department shall be notified not later than the following workday of the circumstances regarding the emergency placement and the aggregate number of individuals received.

6087. Facility Closure.

A. Prior to the permanent closure of a facility Facility, the Department Licensee shall be notified notify the Department in writing of the intent to close and the effective closure date. Within ten (10) days of the closure, the facility Facility shall notify the Department of the provisions for the maintenance of the records, and the identification of the site where clients are relocated those Patients displaced, the relocated site, and the dates. On the date of closure, the license License shall be returned to the Department.

B. In instances where a facility Facility temporarily closes, the Department Licensee shall be given written notice within a reasonable time in advance of closure notify the Department in writing within fifteen (15) calendar days prior to temporary closure. In the event of temporary closure due to an emergency, the Facility shall notify the Department within twenty-four (24) hours of the closure via telephone, email, or fax. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the location where the clients Patients have been and/or will be transferred (24-hour facility only), the manner in which the records are being stored, and the anticipated date for re-opening. The Department shall

~~consider, upon appropriate review, the necessity of inspecting the facility prior to its re-opening. If the facility is closed for a period longer than one 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.~~

C. 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.

609608. Zero Census.

~~In instances when there have been no clients Patients in a facility Facility for any reason for a period of ninety (90) days or more for any reason, the facility Facility shall notify the Department in writing that there have been no admissions, no later than the one hundredth (100th) calendar day following the date of departure of the last active client Patient. At the time of that notification, the Department will shall consider, upon appropriate review of the situation, the necessity of inspecting the facility Facility prior to any new and/or readmissions to the facility Facility. In the event the facility Facility is at zero census or temporarily closed, the licensee Licensee is still required to apply and pay the licensing fee to keep the License active. If the facility Facility has no clients Patients for a period longer than one (1) year, and there is a desire to admit a client Patient, the facility 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 Facility.~~

SECTION 700

CLIENT RECORDS.

SECTION 700 - PATIENT RECORDS

701. Content (II).

A. ~~The facility Facility shall initiate and maintain a client Patient record for every individual screened, assessed and/or treated. The record shall contain sufficient information to identify the client Patient and the agency and/or person responsible for each client Patient, support the diagnosis, justify the treatment, and describe the response and/or reaction to treatment. The record contents shall also include the provisions for release of information, client Patient rights, consent for treatment (approval by parent and/or guardian of client Patient), medications Medications prescribed and administered, and diet (24-hour Residential Facilities only), documentation of the course and results, and promote continuity of treatment among treatment providers, consistent with acceptable standards of practice. In facilities Facilities providing services for mothers Parents with children, the name and age of each child shall be maintained in the facility Facility. All entries shall be written legibly in ink or, typed, or electronic media, and signed and dated or documented in the electronic medical record.~~

B. If the Facility permits any portion of a Patient's record to be generated by electronic or optical means, there shall be policies and procedures to prohibit the use or authentication by unauthorized users.

BC. Specific entries and documentation shall include at a minimum, if applicable:

1. Consultations by Physicians or other authorized healthcare providers Authorized Healthcare Providers;

~~2. Signed and dated Orders orders and recommendations for all medication Medication, care, treatment, services, procedures, and diet (Residential Facilities only) from Physicians or other authorized healthcare providers Authorized Healthcare Providers, which shall be completed prior to, or at the time of admission, and subsequently, as warranted; (I)~~

~~3. Care/treatment/services provided; medications administered and procedures followed if an error is made; special procedures and preventive measures performed; notes of counseling sessions; and notes of any other significant observation(s);~~

~~4. Provisions for routine and emergency medical care, to include the name and telephone number of the client's physician, plan for payment, and plan for securing drugs.~~

3. Intake screening and initial physical assessment completed by the nurse or Counselor;

4. A signed and dated original consent for treatment; (I)

5. The report of the mental status examination and other mental health assessments as defined in Section 101.G. as appropriate;

6. Notes of counseling sessions and any other changes in the Patient's mental and physical condition;
and

7. Medication management and administration, and treatment records.

8. Discharge summary, completed within a time-period as determined by the Facility, but no later than three (3) business days, and shall include at minimum:

a. Time and circumstances of Discharge or transfer, including condition at Discharge or transfer, or death; and

b. The recommendations and arrangements for further treatments, including Aftercare.

~~C. With the exception of those enrolled in primarily educational related programs, each client, to include those being monitored or case-managed for services received elsewhere, shall have a written ITP.~~

~~D. The ITP shall contain specific goal-related objectives based on the needs of the client as identified during the assessment phase including adjunct support service needs and other special needs. The plan will also include the methods and strategies for achieving these objectives and meeting these needs in measurable terms with expected achievement dates. The type and frequency of counseling as well as counselor assignment shall be included. The criteria for terminating specified interventions will be included in the plan. ITP's shall be reviewed on a periodic basis as determined by the facility and/or revised as changes in client needs occur.~~

~~**EXCEPTION:** The ITP description in this section is not applicable to detoxification facilities. See Section 3106.~~

~~E. The client shall participate in the development of his/her ITP. The client and primary counselor shall sign and date this plan as documentation of their participation in its development.~~

~~F. There shall be a discharge summary, completed within a time period as determined by the facility, and a copy provided to the client, which shall include at minimum:~~

~~1. Time and circumstances of discharge or transfer, including condition at discharge or transfer, or death;~~

~~2. The recommendations and arrangements for further treatment, including aftercare.~~

D. Electronic signatures may be used in the Patient record if they are in accordance with applicable laws and regulations, and require a signature. Electronic authorization shall be limited to a unique identifier (confidential code) used only by the individual making the entry to preclude the improper or unauthorized use of any electronic signature

702. Authentication of Signatures (II).

~~A. Those entries in the client record that require authentication shall be defined by the facility. Any entry in the client record shall have the author identified.~~

~~B. Facilities employing electronic signatures or computer generated signature codes shall ensure authentication and confidentiality.~~

702. Screening (I).

A. The Facility shall have written protocols for screening individuals presenting for admission. The Facility shall maintain documentation of the rationale for the denial of admission and referral of the individual as applicable.

B. All screening shall be documented for each individual presenting to the Facility.

C. For Facilities providing a Medical Withdrawal Management Program, the Intake screening shall be conducted by a Physician or other Authorized Healthcare Provider to determine the need for medical services or referral for serious medical complications.

D. For Facilities providing Social Withdrawal Management, the Intake screening shall be provided by Staff or Volunteers trained to monitor the Patient's physical condition.

E. For Facilities providing an Opioid Treatment Program, screening shall include:

1. Evidence of tolerance to an opioid;

2. History of physiological dependence for at least one (1) year prior to admission. The Opioid Treatment Program Physician may waive the one (1)-year history of dependence when the Patient seeking admission meets one (1) of the following criteria:

a. The Patient has been recently released from a penal or chronic care Facility with a high risk of relapse;

b. The Patient has been previously treated and is at risk of relapse;

c. The Patient is pregnant and does not exhibit objective signs of opioid withdrawal or physiological dependence;

3. Evidence of multiple and daily self-administration of an opioid;
4. Reasonable attempts to confirm that the applicant is not enrolled in one (1) or more other Opioid Treatments Programs;
5. Controlled Substance history to determine dependence on opium, morphine, heroin, or any derivative or synthetic controlled substance of that group. The substance history shall include:
 - a. Controlled Substance(s) utilized;
 - b. Frequency of use;
 - c. Amount utilized;
 - d. Duration of use;
 - e. Age when first utilized;
 - f. Route of administration;
 - g. Previous treatment(s);
 - h. Unsuccessful efforts to control use; and
 - i. Inappropriate use of prescribed opioids.

703. Assessment for Residential Treatment Programs (II).

A written assessment of the Patient in accordance with Section 101.G shall be conducted by a designated Counselor as evidenced by his or her signature and date within a time-period determined by the Facility, but no later than five (5) business days after admission.

704. Assessment for Withdrawal Management Programs (II).

A written clinical Assessment of the Patient completed by a Licensed Nurse as evidenced by his or her signature and date in accordance with Section 101.G shall be conducted prior to the delivery of treatment. The clinical Assessment shall include a review of the Patient's Controlled Substance misuse/usage and treatment history.

705. Bio-Psycho-Social Assessment for Opioid Treatment Program (II).

A comprehensive Bio-Psycho-Social Assessment shall be completed by the Patient's primary Counselor once the Patient is stabilized but not later than thirty (30) calendar days following admission. The Assessment shall include:

A. A description of the historical course of the Chemical Dependence to include substances of misuse such as alcohol and tobacco, amount, frequency of use, duration, potency, and method of administration, previous withdrawal from Opioid Treatment Program Medication and/or treatment attempts, and any psychological or social complication.

B. A health history regarding chronic or acute medical conditions, such as HIV, STDs, hepatitis (B, C, D), TB, diabetes, anemia, sickle cell trait, pregnancy, chronic pulmonary diseases, and renal diseases.

C. Information related to the family of the Patient.

706. Individual Plan of Care (II).

The Facility shall develop an Individual Plan of Care with participation by the Patient or responsible party and Interdisciplinary Team as evidenced by their signatures and dates. The Individual Plan of Care shall contain specific goal-related objectives based on the needs of the Patient as identified during the Assessment phase, including adjunct support service needs and other special needs. The Individual Plan of Care shall also include the methods and strategies for achieving these objectives and meeting these needs in measurable terms with expected achievement dates. The type and frequency of counseling, as well as Counselor assignment, shall be included. The criteria for terminating specified interventions shall be included in the Individual Plan of Care. Individual Plan of Care shall be reviewed on a periodic basis as determined by the Facility and/or revised as changes in Patient needs occur.

A. In Residential Treatment Programs, an Individual Plan of Care shall be completed no later than seven (7) calendar days after admission.

B. For a Residential Facility offering a Withdrawal Management Program, an Individual Plan of Care shall be completed for supervised withdrawal within a time-period determined by the Facility's policies and procedures, but no later than seven (7) business days after admission.

707. Individual Plan of Care for Opioid Treatment Program (II).

A. The Facility shall develop and document an Individual Plan of Care within thirty (30) calendar days of admission with participation by the Patient and the primary Counselor.

B. The primary Counselor shall review the Patient progress in treatment and accomplishment of Individual Plan of Care goals not less than every ninety (90) calendar days during the first year of treatment and every six (6) months thereafter. The Counselor and Patient or responsible party shall sign and date any changes.

7038. Record Maintenance.

A. The ~~licensee~~ Licensee shall provide accommodations, space, supplies, and equipment ~~adequate~~ for the protection, ~~and storage,~~ and maintenance of ~~client~~ Patient records. Patient records shall be stored in an organized manner.

B. The ~~client~~ Patient record is confidential and ~~may~~ shall be made available only to individuals authorized by the ~~facility~~ Facility and in accordance with local, state, and federal laws, codes, and regulations. ~~The written disclosure of information shall include:-(II)~~

- ~~1. The name of the person/agency to which the information is to be disclosed;~~
- ~~2. The specific information to be disclosed;~~
- ~~3. The purpose of the disclosure;~~
- ~~4. A stipulation that the consent for disclosure is only for a specified period of time;~~

~~5. The signature of the client, date signed, and witness's signature.~~

~~C. The Facility shall maintain Records~~ records generated by organizations/ or individuals contracted by the ~~facility~~ Facility for care or services, treatment, or care shall be maintained by the facility that has admitted the client.

~~D. The facility shall determine the medium in which information is stored.~~

~~ED.~~ Upon ~~discharge~~ Discharge of a ~~client~~ Patient, the record shall be completed and filed in an ~~inactive/closed file~~ within a time period determined by the facility, but not to exceed thirty (30) calendar days; and filed in an inactive or closed file shall be maintained by the licensee Licensee.

~~FE.~~ Records of adult ~~clients~~ Patients may be destroyed after six (6) years following ~~discharge~~ Discharge of the ~~client~~ Patient. Records of ~~minors~~ Minors shall be retained for six (6) years or until majority, whichever period of time is greater. Other regulation-required documents, e.g., ~~medication~~ Medication destruction, fire drills, etc., shall be retained for at least twelve (12) months or since the last ~~the Department general inspection~~ routine Inspection, whichever is the longer period.

F. Records of current Patients are the property of the Facility and shall be maintained at the Facility and shall not be removed without court order.

G. In the event of change of ownership, all active ~~client~~ Patient records or copies of active ~~client~~ Patient records shall be transferred to the new owner(s).

~~H. Records of clients are the property of the facility and may not be removed without court order.~~

~~EXCEPTION:~~ When a ~~client~~ Patient transfers from one licensed ~~facility~~ Facility to another within the provider network (same ~~licensee~~ Licensee) the original record may follow the ~~client~~ Patient; the sending ~~facility~~ Facility shall maintain documentation of the ~~client's~~ Patient's transfer/discharge transfer and/or Discharge dates and identification information.

SECTION 800 – ADMISSION (I)

801. General.

Individuals seeking admission shall be identified as appropriate for the level of care or services, treatment, or procedures offered. The Facility shall establish admission criteria that are consistently applied and comply with state and federal laws and regulations. The Facility shall admit only those persons whose needs can be met within the accommodations and services provided by the Facility.

802. Residential Facilities.

A. Residential Facilities shall not admit any person who, because of acute mental illness or intoxication, presents an immediate threat of harm to him or herself and/or others

B. Parental consent shall be obtained for all persons under eighteen (18) years of age prior to admission to a Residential Facility. If any court of competent jurisdiction declares a person under eighteen (18) years of age an emancipated Minor, such person may be admitted to the Facility without parental consent.

C. Residential Treatment Programs shall not admit any person needing Withdrawal Management services, hospitalization, or nursing home care.

D. Withdrawal Management Programs.

1. Appropriate admission to a Facility providing Withdrawal Management shall be determined by a licensed or certified Counselor and subsequently shall be authorized by a Physician or other Authorized Healthcare Provider in accordance with Section 1100.

2. Withdrawal Management Programs shall not admit any person needing hospitalization, Residential Treatment Program, or nursing home care.

3. Parental consent shall be obtained for all persons under eighteen (18) years of age prior to admission to a Residential Treatment Program. If any court of competent jurisdiction declares a person under eighteen (18) years of age an emancipated Minor, then such person may be admitted to the program without parental consent.

803. Opioid Treatment Programs.

A. Persons shall not be admitted to the Opioid Treatment Program to receive opioids for pain management only. Appropriate referrals by the Opioid Treatment Program Physician shall be made as necessary, e.g., pain management specialist.

B. No person under eighteen (18) years of age shall be admitted to an Opioid Treatment Program unless a parent, legal guardian, or responsible adult consents in writing to such treatment.

SECTION 800

CLIENT CARE/TREATMENT/SERVICES.

SECTION 900 – PATIENT CARE, TREATMENT, AND SERVICES

801901. General(II).

~~A. Individuals seeking admission shall be identified as appropriate for the level of care or services, treatment, or procedures offered. The facility shall establish admission criteria that are consistently applied and comply with state and federal laws and regulations. The facility shall admit only those persons whose needs can be met within the accommodations and services provided. (I)~~

BA. The Facility shall provide Patient Carecare and /treatment/services relative to the needs of the client, e.g., counseling, diet, medications, to include medical including routine and emergency medical care situations, as identified in the client Patient record and as ordered by a Physician or other appropriate Authorized healthHealth careCare professionalsProvider;. Care and services shall be provided, and coordinated among those responsible during the treatment process and modified as warranted based on any changing needs of the client Patient-, and detailed in the Individual Plan of Care. (I)

C. For 24-hour Facilities:

1. Clients shall receive, as needed, appropriate assistance in activities of daily living;

2. Clients shall be neat, clean, and appropriately and comfortably clothed;

~~3. Clients shall be provided necessary items and assistance, if needed, to maintain their personal cleanliness;~~

~~4. An adequate supply of recreational supplies shall be available to clients to meet their recreational needs;~~

~~5. Opportunities shall be provided for participation in religious services. Reasonable assistance in obtaining pastoral counseling shall be provided upon request by the client.~~

~~DB. Care, treatment, and services shall be rendered effectively and safely in accordance with orders from physicians Physicians, other authorized healthcare providers Authorized Healthcare Providers, and certified and/or licensed counselors Counselors, and precautions taken for clients Patients with special conditions, e.g., pacemakers, wheelchairs, etc. (I)~~

~~EC. Clients The Facility shall document that Patients shall be were offered the opportunity to participate in aftercare/continuing care Aftercare and/or Continuing Care programs offered by the facility Facility or through referral. (II)~~

~~F. Precautions shall be taken for the protection of the personal possessions of the clients, including their personal funds. The facility may secure the personal funds of the client provided the client Patient authorizes the facility to do so. The facility shall maintain an accurate accounting of the funds, including evidence of purchases by facility on behalf of the clients. No personal monies shall be given to anyone, including family members, without written consent of the client. If money is given to anyone by the facility, a receipt shall be obtained.~~

~~GD. In the event of closure of a facility Facility for any reason, the facility Facility shall ensure continuity of treatment and/or care by promptly notifying the client's Patient's attending physician Physician or other authorized healthcare provider Authorized Healthcare Provider or counselor Counselor and arranging for referral to other facilities Facilities at the direction of the physician Physician or other authorized healthcare provider Authorized Healthcare Provider or counselor Counselor. The facility shall document the notification and referral in the Patient's medical record.~~

~~H. The provision of care/treatment/services to clients shall be guided by the recognition of and respect for cultural differences to assure reasonable accommodations will be made for clients with regard to differences, such as, but not limited to, religious practice and dietary preferences.~~

902. Residential Facilities. (II)

A. Patients shall receive assistance in activities of daily living as documented in the Individual Plan of Care.

B. Patients shall be provided necessary items and assistance to maintain their personal hygiene.

C. Opportunities shall be provided for participation in religious services. Assistance in obtaining pastoral counseling shall be provided upon request by the Patient.

D. Precautions shall be taken for the protection of the personal possessions of the Patients, including their personal funds. The Facility may secure the personal funds of the Patient provided the Patient authorizes the Facility to do so. The Facility shall maintain an accurate accounting of the funds, including evidence of purchases by Facility on behalf of the Patients. No personal monies shall be given to anyone, including

family members, without written consent of the Patient. If money is given to anyone by the Facility, a receipt shall be obtained.

E. Residential Treatment Programs shall document in the Patient's medical record that the Facility has provided or made available the following:

1. Specialized professional consultation, supervision, and direct affiliation with other levels of treatment;

2. Arrangements for appropriate laboratory and toxicology tests as needed;

3. Counselors to assess and treat Patients for Substance Use Disorders and obtain and interpret information regarding the needs of the Patients;

4. Counselors to provide a planned regimen of twenty-four (24) hour professionally-directed evaluation, care, and treatment services for persons with Substance Use Disorders and their families to include individual, group, and/or family counseling directed toward specific Patient goals indicated in his or her Individual Plan of Care;

5. Educational guidance and educational program referral when indicated; and

6. Vocational counseling for any Patient when indicated. For those not employed, Staff and/or Volunteers shall facilitate the Patient's pursuit of employment search;

F. Withdrawal Management Programs.

1. Facilities Offering a Medical Withdrawal Management Program shall document in the Patient's medical record that the facility has provided the following:

a. Continuing observation and monitoring of each Patient's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action. Each Patient's general condition, including vital signs, shall be documented at a frequency as determined by the Facility, but not less than three (3) times during the first seventy-two (72) hours of admission to the Facility;

b. A plan for supervised withdrawal, to be implemented upon admission;

c. Counseling designed to motivate Patients to continue in the treatment process and referral to the appropriate treatment modality.

2. Facilities offering a Social Withdrawal Management Program shall document in the Patient's medical record that the Facility has provided the following:

a. Development of an Individual Plan of Care for supervised withdrawal;

b. Continuing observation of each Patient's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action; and

c. Counseling designed to motivate Patients to continue in the treatment process.

3. Facilities providing a Withdrawal Management Program shall provide room, dietary service, care, and supervision necessary for the maintenance of the Patient.

903. Facilities Providing an Opioid Treatment Program.

A. Services (II).

1. Services shall be directed toward reducing or eliminating the use of illicit Controlled Substances, criminal activity, or the spread of infectious disease while improving the quality of life and functioning of the Patient. Opioid Treatment Programs shall follow rehabilitation stages in sufficient duration to meet the needs of the Patient. These stages include initial treatment, early stabilization, long-term treatment, medical maintenance, and immediate emergency treatment when needed.

2. The Opioid Treatment Program shall directly provide, contract, or make referrals, for services based upon the needs of the Patient.

3. As part of Substance Use Disorder rehabilitative services provided by the Opioid Treatment Program, each Patient shall be provided with individual, group, and family counseling as based on needs identified during the assessment. The frequency and duration of counseling provided to Patients shall be determined by the needs of the Patient and be consistent with the Individual Plan of Care. Counseling shall address, as a minimum:

a. Treatment and recovery objectives included in the Individual Plan of Care, as well as education regarding HIV, Hepatitis, and other infectious diseases. HIV testing shall be made available as appropriate, while maintaining Patient confidentiality;

b. Concurrent substance misuse;

c. Involvement of family and significant others with the informed consent of the Patient;

d. Providing treatment groups; and

e. Guidance in seeking alternative therapies, if applicable.

B. Support Services.

1. The Opioid Treatment Program shall ensure that a comprehensive range of support services, including, but not limited to, vocational, educational, employment, legal, mental health and family problems, medical, Substance Use Disorder, HIV or other communicable diseases, pregnancy and prenatal care, and social services are made available to Patients who demonstrate a need for such services. Support services may be provided either directly or by appropriate referral. Support services recommended and utilized shall be documented in the Patient record.

2. When appropriate, the Opioid Treatment Program shall link the Patient with an educational program, and vocational employment services. Deviations from compliance with these outcomes shall be documented in the Patient's record.

3. The Opioid Treatment Program shall establish and utilize formal linkages with community-based treatment services, through an established set of procedures for coordinating care with Physicians or other health or behavioral care providers when appropriate.

4. The Opioid Treatment Program shall establish linkages with the criminal justice system to encourage continuous treatment of individuals incarcerated or on probation and parole.

C. Services to Pregnant Patients in an Opioid Treatment Program (II).

1. The Facility shall make reasonable effort to ensure that pregnant Patients receive prenatal care by a Physician and that the Physician is notified of the Patient's participation in the Opioid Treatment Program when the Facility becomes aware of the pregnancy.

2. The Opioid Treatment Program shall provide, through in-house services or referral, and document in the Individual Plan of Care, appropriate services and interventions for the pregnant Patient to include:

a. Physician consultation at least monthly;

b. Nutrition counseling; and

c. Parenting training to include newborn care, health and safety, parent/infant interaction, and bonding.

3. The Facility shall maintain signed documentation of a Patient's acknowledgement of refusal of prenatal care.

4. Opioid Treatment Program FDA-approved Medication for opioid treatment dosage levels shall be maintained at an appropriate level for pregnant Patients as determined by the Opioid Treatment Program Physician and documented in the Patient's record. (I)

5. When a pregnant Patient chooses to discontinue participation in the Opioid Treatment Program, the program Physician, in coordination with the attending obstetrician, shall supervise the termination process.

904. Substance Use Testing for Opioid Treatment Programs (II).

A. Substance use testing shall be used as a clinical tool for the purposes of diagnosis and in the development of Individual Plans of Care.

B. Substance use testing for the presence of Opioid Treatment Program Medication, benzodiazepines, cocaine, opiates, marijuana, amphetamines, and barbiturates, as well as other substances, when clinically indicated by the Opioid Treatment Program Physician, shall be conducted at a frequency as determined by the Opioid Treatment Program.

C. Results of substance use testing shall be addressed by the primary Counselor with the Patient, in order to intervene in Controlled Substance use behavior.

D. The Opioid Treatment Program shall establish and implement written testing procedures, including random collection of substance testing samples, to effectively minimize the possibility of falsification of the sample, to include security measures for prevention of tampering.

E. Patients granted take-home dosages shall undergo random substance use testing on a monthly basis. For Patients whose substance use testing reports indicate positive results for any illicit substances, non-prescription Medications, or a negative result of Opioid Treatment Program Medication, the frequency for substance use testing shall be determined by the Opioid Treatment Program Physician or other Authorized Healthcare Provider. Documentation of the rationale for the frequency shall be documented in the Patient's medical record.

F. Only those laboratories certified in accordance with the federal Clinical Laboratories Improvement Amendments shall be utilized by the Opioid Treatment Program for urinalysis.

905. Orientation for Patients Admitted to an Opioid Treatment Program.

Patient orientation shall be accomplished within seven (7) calendar days of admission and documented in the Patient record. The orientation shall include:

A. Opioid Treatment Program guidelines, rules, and regulations;

B. Confidentiality;

C. Substance use testing procedure;

D. Administering Opioid Treatment Program Medication;

E. Signs and symptoms of an overdose and when to seek emergency assistance;

F. Discharge procedures;

G. Treatment phases;

H. HIV/AIDS information and education;

I. Patient rights (See Section 1000);

J. The nature of Substance Use Disorders and recovery including misunderstandings regarding methadone or other opioid treatment Medication; and

K. For pregnant Patients, risk to the unborn child.

802906. Transportation.

~~Twenty four hour Residential facilities~~ Facilities shall provide or assist in securing local transportation for ~~clients~~ Patients for emergent or non-emergent health reasons to health care providers such as, but not limited to, ~~physicians~~ Physicians, dentists, physical therapists, or for treatment at renal dialysis clinics.

803907. Safety Precautions/ and Restraints (I).

A. No restraint, neither Periodic or continuous mechanical nor, physical, including seclusion, or chemical restraints during routine care of a Patient shall not be used in the facility except, nor shall Patients be restrained for Staff convenience or as a substitute for care or services. However, in cases of extreme emergency-emergencies when a client-Patient is a danger to him/ or herself or others, and then only mechanical and/or physical restraints may be used as ordered by a physician Physician or other authorized healthcare provider Authorized Healthcare Provider, and until appropriate medical care can be secured. Such orders shall include the reason for use of the restraint/seclusion, the type of restraint that may be used, the maximum time the restraint may be used or the client may be placed in seclusion, and instructions for observing the client while in physical restraint/seclusion if different from the facility's written procedures. Clients certified by a physician or other authorized healthcare provider as requiring restraint/seclusion for more than 24 hours shall be transferred to an appropriate facility. Only those devices specifically designed as restraints may be used.

~~B. During the course of routine treatment/care (non-emergent conditions), periodic or continuous restraint usage shall not be allowed.~~

~~C. Restraints/seclusion shall not be used for staff convenience or as a substitute for treatment.~~

~~D. Should it be necessary to temporarily restrain in emergency situations, the facility shall ensure that clients placed in physical restraints or seclusion are monitored at a frequency as determined by the facility, but at least every 15 minutes. Clients shall be provided bathroom privileges, offered fluids, given medications as prescribed, given the opportunity for nourishment, if desired, at regularly scheduled mealtimes, and if the client is in a restraint, given an opportunity for motion and exercise.~~

B. Emergency restraint orders shall specify the reason for the use of the restraint, the type of restraint to be used, the maximum time the restraint may be used, and instructions for observing the Patient while restrained, if different from the Facility's written procedures. Patients certified by a Physician or other Authorized Healthcare Provider as requiring restraint for more than twenty-four (24) hours shall be transferred to an appropriate Facility.

C. During emergency restraint, Patients shall be monitored at least every fifteen (15) minutes and provided with an opportunity for motion and exercise at least every thirty (30) minutes. Prescribed Medications and treatments shall be administered as ordered, and Patients shall be offered nourishment and fluids and given bathroom privileges.

D. The use of mechanical restraints shall be documented in the Patient's record, and shall include the date and time implemented, the length of time restrained, observations while Patient is restrained.

804908. Treatment Services for Minors (II).

~~A. Minors shall not be admitted to Residential treatment program facilities (with the exception of facilities for mothers with children) or detoxification facilities, except only by request to the Department on a case by case basis. These requests shall include:~~

~~1. A statement that the facility is able to provide services and accommodations for the minor;~~

~~2. A statement of agreement by parent(s) or legal guardian.~~

~~B. If the staff/volunteer considers consultation with the parents/guardians of minors regarding treatment issues to be appropriate without the consent of the minor, the reasons for such consultation shall be explained to the parents/guardians upon the minor's admission to the facility.~~

~~CA. In 24-hour facilities Residential Facilities, minors Minors shall be housed separately from adults except in facilities Facilities providing services for mothers Parents with children.~~

~~DB. In those instances where minors Minors are served, the facility Facility shall ensure that the special needs of these clients Patients are addressed, including, but not limited to, education-related considerations.~~

EXCEPTION: A facility may admit a person 16 years or older to an outpatient or NTP facility, or to a facility for mothers with children; a child under 16 years of age may be admitted to these facilities with written consent of the parent or legal guardian.

C. The Facility shall ensure treatment and counseling are conducted to meet the physical, mental, and emotional developmental needs of the Minor.

D. The Facility shall refer Minors who require special medical needs to a Physician who has clinical experience with Minors and dependency. The Facility shall monitor Minors for treatment reactions that may be developmentally detrimental. A plan shall be in place in the event that special medical care is required.

805909. Referral Services.

A. Referrals for care and/or services shall not be made to unlicensed ~~facilities~~ Facilities if such ~~facilities~~ Facilities are required to be licensed. (II)

B. The ~~facility~~ Facility shall ~~offer current~~ provide information regarding appropriate self-help groups to ~~clients~~ Patients and encourage their participation in such activities, and document the information was provided in the Patient's record.

C. ~~Referral services shall be made available to individuals ineligible for admission to the facility's Facility's programs.~~ The facility shall maintain documentation of the rationale for the denial of admission and referral for services offered to the Patient as applicable.

D. A community resource file shall be developed, maintained, and used for proper ~~client~~ Patient referral and placement. The file shall ~~contain~~ include a listing of services, fees, hours of operation, and contact person as well as material to be provided to the ~~client~~ Patient. The Facility shall provide the Patient with information information and offer referral regarding for community resources such as transportation, hospital emergency services, and ambulance services, and information and referral services shall be made available to clients.

SECTION 900

CLIENT RIGHTS AND ASSURANCES.

SECTION 1000 – PATIENT RIGHTS AND ASSURANCES

9011001. Informed Consent (II).

~~All treatment, to include any new or innovative treatment or any research-oriented treatment or evaluation, shall be thoroughly explained to the client, to include the potential for any adverse effects/consequences of the specified treatment or research. In all instances of treatment, the client must voluntarily choose to participate in the program. The client shall be informed of any changes in treatment unless the client has waived, in writing, such consent.~~

A. Upon admission, there shall be a written, signed, and dated informed consent between the Patient and the Facility. The informed consent shall include at least the following:

1. An explanation of the specific care, services, and/or equipment provided by the Facility, such as, administration of Medication, provision of special diet as necessary, assistance with bathing, toileting, feeding, dressing, and mobility;

2. Discharge and transfer provisions to include the conditions under which the Patient may be Discharged, and the agreement terminated, and the disposition of personal belongings; and

3. Documentation of the explanation of the Patient's rights (see Section 1002) and the grievance procedure.

4. Each person enrolling in an Opioid Treatment Program shall be notified of the autopsy provision in South Carolina Code Section 44-53-750 as a part of such person's informed consent.

B. The provision of care and services to Patients shall be guided by the recognition of and respect for cultural differences to ensure reasonable accommodations shall be made for Patients with regard to differences, such as, but not limited to, religious practice and dietary preferences.

9021002. Client-Patient Rights (II).

A. Client-Patient rights shall be guaranteed and prominently displayed in a public area. Documentation of the explanation of the Patient's Bill of Rights shall be maintained in the Patient's medical record. The facility shall inform the client in writing of these Patient rights, to shall include, as a minimum:

1. The opportunity to participate in the ~~ITP~~ Individual Plan of Care;
2. Informed consent for treatment;
3. Grievance and/or complaint procedures, including the address and phone number of the Department, and a provision prohibiting retaliation should the grievance right be exercised;
4. Confidentiality of ~~client~~ Patient records;
5. Respect for the ~~client's~~ Patient's property (Residential Facilities Only);
6. Freedom from Abuse, Neglect, and ~~exploitation~~ Exploitation; (I)
7. Privacy in visits unless contraindicated in the recovery and treatment process or as ordered by a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider;
8. Privacy during treatment and while receiving personal care; and
9. Respect and dignity in receiving care, treatment, and services.

B. ~~Clients~~ For Facilities providing Residential Services, the Patients shall be assured freedom of movement. ~~Clients~~ Patients shall not be locked in or out of their rooms or any common usage areas, ~~e.g., dining, sitting, activity rooms,~~ in the ~~facility~~ Facility, or in or out of the ~~facility~~ Facility building. (I)

C. ~~Care/treatment/~~ and services and items provided by the ~~facility~~ Facility, the charge, and those services that are the responsibility of the ~~client~~ Patient shall be delineated in writing and the ~~client~~ Patient shall be made aware of such charges and services as verified by his/ or her signature.

D. The ~~facility~~ Facility shall comply with all ~~relevant current~~ federal, state, and local laws and regulations related to discrimination, e.g., Title VII, Section 601 of the Civil Rights Act of 1964, ADA, and ensure that there is no discrimination with regard to source of payment in the recruitment, location of ~~client~~ Patient, acceptance or provision of goods and services to ~~clients~~ Patients or potential ~~clients~~ Patients, provided that payment offered is not less than the cost of providing services.

E. In Residential Facilities, no care and/or treatment and/or services shall be provided to individuals who are not Patients of the Facility, except those services provided to family members as part of the Patient's recovery plan.

9031003. Discharge/ and Transfer.

A. Unless a ~~client~~ Patient is under court order or detained subject to a pending judicial process, a ~~client~~ Patient may be transferred or ~~discharged~~ Discharged only for medical reasons, the welfare of the ~~client~~ Patient, the welfare of other ~~clients~~ Patients of the ~~facility~~ Facility, lack of progress or participation in treatment, or successful completion of the program. ~~She~~ He or she shall be given written notice of ~~discharge~~ Discharge except when the health, safety, or well-being of other ~~clients~~ Patients of the ~~facility~~ Facility would be endangered.

~~B. The conditions under which information regarding applicants or clients may be disclosed/released, including disclosure/release in client health emergency situations, shall be established by the facility.~~

~~B.~~ CB. When a ~~client~~ Patient is transferred from one ~~facility~~ Facility to another, e.g., from a detoxification facility to a hospital, appropriate information from his/her ~~client record~~ record a transfer summary, to include copies of relevant documents, shall be forwarded to the receiving ~~facility~~ Facility within a time-period as determined by the ~~facility~~ Facility but not to exceed seventy-two (72) hours from transfer. The ~~facility~~ Facility shall ensure that ~~medication~~ Medication, personal possessions ~~and~~ and funds of the ~~client~~ Patient, and other appropriate items are forwarded to the receiving ~~facility/site~~ Facility and/or site in a manner that ensures continuity of care and/or treatment and/or services and maximum convenience to the ~~client~~ Patient.

C. A Patient transferring from another Opioid Treatment Program shall have a Physical Examination upon admission and have his or her dose determined by a Physician prior to receiving the first dosage.

SECTION 1000

CLIENT PHYSICAL EXAMINATION.

SECTION 1100 – PATIENT PHYSICAL EXAMINATION

1001. General (I).

A. Residential Facilities. A ~~physical examination~~ Physical Examination and ~~history~~ shall be completed by a Physician or other Authorized Healthcare Provider for Patients within thirty (30) calendar days prior to admission or ~~not later than two (2) business days after~~ of admission for ~~clients~~ Patients in 24-hour facilities. ~~The procedure describing the need for a physical examination in outpatient facilities shall be determined by the facility with documented consultation with a physician or other authorized healthcare provider. For NTP's, see Section 3208.~~ Physical Examinations conducted by Physicians or other Authorized Healthcare Providers licensed in other states are permitted for new admissions under the condition that the Patient undergoes a second Physical Examination by a South Carolina licensed Physician or other Authorized Healthcare Provider within thirty (30) calendar days of admission to the Facility. The Physical Examination shall address:

EXCEPTION: ~~If a client is admitted after 5:00 P.M. on Friday, a 24-hour facility has until close of business the next workday to obtain the admission physical examination.~~

1. ~~As appropriate, the physical examination shall address the~~ The appropriateness of level of services treatment placement, e.g., social detoxification, medical detoxification, Residential treatment, etc., and identification of special conditions including the presence of communicable diseases;

2. Identification of special conditions and/or care required;

~~23. In 24-hour facilities and NTP's, the physical examination shall include a~~ A tuberculin skin test, as described in Section 14041702, unless there is a previously documented positive reaction;

~~3. The physical examination shall be performed only by a physician or other authorized healthcare provider.~~

~~4. If a client~~ Patient or potential client ~~Patient~~ has a communicable disease, the ~~administrator~~ Facility shall ~~seek advice from a~~ follow the recommendations made by a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider in order to:

a. Ensure that the ~~facility~~ Facility has the capability of providing adequate care and preventing the spread of that condition, and that ~~the staff/ volunteer~~ Staff and Volunteers are adequately trained; or

b. Transfer the ~~client~~ Patient to an appropriate ~~facility~~ Facility, if necessary; and

5. A substance use test. Following the test, the Physician or Authroized Healthcare Provider shall determine the frequency of subsequent testing based on the Patient's clinical presentation.

~~B. A discharge summary, which includes a physical examination from a health care facility, shall be acceptable as the physical examination provided the summary includes the requirements of Sections 1001.A. 1001.A.3.~~

~~C. Isolation Provisions. Clients with contagious pulmonary tuberculosis shall be separated from non-infected clients until declared non-contagious by a physician or other authorized healthcare provider. Should it be determined that the facility cannot care for the client to the degree that assures his/her health and safety and that of the other clients in the facility, the client shall be relocated to a facility that can meet his/her needs.~~

~~DB. In facilities for mothers with children, there shall be a report of a physical examination conducted not earlier than (30) days prior to the mother's admission or not later than (48) hours after admission for each child, attesting to health status and special care needs that may impact on the child, his/ her mother, and/or others within the facility. The exception indicated in Section 1001.A shall be applicable for obtaining a physical examination for the child should the mother be admitted after 5pm on Friday. In Facilities providing services for parents with children, there shall be a report of an examination for each child by a Physician or other Authorized Healthcare Provider attesting to the health status and special care needs that may impact the child, his/ or her parent, and/or others within the Facility. The examination shall be conducted not earlier than thirty (30) calendar days prior to the parent's admission or no later than forty-eight (48) hours after admission.~~

C. Opioid Treatment Program.

1. Physical Examination. A Physical Examination conducted by the Opioid Treatment Program Physician or other Authorized Healthcare Provider shall be completed within seventy-two (72) hours prior to the first dose of Opioid Treatment Program Medication and shall address the following at a minimum:
(1)

a. Evidence of communicable or Infectious disease;

- b. Pulmonary, liver, renal, and cardiac abnormalities;
- c. Neurological issues;
- d. Vital signs;
- e. Evidence of clinical signs of dependency; and
- f. Examination of head, ears, eyes, nose, throat, thyroid, chest (including heart, lungs and breast), abdomen, extremities, and skin.

2. Medical Laboratory Analysis. A medical laboratory analysis shall be conducted within seven (7) calendar days of admission and shall include:

- a. Serological test for Infectious disease;
- b. Initial substance use testing for Controlled Substance profile;
- c. Liver profile; and
- d. If indicated, an electrocardiogram, chest x-ray, and/or a biological pregnancy test.

3. In the event the medical staff are unable to obtain an adequate blood draw for the medical laboratory analysis on the first attempt, the Facility shall reattempt within the seven (7) days of admission. After three (3) documented attempts within the seven (7) days of admission, the Opioid Treatment Program Physician or other Authorized Healthcare Provider may waive the blood testing requirements. The Physician's decision shall be documented in the Patient's medical record. The Facility shall follow its policies and procedures related to infection control if the Physician waives the blood testing requirement.

ED. In the event that a ~~client~~ Patient transfers from one ~~24-hour facility~~ Residential Facility to another (e.g., ~~medical detoxification a Residential treatment program~~), an additional admission ~~physical~~ Physical Examination and/or tuberculin skin test shall not be necessary, provided the ~~physical~~ Physical was conducted not earlier than twelve (12) months prior to the admission of the ~~client~~ Patient, and the ~~physical~~ Physical meets all other requirements specified in Section ~~1001-A-1100.A.1~~, unless the receiving ~~facility~~ Facility has an indication that the health status of the ~~client~~ Patient has changed significantly. ~~Two-step tuberculin skin tests remain a requirement of Residential treatment program facilities.~~ In such instances of transfer, issues of appropriateness of level of treatment placement shall be addressed in the ~~client~~ Patient record.

SECTION 1100

MEDICATION MANAGEMENT.

SECTION 1200 – MEDICATION MANAGEMENT

1101201. General (I).

A. Medications, including Controlled Substances, medical supplies, and those items necessary for the rendering of first aid shall be properly managed in accordance with local, state, and federal law and regulations, which includes the securing, storing, and administering, dispensing, and delivering of medications, medical supplies, and biologicals, their disposal when discontinued or outdated, and their

disposition at ~~discharge~~ Discharge, death, or transfer of a ~~client~~ Patient. All ~~facilities~~ Facilities that manage ~~medication~~ Medication of ~~clients~~ Patients shall comply with this section.

B. Applicable reference materials, e.g., ~~Physicians' Desk Reference~~, published within the previous three (3) years, shall be available at the ~~facility~~ Facility in order to provide ~~staff/volunteers~~ Staff and/or Volunteers with adequate information concerning ~~medications~~ Medications.

11021202. Medication Orders (I).

A. Medication, including oxygen, shall be administered and delivered to ~~clients~~ Patients only upon orders of ~~authorization~~ by a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider. Medications accompanying ~~clients~~ Patients at admission, may be administered and/or delivered to ~~clients~~ Patients, provided the ~~medication~~ Medication is in the original container and the order/authorization is subsequently obtained as a part of the admission ~~physical~~ Physical Examination. If there are concerns regarding whether or not such ~~medications~~ Medications should be administered and/or delivered due to the condition or state of the ~~medication~~ Medication, e.g., old, expired, makeshift labels, or the condition or state of health of the newly-admitted individual, ~~staff/volunteers~~ Staff and Volunteers shall consult with or make arrangements to have the ~~client~~ Patient examined by a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider, or at the local hospital emergency room prior to administering/or delivering any ~~medications~~ Medications.

B. All orders (including verbal orders) shall be signed and dated by a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider within a time-period as designated by the ~~facility~~ Facility, but no later than seventy-two (72) hours after the order is given.

C. In an Opioid Treatment Program, all orders shall be documented, signed, and dated by the Opioid Treatment Program Physician. The Opioid Treatment Program Physician shall determine the initial and subsequent dosage and schedule, and prescribe such dose and schedule to include changes by verbal or written order to the pharmacist and Licensed Nurse. However, the verbal order shall be documented, signed, and dated by the Opioid Treatment Program Physician within seventy-two (72) hours.

~~C~~ D. Orders for ~~controlled substances~~ Controlled Substances shall be authenticated by the prescribing ~~physician~~ Physician or designee.

~~D~~ E. Medications and medical supplies ordered for a specific ~~client~~ Patient shall not be administered and/or delivered to any other ~~client~~ Patient.

11031203. Administering Medication (I).

A. Medications, including oxygen, shall be administered to ~~clients~~ only by those appropriately licensed to administer medications, pursuant to the SC Code of Laws.

B. Each medication dose administered/~~delivered~~ or supervised shall be properly recorded by initialing ~~on the client's medication record as the medication is administered. Doses of medication shall be administered by the same staff member/volunteer who prepared them for administration. Preparation of doses for more than one scheduled administration shall not be permitted, and such preparation shall occur no earlier than one hour prior to administering. The recording of medication administration shall include: the medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the medication. If the ordered dosage is to be given on a varying schedule, e.g., "take two tablets the first day and one tablet every other day by mouth with noon meal," the number of tablets shall also be recorded.~~

A. Doses of Medication shall be administered by the same Licensed Nurse who prepared them for administration. Preparation shall occur no earlier than one (1) hour prior to administering. Preparation of doses for more than one (1) scheduled administration shall not be permitted. Each Medication dose administered shall be recorded on the Patient's Medication administration record ("MAR") as it is administered. Should an ordered dose of Medication not be administered, an explanation as to the reason shall be recorded on the MAR. The recording of Medication administration shall include: the medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the Medication. Initials in lieu of signatures are acceptable provided such initials can be readily identified on the MAR. If the ordered dosage is to be given on a varying schedule, for example, "take two tablets the first day and one tablet every other day by mouth with noon meal," the number of tablets shall also be recorded.

B. When a Physician or other Authorized Healthcare Provider changes the dosage of a Medication, a new entry reflecting the change shall be documented in the Medication administration record ("MAR"). No dose shall be administered until the Patient's identity has been verified and the dosage compared with the currently ordered and documented dosage level. Ingestion shall be observed and verified by the person authorized to administer the Medication.

C. Opioid Treatment Program Only:

1. The Facility shall not administer a Patient's initial dose of Opioid Treatment Program Medication until the program Physician or other Authorized Healthcare Provider has determined that all admission criteria have been met, to include a completed Physical Examination by the program Physician or other Authorized Healthcare Provider and confirmation of current Medication regimen being taken by the applicant.

2. The initial dose of methadone shall not exceed thirty (30) milligrams and the initial total daily dose for the first day shall not exceed forty (40) milligrams unless the Opioid Treatment Program Physician or other Authorized Healthcare Provider justifies in the Patient record that forty (40) milligrams did not suppress the abstinence symptoms after three (3) hours of observation following the initial dose. There shall be written justification in the Patient record, signed and dated by the Opioid Treatment Program Physician or other Authorized Healthcare Provider, for doses in excess of one hundred (100) milligrams of methadone per day after the first day.

3. A Patient's scheduled dose may be temporarily delayed if necessary, e.g., to obtain a urine sample or for Counselor consultation. The dose shall not be withheld, however, for failure to comply with the Opioid Treatment Program rules or procedures unless the decision is made to terminate the Patient's participation in the Opioid Treatment Program. A dose may be withheld only when the Opioid Treatment Program Physician or other Authorized Healthcare Provider determines that such action is medically indicated.

4. When the Opioid Treatment Program Physician prescribes Controlled Substances other than Opioid Treatment Program Medications, such prescriptions shall not be administered to any Patient unless the Opioid Treatment Program Physician or other Authorized Healthcare Provider first examines the Patient and assesses his or her potential for misuse of such Medications.

~~ED. Self-administering administration of medications~~ Medications ~~is permitted~~ shall be allowed only when indicated by the ~~on the specific written orders of a physician~~ Physician or other authorized healthcare provider, verified by direct contact with the client by a staff member/volunteer, and recorded on the medication record by that same staff member/volunteer. Verification and documentation shall occur at the

same frequency as the medication is given. Facilities may elect not to permit self-administration Authorized Healthcare Provider. An appropriate Staff member delivering the Medication shall document the delivery. Such documentation shall include the date, time, and the signature of the individual delivering the Medication.

EXCEPTION: ~~Documentation of medication taken by clients, as described in Sections 1103.B and C, is not required for nonlegend medication for those who are physically and mentally capable of self-administering medications provided:~~

1. ~~The medication does not require a prescription and is not specifically prescribed;~~
2. ~~The client's physician or other authorized healthcare provider documents in the client's record that the client may, at the client's discretion, use and self-administer all nonprescription medications;~~
3. ~~A current (within two year) statement, attesting to the conditions stated in Section 1103.C.2 above, is signed and dated by the physician or other authorized healthcare provider, and filed in the client's record;~~
4. ~~The statement in Section 1103.C.3 above is specifically addressed during subsequent physical examinations and appropriately revised or restated in the report of that examination;~~
5. ~~The condition is specifically addressed in the periodic review and update of the record.~~

~~D~~E. When ~~clients~~Patients who cannot ~~self-administer~~Self-Administer ~~medications~~Medications leave the ~~facility~~Facility for an extended time, the proper amount of ~~medications~~Medications, placed into a prescription vial or bottle, along with dosage, mode, date, and time of administration, shall be given to a responsible person who will be in charge of the ~~client~~Patient during his/ or her absence from the ~~facility~~Facility and properly documented in the ~~medication~~Medication administration record. If there is no designated responsible party for the ~~client~~Patient, then the attending ~~physician~~Physician or other ~~authorized~~Authorized ~~healthcare~~Healthcare ~~provider~~Provider shall be contacted for proper instructions.

F. The Medications prescribed for a Patient shall be protected from use by other Patients, visitors, and Staff and Volunteers. For those Patients who have been authorized by a Physician or other Authorized Healthcare Provider to Self-Administer Medications, such Medications (nitroglycerin, rescue inhalers, epinephrine auto-injectors) may be kept on the Patient's person, i.e., a pocketbook, pocket, or any other method that would enable the Patient to control the items.

11041204. Pharmacy Services (I).

A. Any pharmacy within the ~~facility~~Facility shall be provided by or under the direction of a licensed pharmacist in accordance with accepted professional principles and appropriate federal, state, and local laws and regulations.

B. Facilities ~~which that~~ maintain stocks of ~~legend drugs~~Medications and biologicals for ~~dispensing to clients~~Patient use within the Facility shall obtain and maintain from the South Carolina Board of Pharmacy a valid, current, ~~pharmacy permit~~non-dispensing drug outlet permit that is displayed in a conspicuous location in the Facility ~~from the SC Board of Pharmacy.~~

C. Labeling of ~~medications~~Medications dispensed to ~~clients~~Patients shall be in compliance with local, state, and federal laws and regulations applicable to retail pharmacies.

11051205. Medication Containers (I).

~~A. All medication containers shall be labeled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal. Medications for Patients shall be obtained from a permitted pharmacy or Authorized Healthcare Provider as allowed by law on an individual prescription basis. These Medications shall bear a label affixed to the container that reflects at least the following: name of pharmacy, name of Patient, name of the prescribing Physician or other Authorized Healthcare Provider, date and prescription number, directions for use, and the name and dosage unit of the Medication. The label shall be brought into accord with the directions of the Physician or other Authorized Healthcare Provider each time the prescription is refilled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal.~~

~~B. Medications for each clientPatient shall be kept in the original container(s) including unit dose systems or blister pack systems; there shall be no transferring between containers or opening blister packs to remove medications. Medications for destruction or adding new medications. Medications for administration, except under the direction of a pharmacist. In addition, for those facilitiesFacilities that utilize the blister pack system, unit dose system or multi-dose system, an on-site review of the medicationMedication program by a pharmacist shall be required conducted on at least a quarterly basis to ensure the program has been properly implemented and maintained. For changes in dosage, the new packaging shall be available in the Facility no later than the next administration time subsequent to the order. This shall be documented and signed by the pharmacist.~~

~~C. Medications for clientsPatients shall be obtained from a permitted pharmacy or prescriber on an individual prescription basis. These medicationsMedications shall bear a label affixed to the container which that reflects at least the following: name of pharmacy, name of clientPatient, name of the prescribing physicianPhysician or dentist, date and prescription number, directions for use, and the name and dosage unit of the medicationMedication. The label shall be brought into accord with the directions of the physicianPhysician each time the prescription is refilled.~~

~~D. IfWhen a physicianPhysician or other legally authorized healthcare providerAuthorized Healthcare Provider changes the dosage of a medicationMedication, a label, which such information shall be documented in the Medication administration record and a label that does not obscure the original label shall be attached to the container which indicates the new dosage, date, and prescriber's name. In lieu of this procedure, it is acceptable to attach a label to the container that states, "see Directions changed; refer to MAR and physicianPhysician or other authorized healthcare providerAuthorized Healthcare Provider orders for current administration instructions." The new directions shall be communicated to the pharmacist on reorder of the drug. The new directions shall be communicated to the pharmacist on reorder of the drug.~~

~~11061206. Medication Storage (I).~~

~~A. Medications shall be properly may be stored and safeguarded to prevent access by authorized persons. Expired or discounted medications shall not be stored with current medications. in a separate locked box within a refrigerator at or near the Medication storage area, either behind a locked door or the refrigerator shall be locked. Storage areas shall be locked, and of sufficient size for clean and orderly storage. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life. Refrigerators used for storage of medications shall maintain an appropriate temperature as identified on the manufacturer's label and as established by the US Pharmacopeia (36-46 degrees Fahrenheit), and as evidenced by thermometer placed inside. Medications requiring refrigeration shall be stored in a refrigerator at the temperature recommended by the manufacturer of medication. Medications may be stored in a separate locked box within a multi-use refrigerator at or near the medication storage area.~~

B. ~~Controlled substances~~ Substances and ethyl alcohol, shall be stored in accordance with applicable state and federal laws. A record of the stock and distribution of all ~~controlled substances~~ Controlled Substances shall be maintained in such a manner that the disposition of any particular item may be readily traced.

C. Medications shall be stored:

1. Separately from poisonous Controlled substances Substances or body fluids;
2. In a manner which provides for separation between topical and oral ~~medications~~ Medications, and which provides for separation of each individual ~~client's~~ Patient's ~~medication~~ Medication.

~~D. Unless the facility has a permitted pharmacy, stocks of legend medications shall not be stored except those specifically prescribed for individual clients. Non-legend medications may be retained and labeled as stock in the facility for administration as ordered by a physician or other authorized healthcare provider. As an alternative for freestanding medical detoxification facilities, stocks of legend medications that address medical distress, withdrawal symptoms, and other medications necessary for clients to safely complete the detoxification process, and Tuberculin PPD serum, not specifically prescribed for individual clients may be retained and labeled as stock in the facility for administration without a pharmacy permit provided the following conditions are met:~~

- ~~1. Each facility shall have a nondispensing drug outlet permit issued by the SC Board of Pharmacy;~~
- ~~2. At least monthly a licensed nurse shall:~~
 - ~~a. Review medication storage areas and emergency medication kits;~~
 - ~~b. Review all medications in the facility for expiration dates and ensure the removal of discontinued or expired medications from use as indicated; and~~
 - ~~e. Verify proper storage of medications and biologicals in the facility.~~
- ~~3. Stocks of legend medication shall not include controlled drugs.~~

D. Stock Medications

1. Unless the Facility has a permitted pharmacy, stocks of Legend Medications shall not be stored except those specifically prescribed for individual Patients.

2. Non-legend Medications may be retained and labeled as stock in the Facility for administration as ordered by a Physician or other Authorized Healthcare Provider.

3. Stocks of naloxone may be stored for emergency overdose crises, with or without specific prescription for individual Patients.

4. If stock non-Patient specific Controlled Substances are to be used, a Controlled Substances registration from the Department's Bureau of Drug Control and a Controlled Substances registration from the federal Drug Enforcement Administration shall be obtained. The registrations shall be displayed in a conspicuous location within the Facility.

E. No ~~medications~~ Medications may be left in a ~~client's~~ Patient's room unless the ~~facility~~ Facility provides an individual cabinet/compartment that is kept locked in the room of each ~~client~~ Patient who has been authorized to ~~self-administer~~ Self-Administer in writing by a ~~physician~~ Physician, or other ~~authorized healthcare provider~~ Authorized Healthcare Provider. In lieu of a locked cabinet or compartment, a room that can be locked and is licensed for a capacity of one (1) ~~client~~ Patient is acceptable provided the ~~medications~~ Medications are not accessible by unauthorized persons, the room is kept locked when the ~~client~~ Patient is not in the room, the ~~medications~~ Medications are not ~~controlled substances~~ Controlled Substances, and all other requirements of this section are met.

F. The ~~medications~~ Medications prescribed for a ~~client~~ Patient shall be protected from use by other ~~clients~~ Patients, visitors and ~~staff/volunteers~~ Staff and Volunteers. For those ~~clients~~ Patients who have been authorized by a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider to self-administer ~~medications~~ Medications, such ~~medications~~ Medications may be kept on the ~~client's~~ Patient's person, i.e., a pocketbook, pocket, or any other method that would enable the ~~client~~ Patient to control the items.

G. During nighttime hours in semi-private rooms, only ~~medications~~ Medications that a ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider has ordered in writing for emergency/immediate use, e.g., nitroglycerin or, rescue inhalers, or EpiPens epinephrine auto-injectors may be kept unlocked in or upon a cabinet or bedside table, and only when the ~~client~~ Patient to whom that ~~medication~~ Medication belongs is present in the ~~client~~ Patient room.

11071207. Disposition of Medications (I).

A. ~~The Facility shall release Medications shall be released to the client~~ Patient upon ~~discharge~~ Discharge, unless specifically prohibited by the ordering ~~physician~~ Physician or ~~authorized healthcare provider~~ Authorized Healthcare Provider.

B. ~~Client's~~ Patient's ~~medications~~ Medications shall be destroyed by the ~~facility~~ Facility ~~administrator~~ Administrator or his/ or her designee or returned to dispensing pharmacy when:

1. Medication has deteriorated or exceeded its safe shelf-life; and;

2. Unused portions remain due to death, ~~discharge~~ Discharge, or discontinuance of the ~~medications~~ Medications. Medications that have been discontinued by order may be stored for a period not to exceed thirty (30) calendar days provided they are stored separately from current ~~medications~~ Medications.

C. The destruction of ~~medication~~ Medication shall occur within five (5) days of the above-mentioned circumstances, be witnessed by the ~~administrator~~ Administrator or his/ or her designee, and the mode of destruction indicated.

D. The destruction of controlled ~~substances~~ medications Medications shall be accomplished only by the ~~administrator~~ Administrator or his/ or her designee on-site and witnessed by a ~~licensed nurse~~ Licensed Nurse or pharmacist, or by returning them to the dispensing pharmacy and obtaining a receipt from the pharmacy.

1208. Opioid Treatment Program Take-home Medication (II).

A. Opioid Treatment Program Medication, including guest and take-home doses, shall be administered to Patients in single doses. Take-home bottles shall be labeled in accordance with federal and state law and regulations and shall contain necessary cautionary statements; caps shall be childproof.

B. Take-home Opioid Treatment Program Medication may be given to Patients who demonstrate a need for a more flexible schedule in order to enhance and continue the rehabilitative process. However, since Opioid Treatment Program Medication is an opioid subject to misuse if not managed properly, precautions shall be taken to prevent its potential misuse. The Opioid Treatment Program Physician shall ensure that take-home Medication is given to those Patients who meet the following criteria for eligibility:

1. Adherence to Opioid Treatment Program rules, regulations, and policies;
2. Length of time in the Opioid Treatment Program and level of maintenance treatment;
3. Presence of Opioid Treatment Program Medication in substance use testing;
4. Potential complications from concurrent health problems;
5. Lengthy travel distance to the Facility; and
6. Progress in maintaining a stable lifestyle as evidenced by:
 - a. Absence of misuse of opioids and non-opioids;
 - b. Absence of alcohol misuse, or determination that the using alcohol and is in treatment for the alcohol misuse problem;
 - c. Regularity of attendance at the Opioid Treatment Program, to include required counseling sessions;
 - d. Absence of serious behavior problems, including loitering at the Opioid Treatment Program;
 - e. Absence of known recent criminal activity;
 - f. Employment, school attendance, or other appropriate activity; and
 - g. Assurance that take-home Medication can be securely transported and stored by the Patient for his or her use only.

C. The decision to provide take-home Medication to Opioid Treatment Program Patients and the amount provided shall be based upon and determined by the reasonable clinical judgment of the Opioid Treatment Program Physician and appropriately documented and recorded in the Patient's file prior to the initiation of the take-home dose. The Opioid Treatment Program Physician shall document compliance by the Patient with all of the aforementioned requirements prior to providing the first take-home dose. (I)

D. The Patient's take-home status shall be reviewed and documented at least on a quarterly basis by the primary Counselor.

E. If a Patient, due to special circumstances, such as illness, personal or family crisis, travel, or other hardship, is unable to conform to the applicable treatment schedule, he or she may be permitted to receive up to a two (2)-week supply of Opioid Treatment Program Medication, based on the clinical judgment of the Opioid Treatment Program Physician. The justification for permitting the adjusted schedule shall be recorded in the Patient's record by the Opioid Treatment Program Physician.

F. One-time or temporary (usually not to exceed three (3) days) take-home Medication shall be approved by the Facility for family or medical emergencies or other exceptional circumstances.

G. A Patient transferring from another Opioid Treatment Program or readmitted after having left the Opioid Treatment Program voluntarily and who has complied with Facility rules and program policies and procedures may be granted an initial take-home schedule that is no greater than that allowed at the time of transfer or voluntary Discharge provided all criteria other than length of treatment are met.

H. A Patient discharged from another Opioid Treatment Program shall only be initially granted take-home privileges from the new admitting Opioid Treatment Program provided the requirements of Section 1209 are met.

I. Take-home Medication shall be labeled with the name of the Opioid Treatment Program, address, telephone number, and packaged in conformance with state and federal regulations.

J. A diversion control plan shall be established to assure quality care while preventing the diversion of Opioid Treatment Program Medication from treatment to illicit use. The plan shall include:

1. Clinical and administrative continuous monitoring;
2. Problem identification, correction and prevention;
3. Accountability to the Patient and community; and
4. Opioid Treatment Program Medication usage and amount accountability.

1209. Opioid Treatment Program Guest-Dosing (II).

A. When a Patient is separated from his or her Opioid Treatment Program for an extended period, and the Patient is in the vicinity of another Licensed Opioid Treatment Program, guest-dosing may occur provided there is: (I)

1. Authorization in writing from the sending Opioid Treatment Program Physician or other Authorized Healthcare Provider; and

2. Information from the sending Opioid Treatment Program to include at least the following: Patient name, identifying information, means of identity verification, dates of guest-dosing, amount of each day's dose, number of take-home doses (if any), urinalysis history, and any other information requested by the authorizing treatment Opioid Treatment Program.

B. Records of guest-dosing shall be maintained at the Opioid Treatment Program providing the guest-dosing.

C. Guest-dose status for a Patient shall not exceed twenty-eight (28) days unless there are special circumstances, and an extension of time is agreed upon by the two (2) Opioid Treatment Programs involved.

D. A Facility desiring to administer guest dosing for Patients from neighboring states in the event of a natural disaster or emergency shall:

1. Request that the Department concur that an emergency situation exists by contacting the Department;

2. Administer the guest-dosing only upon written orders from the Facility's Opioid Treatment Program physician; and

3. Maintain documentation of the physician's rationale for the dosing protocol and information utilized to make the decision.

1210. Security of Medications (I).

A. The areas where Opioid Treatment Program stock Medications are maintained or administered shall be secured. Access to Controlled Substances, which include Opioid Treatment Program Medications, shall be limited to persons licensed or registered to order, administer, or dispense those Medications.

B. Immediately after administering, the remaining contents of the containers shall be purged to prevent the accumulation of residual Opioid Treatment Program Medications. The Opioid Treatment Program shall ensure that take-home Medications bottles are returned to the Opioid Treatment Program. All used containers, as well as take-home bottles given to Patients, shall be made inaccessible to unauthorized individuals. Used containers shall be disposed of by the Opioid Treatment Program.

SECTION 1200

MEAL SERVICE.

SECTION 1300 – MEAL SERVICE

12011301. General (II).

A. All ~~facilities~~Facilities that prepare food on-site shall be approved by the Department, and shall be regulated, inspected, and graded pursuant to R.61-25, Retail Food Establishments. Facilities preparing food on-site, licensed for sixteen (16) beds or more subsequent to the promulgation of ~~these~~this regulations shall have commercial kitchens. Existing ~~facilities~~Facilities with sixteen (16) licensed beds or more may continue to operate with equipment currently in use; however, only commercial kitchen equipment shall be used when replacements are necessary. Those ~~facilities~~Facilities with fifteen (15) beds or less shall be regulated pursuant to R.61-25 with certain exceptions in regard to equipment (may utilize domestic kitchen equipment).

B. When meals are catered to a ~~facility~~Facility, such meals shall be obtained from a food service establishment permitted by the Department, pursuant to R.61-25 and there shall be a written executed contract with the food service establishment on file in the Facility.

C. All food to be served to Patients shall be transported, received, stored, and handled in accordance with R.61-25. Washing and sanitation of all food contact and non-food contact surfaces, equipment, and utensils shall meet the standards required by R.61-25. A handwash lavatory shall be provided in the food service area equipped with liquid soap and a hand drying provision. Hand sanitizers shall not be used in lieu of liquid soap.

~~D.~~ If food is prepared at a central kitchen and delivered to separate ~~facilities~~Facilities or separate buildings and/or floors of the same ~~facility~~Facility, provisions shall be made and approved by the Department for proper maintenance of food temperatures and a sanitary mode of transportation.

~~D~~E. Food shall be prepared by methods that conserve the nutritive value, flavor, and appearance. The food shall be palatable, properly prepared, and sufficient in quantity and quality to meet the daily nutritional

needs of the ~~patients~~Patients in accordance with written dietary policies and procedures. Efforts shall be made to accommodate the religious, cultural, and ethnic preferences of each individual ~~patient~~Patient and consider variations of eating habits, unless the orders of a ~~physician~~Physician or other ~~authorized healthcare provider~~Authorized Healthcare Provider contraindicate.

12021302. Food and Food Storage (II).

~~A. The storage, preparation, serving, transportation of food, and the sources from which food is obtained shall be in accordance with R.61-25. (I)~~

~~B. The use of home canned foods is prohibited. (I)~~

~~C. All food items shall be stored at a minimum of six inches above the floor on clean surfaces, and in such a manner as to be protected from splash and other contamination.~~

~~D. At least a one week supply of staple foods and a two day supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and special or therapeutic diets.~~

~~E. Food stored in the refrigerator/freezer shall be covered, labeled, and dated. Prepared food shall not be stored in the refrigerator for more than 72 hours.~~Residential Facilities shall maintain at least a one (1)-week supply of staple foods and a two (2)-day supply of perishable foods on the premises. Supplies shall be appropriate to meet the requirements of the menu and special diets.

1203. Food Equipment and Utensils (II).

~~The equipment and utensils utilized, and the cleaning, sanitizing, and storage of such shall be in accordance with R.61-25.~~

EXCEPTION: ~~In facilities with five licensed beds or less, in lieu of a three compartment sink, a domestic dishwasher may be used to wash equipment/utensils provided the facility has at least a two compartment sink that will be used to sanitize and adequately air dry equipment/utensils. In facilities with 10 beds or less and licensed prior to May 24, 1991, as a community Residential care facility, in which a two compartment sink serves to wash kitchen equipment/utensils, an additional container of adequate length, width, and depth may be provided to completely immerse all equipment/utensils for final sanitation. Domestic dishwashers may be utilized in facilities licensed with 10 beds or less prior to May 24, 1991, provided they are approved by the Department.~~

12041303. Meals and Services.

~~A. All facilities shall provide dietary services to meet the daily nutritional needs of the clients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. (I)~~

~~B. The dining area shall provide a congenial and relaxed environment. Table service shall be planned in an attractive and colorful manner for each meal and shall include full place setting with napkins, tablecloths~~

~~CA. A~~Residential Facilities shall serve a minimum of three (3) nutritionally-adequate meals, in accordance with Section 1204.A above, in each twenty-four (24)-hour period, shall be provided for each client unless otherwise directed by the client's~~patient's~~physician~~Physician~~ or other ~~authorized healthcare~~

~~provider~~ Authorized Healthcare Provider. Not more than fourteen (14) hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

~~D. Special attention shall be given to preparation and prompt serving in order to maintain correct food temperatures for serving at the table or client room (tray service).~~ (II)

~~E. The same foods shall not be repetitively served during each seven-day period except to honor specific, individual client requests.~~

~~F~~ B. Specific times for serving meals shall be established, documented on a posted menu, and followed.

~~G~~ C. Suitable food and snacks shall be available and offered between meals at no additional cost to the ~~clients~~ Patients. (II)

12051304. Meal Service ~~Workers~~ Personnel for Residential Facilities (II).

A. The health, disease control, and cleanliness of all those engaged in food preparation and serving shall be in accordance with R.61-25.

B. Dietary services shall be organized with established lines of accountability and clearly defined job assignments for those engaged in food preparation and serving. There shall be trained ~~staff/volunteers~~ Staff and/or Volunteers to supervise the preparation and serving of the proper diet to the ~~clients~~ Patients ~~including having sufficient knowledge of food values in order to make appropriate substitutions when necessary.~~ ~~Clients~~ Patients may engage in food preparation in accordance with ~~facility~~ Facility guidelines; however, trained ~~staff/volunteers~~ Staff and/or Volunteers shall supervise.

~~C. Sufficient staff/volunteers shall be available to serve food and to provide individual attention and assistance, as needed.~~

~~D. Approved hair restraints (covering all loose hair) shall be worn by all individuals engaged in the preparation and service of foods.~~

1206. Diets (II).

~~A. If the facility accepts or retains clients in need of medically prescribed special diets, the menus for such diets shall be planned by a professionally qualified dietitian or shall be reviewed and approved by a physician or other authorized healthcare provider. The facility shall provide supervision of the preparation and serving of any special diet, e.g., low sodium, low fat, 1200-calorie, diabetic diet.~~ (I)

~~B. If special diets are required, the necessary equipment for those diets shall be available and utilized.~~

~~C. A diet manual published within the previous five years shall be available and shall address at minimum:~~

- ~~1. Food sources and food quality;~~
- ~~2. Food protection storage, preparation and service;~~
- ~~3. Food worker health and cleanliness;~~

~~4. Recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;~~

~~5. General menu planning;~~

~~6. Menu planning appropriate to special needs, e.g., diabetic, low salt, low cholesterol.~~

12071305. Menus.

A. Menus shall be planned and written at a minimum of one (1) week in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available or posted in one (1) or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing.

B. If the Facility accepts Patients in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally qualified Dietitian, or shall be reviewed and approved by a Physician or other Authorized Healthcare Provider. The Facility shall maintain documentation that each of these menus has been planned by a Dietitian, a Physician, or other Authorized Healthcare Provider. At a minimum, documentation for each Patient's special diet menu shall include the signature of the Dietitian, the Physician, or other Authorized Healthcare Provider, his or her title, and the date he or she signed the menu.

~~BC.~~ Records of menus as served shall be maintained for at least thirty (30) days.

1208. Ice and Drinking Water (II).

~~A. Ice from a water system that is in accordance with R.61-58, shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.~~

~~B. Potable drinking water shall be available and accessible in adequate amounts at all times.~~

~~C. The usage of common cups shall be prohibited.~~

~~D. Ice delivered to client areas in bulk shall be in nonporous, easily cleaned, covered containers.~~

1209. Equipment (II).

~~A. Liquid or powder soap dispensers and sanitary towels shall be available at each food service handwash lavatory.~~

~~B. In facilities of 16 or more licensed beds, separate handwash sinks shall be provided convenient to serving, food preparation, and dishwashing areas.~~

~~C. All walk-in refrigerators and freezers shall be equipped with opening devices which will permit opening of the door from the inside at all times. (I)~~

1210. Refuse Storage and Disposal (II).

~~Refuse storage and disposal shall be in accordance with R.61-25.~~

SECTION 1300

MAINTENANCE.

1301. General (II).

~~A. The structure, including its component parts and equipment, shall be properly maintained to perform the functions for which it is designed.~~

~~B. Noise, dust, and other related client intrusions shall be minimized when construction/renovation activities are underway.~~

~~C. If applicable, a procedure shall be developed for calibrating medication dispensing instruments consistent with manufacturer's recommendations to ensure accurate dosing and tracking.~~

1302. Preventive Maintenance of Emergency Equipment and Supplies (II)

~~Each facility shall develop and implement a written preventive maintenance program for all emergency equipment and supplies including, but not limited to, all patient monitoring equipment, isolated electrical systems, conductive flooring, patient grounding systems, and medical gas systems. Facilities shall check and/or test this equipment at intervals ensuring proper operation and state of good repair. After repairs and/or alterations to any equipment or system, facility shall thoroughly test the equipment or system for proper operation before returning it to service. The facility shall maintain records for each piece of emergency equipment to indicate its history of testing and maintenance.~~

SECTION 1400

INFECTION CONTROL AND ENVIRONMENT.

1401. Staff Practices (I).

~~Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures/practices shall be in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970; the Centers for Disease Control and Prevention (CDC); the Department's Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, and R.61-105; and other applicable federal, state, and local laws and regulations.~~

1402. Tuberculosis Risk Assessment (I)

~~A. All facilities shall conduct an annual tuberculosis risk assessment in accordance with CDC guidelines (See Section 102.B.6) 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 Patients and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, e.g., health care organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, patient population, job type, or location within the setting may have separate risk classifications.~~

1403. Staff Tuberculosis Screening (I)

~~A. Tuberculosis Status. Prior to date of hire or initial Patient 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 Patients) 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.~~

~~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 Patients) 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, 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.

1404. Client Tuberculosis Screening (I)

A. Client Tuberculosis Screening Procedures.

1. Clients in 24-hour facilities shall have evidence of a two-step tuberculin skin test. If the client in a 24-hour facility has a documented negative tuberculin skin test (at least single-step) within the previous twelve (12) months, the client shall have only one (1) tuberculin skin test to establish a baseline status.

2. Clients in 24-hour facilities shall have at least the first step within thirty (30) days prior to admission and no later than forty-eight (48) hours after admission pursuant to the physical examination as specified in Section 1001.

3. Clients in the narcotic treatment program shall have a single-step test within one (1) month prior to admission and no later than ten (10) days after admission as specified in Section 2808.

B. Clients with Positive Tuberculosis Results.

1. Clients 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). Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These clients 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. Clients who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room (See Section 101.G), required to undergo evaluation by a physician, and permitted to return to the facility only with approval by the Department's TB Control program.

1405. Housekeeping (II)

The facility and its grounds shall be neat, clean, and free of safety impediments, vermin, and offensive odors.

A. Interior housekeeping shall at a minimum include:

1. Cleaning each specific area of the facility;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area, appropriate to the area and the equipment's purpose or use.

~~3. Safe storage of harmful chemicals (as indicated on the product label), cleaning materials and supplies in well-lighted closets/rooms, inaccessible to clients. In 24-hour facilities only, when all clients have been authorized permission by a physician, authorized healthcare provider, or certified/licensed counselor to handle cleaning products, and housekeeping chores are part of the therapeutic program, cleaning agents may then be stored in an unsecured fashion.~~

~~B. Exterior housekeeping shall at a minimum include:~~

~~1. General cleaning of all exterior areas, e.g., porches and ramps, and removal of safety impediments such as water, snow, and ice;~~

~~2. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin;~~

1406. Infectious Waste (I)

~~Accumulated waste, including all contaminated sharps, dressings, pathological, and/or similar infectious waste, shall be disposed of in a manner compliant with the Department's SC Guidelines For Prevention and Control of Antibiotic Resistant Organisms in Health Care Settings, R.61-105, and OSHA Bloodborne Pathogens Standard.~~

1407. Pets (II)

~~A. Healthy animals that are free of fleas, ticks, and intestinal parasites, and have been examined by a veterinarian prior to entering the facility, have received required inoculations, if applicable, and that present no apparent threat to the health, safety, and well-being of the clients, shall be permitted in the facility, provided they are sufficiently fed, and cared for, and that the pets and their housing/food containers are kept clean.~~

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

~~C. Pets shall not be allowed in the kitchen area. Pets will be permitted in client dining/activities areas only during times when food is not being served. If the dining/activities 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.~~

1408. Clean/Soiled Linen and Clothing (II)

~~A. Clean Linen/Clothing. A supply of clean, sanitary linen/clothing shall be available at all times. Clean linen/clothing shall be stored and transported in an enclosed/covered sanitary manner. Linen/Clothing storage rooms shall be used only for the storage of linen/clothing. Clean linen/clothing shall be separated from storage of other purposes. Enclosing/Covering may be accomplished by utilizing materials such as cloth, plastic, or canvas cover, in order to prevent the contamination of clean linen/clothing by dust or other airborne particles or organisms.~~

~~B. Soiled Linen/Clothing.~~

~~1. Soiled linen/clothing shall neither be sorted nor rinsed outside of the laundry service area.~~

~~2. Provisions shall be made for collecting, transporting, and storing soiled linen/clothing.~~

~~3. Soiled linen/clothing shall be kept in enclosed/covered containers.~~

~~4. Laundry operations shall not be conducted in client rooms, dining rooms, or in locations where food is prepared, served, or stored. Freezers/refrigerators may be stored in laundry areas, provided sanitary conditions are maintained.~~

SECTION 1500

EMERGENCY PROCEDURES/DISASTER PREPAREDNESS.

SECTION 1400 – EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS

1501. General (II).

~~With the exception of outpatient facilities and NTP's, at the time of admission, a plan for routine and emergency medical care shall be written into the client record. This shall include the name of physician or other authorized healthcare provider, and provisions for emergency medical care, to include plan for obtaining medications. In social detoxification facilities, there shall be a transfer agreement with local providers for emergency medical and psychiatric services as needed.~~

15021401. Disaster Preparedness (II).

~~A. All facilities~~Residential Facilities shall develop a suitable~~shall develop, by contact and consultation with their county emergency preparedness agency, a written plan for actions to be taken in the event of a disaster and implement the written plan for actions at the time of need. All 24-hour facilities shall develop this plan in coordination with their county emergency preparedness agency.~~ Prior to initial licensing of a facility~~Facility~~ by the Department, the completed plan shall be submitted to the Department for review. Additionally, ~~in instances when there are applications for increases in licensed bed capacity, the emergency/disaster plan shall be updated appropriately to reflect the proposed new total bed capacity. At the time of each License renewal, a completed form prescribed and furnished by the Department addressing specific components of the plan shall be included with each application submitted to the Department. All staff/volunteers~~Staff and Volunteers shall be made familiar with this plan and instructed as to any required actions. ~~A copy of the plan shall be available for inspection by the Patient and/or responsible party and the Department upon request. The plan shall be reviewed and updated Annually, and as appropriate. The Facility shall conduct and document a rehearsal of the emergency and disaster evacuation plan at least Annually and shall not require Patient participation.~~

~~B. The disaster plan for 24-hour facilities~~Residential Facilities shall include, but not be limited to:

1. A sheltering plan to include:

a. The licensed bed capacity and average occupancy rate;

b. Name, address, and phone number of the sheltering facility(ies) to which the ~~clients~~Patients will be relocated during a disaster; and

c. A letter of agreement signed by an authorized representative of each sheltering facility ~~which that~~ shall include: the number of relocated ~~clients~~Patients that can be accommodated; sleeping, feeding, and medication plans for the relocated ~~clients~~Patients; and provisions for accommodating relocated staff. The letter shall be updated annually with the sheltering facility and whenever significant changes occur. For those facilities located in Beaufort, Berkeley, Charleston, Colleton, Dorchester, Horry, Jasper, and

Georgetown counties, at least one (1) sheltering facility must be located in a county other than these counties.

2. A transportation plan to include agreements with entities for relocating ~~clients~~Patients ~~which~~that addresses:

- a. The number and type of vehicles required;
- b. How and when the vehicles are to be obtained;
- c. Who (by name or organization) will provide drivers;
- d. Procedures for providing appropriate medical support during relocation;
- e. The estimated time to accomplish the relocation; and
- f. The primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated ~~clients~~Patients to include:

- a. How care will be provided to the relocated ~~clients~~Patients including the number and type of ~~staff~~Staff;
- b. Plans for relocating ~~staff~~Staff or assuring transportation to the sheltering facility; and
- c. Co-signed statement by an authorized representative of the sheltering facility if staffing will be provided by the sheltering facility.

4. A written, signed, and dated statement from the county emergency preparedness agency verifying the Facility's plan was developed and reviewed through contact and consultation with the county emergency preparedness agency.

C. During any emergent event, the Facility shall provide data, Facility and evacuation status, and other requested information as determined by the Department, and at a frequency as determined by the Department.

D. Evacuation is a temporary measure in order to evacuate Patients from potentially hazardous and/or harmful circumstances and shall not exceed seven (7) calendar days. In the event evacuated Patients are unable to return to the Facility within seven (7) days due to damage to the Facility or its components, the lack of electricity and/or water, or other similar reasons, the Facility shall endeavor to assess each Patient's current condition and identify each Patient's current needs and preferences. Based on the resources available, the Facility shall implement each Patient's Discharge plan. For Patients needing assistance or support following Discharge, the Facility shall coordinate the transfer of the Patients to their responsible parties or to appropriately licensed Facilities capable of meeting the Patients' needs. Prior to the seventh (7th) day, if the Facility determines an extension of time is needed, the Facility may request approval from the Department.

C. A plan for the evacuation of ~~clients~~ staff and visitors, in case of fire or other emergency, shall be posted in conspicuous public areas throughout the facility and copy of the plan shall be provided to each ~~client~~ upon admission.

1402. Licensed Capacity During an Emergency (II).

A. In the event that the Facility temporarily provides shelter for evacuees who have been displaced due to a disaster, then for the duration of that emergency, provided the health, safety, and well-being of any Patient is not compromised, it is permissible to temporarily exceed the licensed capacity for the Facility in order to accommodate these individuals.

B. A Facility desiring to temporarily admit Patients in excess of its licensed bed capacity due to an emergency shall:

1. Request that the Department concur that an emergency situation exists by contacting the Department;

2. Determine the maximum number of Patients to be temporarily admitted;

3. Establish an anticipated date for Discharge of the temporary Patients;

4. Outline how and where the temporary Patients will be housed; and

5. Contact the county emergency preparedness agency to advise them of additional Patients.

B. The Facility shall not require the Patients temporarily admitted during the emergency situation to undergo tuberculin screening or submit to an admission history and physical examination.

C. The Facility shall notify the Department when the Patient census has returned to, or moves below, normal bed capacity by Discharge or transfer to licensed beds.

D. If the event occurs after normal business hours, the Facility shall contact the Department promptly during the next business day.

E. The Facility shall resolve in advance all other issues related to the temporary Patients (for example, Staff, Physician orders, additional food, and handling of Medications) by memorandum of agreements, internal policies and procedures, and emergency planning documents

15031403. Emergency Call Numbers (II).

Emergency call data shall be posted in a conspicuous place and shall include at least the telephone numbers of fire and police departments, an ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of the ~~staff~~ Staff to be notified in case of emergency, and the ~~physician~~ Physician or other ~~authorized healthcare provider~~ Authorized Healthcare Provider on-call.

15041404. Continuity of Essential Services (II).

There shall be a written plan to be implemented to assure the continuation of essential ~~client~~ Patient supportive services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes.

SECTION 1600

FIRE PREVENTION.

SECTION 1500 – FIRE PREVENTION

16011501. Arrangements for Fire Department Response (I).

A. Each ~~facility~~ Facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire.

B. Facilities located outside of a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be kept on file in the ~~facility~~ Facility and a copy shall be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department.

16021502. Fire Response Training (I).

A. Each ~~staff member/volunteer~~ Staff member and Volunteer shall receive training within ~~one week of hiring, and at a frequency determined by~~ twenty-four (24) hours of his or her first day of employment in the ~~facility~~ Facility, ~~but~~ and at least ~~annually~~ Annually thereafter, addressing at a minimum, the following:

~~A1. Fire~~ The Facility fire plan to ~~include~~ including evacuation routes and procedures, ~~and the training of staff;~~

~~B2.~~ Reporting a fire;

~~C3.~~ Use of the fire alarm system, if applicable;

~~D4.~~ Location and use of fire-fighting equipment;

~~E5.~~ Methods of fire containment; and

~~F6.~~ Specific responsibilities, tasks, or duties of each individual.

B. Documentation of the fire response training shall be signed and dated by both the individual providing the training and the individual receiving the training, and maintained in the individual's Staff record.

16031503. Fire Drills (I).

A. A plan for the evacuation of Patients, Staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the Facility.

AB. Clients/Patients shall be made familiar with the fire plan and evacuation plan upon admission. The Facility shall maintain documentation of the review of the fire plan and evacuation plan with the Patient in the Patient's record.

~~B. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member/volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff/volunteers and number of clients directly involved in responding to the drill.~~

C. All Patients capable of assisting in their own evacuation shall be trained in the proper actions to take in the event of a fire.

D. For Residential Facilities only:

1. Unless otherwise mandated by statute or regulation, an unannounced fire drill shall be conducted at least quarterly for all shifts. Each Staff member and Volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the Facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of Staff and Volunteers and number of Patients directly involved in responding to the drill.

2. All Patients at the time of the fire drill shall participate in the drill. In instances when a Patient refuses to participate in a drill, efforts shall be made to encourage participation, e.g., counseling, implementation of incentives rewarding patients for participation, specific Staff-to-Patient and Volunteer-to-Patient assignments to promote Patient participation. Continued refusal may necessitate implementation of the Discharge planning process to place the Patient in a setting more appropriate to their needs and abilities.

SECTION 1600 – MAINTENANCE

1601. General (II).

A. The Facility shall keep all equipment and building components (for example, 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 the Facility. (II)

B. If applicable, a documented and implemented procedure shall be developed for calibrating Medication-dispensing instruments consistent with manufacturer's recommendations to ensure accurate dosing and tracking.

1602. Preventive Maintenance of Emergency Equipment and Supplies (II).

Each Facility shall develop and implement a written preventive maintenance program for all fire alarm, electrical, mechanical, plumbing, fire protection systems and for all equipment and supplies including, but not limited to, all Patient monitoring equipment, isolated electrical systems, conductive flooring, Patient grounding systems, and medical gas systems. Facilities shall check and/or test this equipment at intervals ensuring proper operation and state of good repair. After repairs and/or alterations to any equipment or system, the Facility shall thoroughly test the equipment or system for proper operation before returning it to service. The Facility shall maintain records for each piece of emergency equipment to indicate its history of testing and maintenance.

SECTION 1700 – INFECTION CONTROL AND ENVIRONMENT

1701. Staff Practices.

Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for proper disposal of toxic and hazardous substances. These preventive measures and/or practices shall be in compliance with applicable guidelines of Bloodborne Pathogens Standard of the Occupational Safety and Health Act of 1970; the Centers for Disease Control and Prevention and R.61-105, Infectious Waste Management; and other applicable federal, state, and local laws and regulations.

1702. Tuberculosis Risk Assessment and Screening (I).

A. Tuberculosis Testing. The Facility may utilize either Tuberculin skin testing or Blood Assay for Mycobacterium tuberculosis (“BAMT”) for detecting Mycobacterium tuberculosis infection:

1. Tuberculin skin testing. A small dose (0.1 mil) of purified protein derivative (PPD) tuberculin is injected just beneath the surface of the skin (by the intradermal Mantoux method), and the area is examined for induration (hard, dense, raised area at the site of the TST administration) forty-eight to seventy-two (48 to 72) hours after the injection (but positive reactions can still be measurable up to a week after administering the TST). The size of the indurated area is measured with a millimeter ruler and the reading is recorded in millimeters, including zero (0) millimeters to represent no induration. Redness and/or erythema is insignificant and is not measured or recorded. Authorized Healthcare Providers are permitted to perform tuberculin skin testing and symptom screening.

2. Blood Assay for Mycobacterium tuberculosis (“BAMT”). A general term to refer to in vitro diagnostic tests that assess for the presence of tuberculosis (“TB”) infection with Mycobacterium tuberculosis. This term includes, but is not limited to, IFN- γ release assays (“IGRA”).

B. The Facility shall conduct an annual tuberculosis risk assessment in accordance with the Centers for Disease Control guidelines to guide the Facility’s infection control policies and procedures related to the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

C. Baseline Status.

1. The Facility shall determine the baseline status of all staff according to current Centers for Disease Control and Departmental Tuberculosis guidelines.

2. Tuberculosis Screening. All staff within three (3) months prior to Patient contact shall have a baseline two-step Tuberculin Skin Test (“TST”) or a single Blood Assay for Mycobacterium tuberculosis (“BAMT”). If a newly employed staff or volunteer 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 and read to serve as the baseline prior to Patient contact.

D. Post Exposure. After known exposure to a person with potentially infectious tuberculosis disease without use of adequate personal protection, the tuberculosis status of all staff shall be determined in a manner prescribed in the Centers for Disease Control and Department’s most current tuberculosis guidelines.

E. Annual Tuberculosis Training. All staff shall receive annual training regarding tuberculosis to include risk factors and signs and symptoms of tuberculosis disease. The annual tuberculosis training shall be documented in a staff record and maintained at the Facility.

F. Serial Screening. The Facility shall follow the Centers for Disease Control and Department’s most current tuberculosis guidelines related to serial screening.

1703. Tuberculosis Screening for Patients (I).

A. At baseline, Patients in Residential Facilities shall have evidence of a two-step tuberculin skin test or single Blood Assay for Mycobacterium tuberculosis. If the Patient in a Residential Facility has a documented negative tuberculin skin test (at least single-step) within the previous twelve (12) months, the Patient shall have only one (1) tuberculin skin test or single Blood Assay for Mycobacterium tuberculosis to establish a baseline status.

B. Patients in Residential Facilities shall have at least the first step within thirty (30) days prior to admission and no later than forty-eight (48) hours after admission.

C. Patients in the Opioid Treatment Program shall receive the first step of the two-step tuberculin test within seventy-two (72) hours of admission to the Facility. The second step of the two-step tuberculin skin test must be administered within the next seven to fourteen (7 to 14) days.

D. Patients with Positive Tuberculosis Results.

1. Patients with a baseline positive or newly positive test result for Mycobacterium tuberculosis infection (i.e., tuberculosis skin test or Blood Assay for Mycobacterium Tuberculosis) or documentation of treatment for latent tuberculosis infection, tuberculosis disease or signs or symptoms of tuberculosis, e.g., cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude tuberculosis disease (or evaluate an interpretable copy taken within the previous three (3) months). Routine repeat chest radiographs are not required unless symptoms or signs of TB tuberculosis disease develop or unless recommended by a Physician. These Patients will be evaluated for the need for treatment of TB tuberculosis disease or latent tuberculosis infection and will be encouraged to follow the recommendations made by a Physician with tuberculosis expertise (i.e., the Department's Tuberculosis Control program).

2. Patients who are known or suspected to have tuberculosis disease shall be transferred from the Facility if the Facility does not have an Airborne Infection Isolation room, required to undergo evaluation by a Physician, and permitted to return to the Facility only with approval by the Department's Tuberculosis Control program.

1704. Housekeeping (II).

The Facility and its grounds shall be neat, clean, free of vermin, and free of offensive odors.

A. Interior housekeeping shall at a minimum include:

1. Cleaning each specific area of the Facility;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area, appropriate to the area and the equipment's purpose or use;

3. Chemicals indicated as harmful on the product label, cleaning materials and supplies shall be in locked storage areas and inaccessible to Patients; and

4. During use of chemicals indicated as harmful on the product label, cleaning materials and supplies shall be in direct possession of the Staff member and monitored at all times.

B. Exterior housekeeping shall at a minimum include:

1. Cleaning of all exterior areas, such as porches and ramps, and removal of safety impediments such as water, snow, and ice; and

2. Keeping Facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.

1705. Infectious Waste (I).

Accumulated waste, including all contaminated sharps, dressings, pathological, and/or similar infectious waste, shall be disposed of in a manner compliant with R.61-105, Infectious Waste Management, and the OSHA Bloodborne Pathogens Standard.

1706. Pets (II).

A. Healthy animals that are free of fleas, ticks, and intestinal parasites, and have been examined by a veterinarian prior to entering the Facility, have received required inoculations, if applicable, and that present no apparent threat to the health, safety, and well-being of the Patients, shall be permitted in the Facility, provided they are sufficiently fed, and cared for, and that the pets and their housing and food containers are kept clean.

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

C. Pets shall not be allowed in the kitchen area. Pets shall be permitted in Patient dining and activities areas only during times when food is not being served. If the dining and activities 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.

1707. Clean and Soiled Linen and Clothing for Residential Facilities (II).

A. Clean Linen and Clothing.

1. A supply of clean, sanitary linen and clothing shall be available at all times;

2. In order to prevent the contamination of clean linen and clothing by dust or other airborne particles or organisms, clean linen and clothing shall be stored and transported in a sanitary manner, for example, enclosed and covered; and

3. Clean linen and clothing shall be separated from storage for other purposes.

B. Soiled Linen and Clothing.

1. Soiled linen and clothing shall not be sorted, rinsed, or washed outside of the laundry service area;

2. Provisions shall be made for collecting, transporting, and storing soiled linen and clothing;

3. Soiled linen and clothing shall be kept in enclosed, covered, and leak proof containers; and

4. Laundry operations shall not be conducted in Patient rooms, dining rooms, or in locations where food is prepared, served, or stored. Patients may sort, rinse, and handwash their own soiled, delicate, personal items, e.g., pantyhose, underwear, socks, handkerchiefs, clothing, accessories, heirloom linens, needlepoint, crocheted, or knitted pillows or pillowcases, or other similar items personally owned and cared for by, in a private bathroom or sink, provided the practice does not create a safety hazard, e.g. water on the floor.

SECTION 1700

QUALITY IMPROVEMENT PROGRAM

SECTION 1800 – QUALITY IMPROVEMENT PROGRAM (II)

1701. General (II).

A. ~~There~~ Facilities shall ~~be maintain~~ a written, implemented ~~quality improvement program~~ Quality Improvement Program that provides effective self-assessment and implementation of changes designed to improve the treatment/care/services provided by the ~~facility~~ Facility.

B. The ~~quality improvement program~~ Quality Improvement Program, ~~as~~ at a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;

2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;

3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;

4. Establish ways to measure the quality of ~~client~~ Patient care and ~~staff~~ Staff performance, as well as the degree to which the policies and procedures are followed;

5. Analyze the appropriateness of ~~ITP's~~ Individual Plans of Care and the necessity of treatment/care/services rendered;

6. Analyze the effectiveness of the fire plan;

7. Analyze all incidents and accidents to include ~~client~~ Patient deaths;

8. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the ~~clients~~ Patients; and

9. Establish a systematic method of obtaining feedback from ~~clients~~ Patients and other interested persons, e.g., family members and peer organizations, as expressed by the level of satisfaction with treatment/care/services received.

SECTION 1800

DESIGN AND CONSTRUCTION.

SECTION 1900 – DESIGN AND CONSTRUCTION

18011901. Codes and Standards.

~~The design and construction specifications for Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence shall conform to the most current nationally accepted standards for facility design set forth in the International Building Code (IBC); International Fire Codes (IFC); International Plumbing Codes (IPC); International Mechanical Codes (IMC); National Fire Protection Association (NFPA) codes NFPA 10 – Standard for Portable Fire Extinguishers, NFPA 11 – Standard for Low, Medium, and High Expansion Foam, NFPA 12 – Standard on Carbon Dioxide Extinguishing Systems, NFPA 12A – Standard on Halon 1301 Fire Extinguishing Systems, NFPA 13 – Standard for the Installation of Sprinkler Systems, NFPA 13R – Standard for the Installation of Sprinkler Systems in Low-Rise Residential Occupancies, NFPA 14 – Standard for the Installation of Standpipe and Hose Systems, NFPA 15 – Standard~~

~~for Water Spray Fixed Systems for Fire Protection, NFPA 16—Standard for the Installation of Foam-Water Sprinkler and Foam-Water Spray Systems, NFPA 17—Standard for Dry Chemical Extinguishing Systems, NFPA 17A—Standard for Wet Chemical Extinguishing Systems, NFPA 18—Standard on Wetting Agents, NFPA 20—Standard for the Installation of Stationary Pumps for Fire Protection, NFPA 22—Standard for Water Tanks for Private Fire Protection, NFPA 24—Standard for the Installation of Private Fire Service Mains and Their Appurtenances, NFPA 25—Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, NFPA 30—Flammable and Combustible Liquids Code, NFPA 30A—Code for Motor Fuel Dispensing Facilities and Repair Garages, NFPA 52—Vehicular Gaseous Fuel Systems Code, NFPA 54—National Fuel Gas Code, NFPA 58—Liquefied Petroleum Gas Code, NFPA 59—Utility LP Gas Plant Code, NFPA 70—National Electrical Code®, NFPA 72—National Fire Alarm and Signaling Code, NFPA 96—Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, NFPA 99—Health Care Facilities Code, NFPA 101—Life Safety Code®, and NFPA 110—Standard for Emergency and Standby Power Systems; International Code Council (ICC) American National Standards I (ANSI) A117.1—Accessibility Codes; the Guidelines for Design and Construction of Health Care Facilities as published by the Facility Guidelines Institute (FGI); and International Existing Building Code (IEBC)~~All Facilities shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each Patient. Facility design shall be such that all Patients have access to required services.

18021902. Local and State Codes and Standards (II).

~~A. Buildings~~Facilities shall comply with pertinent provisions local and state laws, codes, ordinances and standards with reference to design and construction of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the type of Facility. No facilityFacility shall be licensed unless the Department has assurance that responsible local zoning and building officials (zoning and building) have approved the facilityFacility for code compliance.

~~B. Buildings designed in accordance with the above mentioned codes will be acceptable to the Department provided the requirements set forth in this regulation are also met.~~

B., All Facilities shall meet the construction codes and regulations for the building and its essential equipment and systems in effect at the time the License was issued unless specifically required otherwise in writing by the Department.

C. Facilities shall ensure all additions, alterations, or renovations meet the codes, regulations, and requirements in effect at the time of the plan's approval.

E. Any Facility that closes or has its License revoked and for which application for licensure is made at the same site shall be considered a new building and shall meet the current codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of application for licensing.

1803. Construction/Systems (II).

~~A. All buildings, new and existing, being licensed for the first time, or changing their license to provide a different service, shall meet the current codes and regulations.~~

~~B. Unless specifically required otherwise in writing by the Department's Division of Health Facilities Construction (DHFC), all existing facilities licensed by the Department shall meet the construction codes and regulations for the building and its essential equipment and systems in effect at the time the license was issued. Except for proposed facilities that have received a current and valid written approval to begin~~

~~construction, current construction codes, regulations, and requirements shall apply to those facilities licensed after the date of promulgation of these regulations.~~

~~C. Any additions or renovations to an existing licensed facility shall meet the codes, regulations, and requirements for the building and its essential equipment and systems in effect at the time of the addition or renovation. When the cost of additions or renovations to the building exceeds 50% of the then market value of the existing building and its essential equipment and systems, the building shall meet the then current codes, regulations, and requirements.~~

~~D. Buildings under construction at the time of the promulgation of these regulations shall meet the codes, regulations, and requirements in effect at the time of the plans approval.~~

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

18041903. Submission of Plans and Specifications (II).

A. Prior to construction for new buildings, additions, major alterations or replacement to existing buildings, when a building is licensed for the first time, when a building changes ~~license~~License type, or a ~~facility~~Facility increases occupant load/licensed capacity, plans and specifications shall be submitted to the Department for review, unless otherwise agreed to with the Department. Final plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina and shall bear their seals and signatures. Architectural plans shall also bear the seal of a South Carolina registered architectural corporation. These submissions shall be made in at least three (3) stages: schematic, design development, and final. 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 construction plan approval has been received from the Department. During construction the owner and/or Licensee shall employ a registered architect and/or engineer for supervision and ~~inspections~~Inspections. ~~The Department shall conduct periodic inspections throughout each project.~~

~~B. When alterations are contemplated that are new construction, or projects with changes to the physical plant of a licensed facility which has an effect on: the function, use or accessibility of an area; structural integrity; active and passive fire safety systems (including kitchen equipment such as exhaust hoods or equipment required to be under the said hood); door, wall and ceiling system assemblies; exit corridors; which increase the occupant load/licensed capacity; and projects pertaining to any life safety systems; preliminary drawings and specifications, accompanied by a narrative (submitted on the Project Information Form, DHEC form 0275) completely describing the proposed work, shall be submitted to the Department. The Facility shall submit plans and specifications to the Department for review and approval for projects that have 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;
5. Doors;

- 6. Walls;
- 7. Ceiling system assemblies;
- 8. Exit corridors;
- 9. Life safety systems; or
- 10. That increase the occupant load or capacity of the Facility.

C. 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~~ Facility, and made available to the Department.

D. 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.

~~1805~~1904. Construction Inspections.

Construction work that violates applicable codes or standards shall be brought into compliance. All projects shall obtain all required permits from the locality having jurisdiction. ~~The Department will not commence inspection unless the construction has proper permitting.~~ Construction without a proper permit shall not be inspected by the Department.

SECTION 1900

GENERAL CONSTRUCTION REQUIREMENTS.

~~1901. Fire Resistive Rating (I)~~

~~The fire resistive ratings for the various structural components shall comply with the applicable code(s) in Section 1800. Fire resistive ratings of various materials and assemblies not specifically listed in the codes can be found in publications of recognized testing agencies such as Underwriters Laboratories – Building Materials List and Underwriters Laboratories – Fire Resistance Directory.~~

~~1902. Curtains and Draperies.~~

~~In bathrooms and client rooms, window treatments shall provide privacy.~~

SECTION 2000

FIRE PROTECTION EQUIPMENT AND SYSTEMS.

SECTION 2000 – FIRE PROTECTION, PREVENTION, AND LIFE SAFETY (I)

~~2001. Fire Alarms (I)~~

A. ~~Each facility~~ Facilities with six (6) or more licensed Residential beds shall have a partial, manual, automatic, supervised fire alarm system. The system shall be arranged The Facility shall arrange the system to transmit an alarm automatically to a third party. The alarm system shall notify by audible and visual

alarm all areas and floors of the building. The alarm system shall shut down central recirculation systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. There must be a fire alarm pull station in or near each nurse or supervised charge station. For Residential Facilities only, all fire, smoke, heat, sprinkler flow, and manual fire alarming devices shall be connected to and activate the main fire alarm system when activated.

C. 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. The fire-resistive ratings for the various structural components shall comply with the applicable code(s) in Section 1900. Fire-resistive ratings of various materials and assemblies not specifically listed in the codes can be found in publications of recognized testing agencies such as Underwriters Laboratories - Building Materials List and Underwriters Laboratories - Fire Resistance Directory.

D. The Facility shall not have single and multi-station smoke alarms.

SECTION 2100 – [RESERVED]

SECTION 2200 – [RESERVED]

SECTION 2300 – [RESERVED]

SECTION 2100

ELECTRICAL

SECTION 2400 – ELECTRICAL

2401. Receptacles (II).

A. Patient Room. Each Patient room shall have duplex grounding type receptacles located to include one (1) at the head of each bed.

B. Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of the ends of corridors.

2402. Ground Fault Protection (I).

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms.

B. The Facility shall provide ground fault circuit-interrupter protection for any receptacles within six (6) feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.

2403. Exit Signs (I).

A. In Facilities licensed for six (6) or more beds, required exits and ways to access thereto shall be identified by electrically-illuminated exit signs.

B. Changes in egress direction shall be marked with exit signs with directional arrows.

C. Exit signs in corridors shall be provided to indicate two (2) directions of exit.

~~2101~~2404. Emergency Electric Service (I).

Emergency electric services shall be provided as follows:

- A. Exit lights, if required;
- B. Exit access corridor lighting;
- C. Illumination of means of egress; and
- D. Fire detection and alarm system, if required.

~~2102~~2405. Emergency Generator Service.

A. Residential ~~Treatment Program~~ Facilities and Narcotic ~~Treatment Program~~ shall have an emergency generator and shall provide certification that construction and installation of emergency generator service complies with requirements of all adopted ~~S~~state, ~~F~~federal, or local codes, ordinances, and regulations.

B. Residential ~~Treatment Program~~ Facilities and Narcotic ~~Treatment Program~~ shall have an emergency generator that provides emergency electrical service during interruption of the normal electrical service and shall be provided to the distribution system as follows:

- 1. Exit lights and exit directional signs;
- 2. Exit access corridor lighting;
- 3. Lighting of means of egress and ~~staff~~Staff work areas;
- 4. Fire detection and alarm systems;
- 5. In ~~patient~~Patient care areas;
- 6. Signal system;
- 7. Equipment necessary for maintaining telephone service;
- 8. Elevator service that will reach every ~~patient~~Patient floor when rooms are located on other than the ground floor;
- 9. Fire pump (if applicable);
- 10. Equipment for heating and cooling ~~patient~~Patient rooms;
- 11. Public restrooms;
- 12. Essential mechanical equipment rooms;
- 13. Battery-operated lighting and a receptacle in the vicinity of the emergency generator;
- 14. Alarm systems, water flow alarm devices, and alarms required for medical gas systems; and

15. Patient records when solely electronically based.

SECTION 2500 – [RESERVED]

SECTION 2200

PHYSICAL PLANT.

SECTION 2600 – PHYSICAL PLANT

22012601. Facility Accommodations/ and Floor Area (II).

A. ~~24-hour Residential Facilities, there shall be provide~~ sufficient living arrangements for ~~everyone~~ all Patients, including residing therein providing for client's quiet reading, study, relaxation, entertainment, or recreation. ~~This shall include bedrooms, bathrooms, living, dining, and recreational areas available for clients' use. Consideration shall be given to the preferences of the clients in determining appropriate homelike touches in the facility client rooms and activity/dining areas.~~

B. ~~Minimum Residential Facilities shall meet minimum~~ square footage requirements ~~shall be~~ as follows:
(II)

1. Twenty (20) square feet per licensed bed of living and recreational areas combined, excluding bedrooms, halls, kitchens, dining rooms, bathrooms, and rooms not available to the ~~clients~~ Patients. In ~~facilities~~ Facilities for mothers/parents with children, there shall be at least twenty (20) square feet per licensed bed and ten (10) square feet per child of living and recreational areas together.

2. Fifteen (15) square feet of floor space in the dining area per licensed bed. In ~~facilities~~ Facilities for mothers/parents with children, dining space shall accommodate fifteen (15) square feet per licensed bed and seven and a half (7.5) square feet per child.

C. ~~All required care/treatment/services furnished at the facility shall be provided in a manner which does not require clients~~ Residential Facilities shall not require Patients to ambulate from one site to another outside the building, ~~nor which impedes clients~~ and shall not impede Patients from ambulating from one site to another due to the presence of physical barriers.

D. ~~There~~ Residential Facilities shall make ~~be~~ accommodations available to meet group needs of ~~clients~~ Patients and their visitors.

E. ~~Methods for Residential Facilities shall ensuring~~ ensure visual and auditory privacy between ~~client~~ Patients and ~~staff/ Staff and volunteers shall be provided as necessary~~ Volunteers.

22022602. Design (I).

~~A facility~~ Facilities shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each ~~client~~ Patient. Facility design shall be such that all ~~clients~~ Patients have access to required services. There shall be two hundred (200) gross square feet per licensed bed in ~~facilities~~ Residential Facilities ten (10) beds or less, and an additional one hundred (100) gross square feet per licensed bed for each licensed bed over ten (10).

22032603. Furnishings/ and Equipment (I).

A. ~~The~~ Facilities shall ensure the physical plant shall be maintained ~~is~~ free of fire hazards ~~or~~ and impediments to fire prevention.

B. ~~No~~ Facilities shall not have any portable electric or unvented fuel heaters ~~shall be permitted~~.

C. ~~Fireplaces~~ Facilities shall ensure that fireplaces and fossil-fuel stoves, e.g., wood burning, shall have partitions, or screens, or other means to prevent burns. Fireplaces shall be Facilities shall ensure that fireplaces are vented to the outside and shall prohibit "unvented"; "Unvented" type gas logs are not allowed. ~~Gas~~ Facilities shall ensure that gas fireplaces shall have a remote gas shutoff within the room ~~and~~ but not inside the fireplace.

22042604. Number and Locations (I) Exits (I).

A. If exit doors and cross-corridor doors are locked, the requirements under Special Locking Arrangements shall be met as applicable to the code listed in Section ~~1801~~ 1900.

B. ~~Halls~~ Facilities shall maintain halls, corridors, and all other means of egress from the building ~~shall be maintained~~ free of obstructions.

C. ~~Those clients that may require physical or verbal assistance to exit the building shall not be located above or below the floor of exit discharge~~ Facilities shall not assign Patients needing physical or verbal assistance to exit the building to rooms located above or below the floor of exit discharge.

D. ~~Each client~~ Facilities shall ensure that each Patient room shall open ~~opens~~ directly to an approved exit access corridor without passage through another occupied space or ~~shall have~~ has an approved exit directly to the outside at grade level and accessible to a public space free of encumbrances. When two ~~(2)~~ client ~~Patient~~ rooms share a common "sitting" area, the "sitting" area shall ~~that~~ opens onto the exit access corridor.

22052605. Water Supply/and Hygiene (II).

~~Client~~ Facilities shall ensure that Patient and staff ~~Staff~~ hand-washing lavatories, and ~~client~~ Patient showers/and tubs ~~shall be~~ are supplied with hot and cold water at all times.

22062606. Temperature Control (I).

A. Facilities shall ensure that plumbing fixtures accessible to Patients and requiring hot water to have a water supply that is thermostatically controlled to a temperature of at least one hundred (100) degrees ~~F.~~ Fahrenheit and not to exceed one hundred and twenty (120) degrees ~~F.~~ Fahrenheit at the fixture.

B. ~~The water heater or combination of heaters shall be sized to~~ Residential Facilities shall ensure that water heaters provide at least six (6) gallons of water per hour per bed at the above temperature range. (II)

C. Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at one hundred and twenty (120) degrees ~~F.~~ Fahrenheit provided all kitchen equipment/utensils are chemically sanitized. For those ~~facilities~~ Facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment/and utensil washing sink shall be capable of maintaining the water at a temperature of at least ~~180~~ one hundred and seventy one (171) degrees ~~F.~~ Fahrenheit.

D. Hot water provided for washing linen/and clothing shall not be less than one hundred and sixty (160) degrees ~~F.~~ Fahrenheit. Should chlorine additives or other chemicals which contribute to the margin of safety

in disinfecting linen/clothing be a part of the washing cycle, the minimum hot water temperature shall not be less than one hundred and ten (110) degrees F-Fahrenheit, provided hot air drying is used. (II)

2607. Cross-connections (I).

Facilities shall ensure that there are no cross-connections in plumbing between safe and potentially unsafe water supplies. Facilities shall ensure water is delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, equipment, and service unless protected against back-siphonage by approved vacuum breakers or other approved back-flow preventers. Facilities shall ensure that all faucets and fixtures which may be attached to a hose have an approved vacuum breaker or other approved back-flow preventer.

22072608. Design and Construction of Wastewater Systems (I).

A. ~~The Residential Facilities shall ensure the wastewater system for commercial kitchens shall be~~ is in accordance with R.61-25, Retail Food Establishments.

B. ~~Liquid waste shall be disposed of~~ Facilities shall dispose of liquid waste in a wastewater system approved by the local authority, e.g., ~~sewage treatment facility~~.

2208. 2609. Electric Wiring (I).

~~Wiring shall be inspected at least annually by~~ Facilities shall ensure that a licensed electrician, registered engineer, or certified building inspector inspects the electric wiring at least annually.

2209. 2610. Panelboards (II).

~~The directory shall be labeled~~ Facilities shall label the panelboard directory to conform to the actual room numbers or designations and shall maintain clear access to the panelboard. Clear access of stored materials shall be maintained to the panel. The panelboard directory shall be labeled to conform to the actual room numbers or designations.

22102611. Lighting.

A. ~~Spaces~~ Facilities shall maintain lighting in spaces occupied by persons, machinery, and equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

B. ~~Adequate~~ Facilities shall provide artificial light shall be provided to include with sufficient illumination for reading, observation, and activities.

C. ~~Client rooms shall have general lighting in all parts of the room, and shall have~~ Residential Facilities shall maintain general lighting in all parts of Patients' rooms, and shall provide at least one (1) light fixture for night lighting in each Patient room. A reading light shall be provided for each client Residential Facilities shall provide a reading light to each Patient.

D. ~~Hallways,~~ Facilities shall maintain lighted hallways, stairs, and all other means of egress shall be lighted at all times.

2211. Ground Fault Protection (I).

A. Ground fault circuit interrupter protection shall be provided for all outside receptacles and bathrooms.

~~B. Ground fault circuit interrupter protection shall be provided for any all receptacles within six feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.~~

~~2212. Exit Signs (I).~~

~~A. In facilities licensed for six or more beds, required exits and ways to access thereto shall be identified by electrically illuminated exit signs bearing the words "Exit" in red letters six inches in height on a white background.~~

~~B. Changes in egress direction shall be marked with exit signs with directional arrows.~~

~~C. Exit signs in corridors shall be provided to indicate two directions of exit.~~

~~2213-2612. Heating, Ventilation, and Air Conditioning (HVAC) (II).~~

~~A. The HVAC Facilities shall ensure that a certified or licensed technician inspects the heating, ventilation, and air conditioning system shall be inspected at least annually once a year by a certified/licensed technician.~~

~~B. The facility Facilities shall maintain a temperature of between seventy-two (72)- and seventy-eight (78)-degrees F. Fahrenheit in client Patient areas.~~

~~C. No HVAC supply or return grill shall be installed within Facilities shall ensure that heating, ventilation, and air conditioning supplies and return grills are installed at least three (3) feet of away from a smoke detector. (I)~~

~~D. Facilities shall ensure that heating, ventilation, and air conditioning grills are not installed in the floors.~~

~~DE. Intake Facilities shall ensure that intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the clients/ staff/ volunteers Facilities shall ensure discharge from the heating, ventilation, and air conditioning system does not irritate Patients, Staff, and Volunteers.~~

~~EF. Each bath/ Facilities shall have operable windows or approved mechanical ventilation in every bathroom and restroom shall have either operable windows or have approved mechanical ventilation.~~

~~G. Facilities shall ensure all kitchen areas are ventilated to prevent excessive heat, steam, condensation, vapors, smoke, and fumes.~~

~~2214-2613. Client Patient Rooms.~~

~~A. Each client room shall be equipped with the following as a minimum for each client Residential Facilities shall provide the following equipment in each Patient room for each Patient:~~

~~1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, pillow and pillowcases; roll-away Roll-away type beds, cots, bunkbeds, and folding beds shall not be used are not permitted. It is permissible Facilities are permitted to remove a client Patient bed and place the mattress on a platform or pallet, or utilize a recliner, provided upon approval by the physician Physician or other~~

~~authorized healthcare provider has approved.~~ Authorized Healthcare Provider and the decision is documented documentation is provided in the I/P Individual Plan of Care. (II)

2. A closet or wardrobe, a bureau consisting of at least three (3) drawers, and a compartmentalized bedside table ~~/ or nightstand~~ to adequately accommodate each ~~client's~~ Patient's personal clothing, belongings, and toilet articles. ~~Built-in storage is permitted.~~ Facilities are permitted to utilize built-in storage.

~~EXCEPTION: In existing facilities, if square footage is limited, clients may share these storage areas; however, specific spaces within these storage areas shall be provided particular to each client.~~

3. A comfortable chair for each ~~client~~ Patient occupying the room. ~~In existing facilities, if~~ the available square footage of the ~~client~~ Patient room will not accommodate a chair for each ~~client~~ Patient or if the provision of multiple chairs impedes ~~client~~ Patient ability to freely and safely move about within their room, Facilities shall provide at least one (1) chair shall be provided, and provisions made to have and make additional chairs available for temporary use in the client's/Patient's room by/for visitors.

B. ~~If hospital-type beds are used, there shall be~~ Facilities that use hospital-type beds shall maintain at least two (2) lockable casters on each bed, located either diagonally or on the same side of the bed.

C. ~~Beds shall not be placed~~ Facilities shall not place beds in corridors, solaria, or other locations not designated as ~~client~~ Patient room areas. (I)

D. ~~No client room shall contain more than~~ Facilities shall ensure Patient rooms have a maximum of three (3) beds. In facilities Facilities with mothers with children, shall ensure Patient rooms have a maximum of one (1) licensed bed and two (2) cribs or beds no client room shall contain more than one (1) licensed bed and two cribs/beds. (II)

E. ~~No client room shall be located~~ Facilities shall not have any Patient rooms in a basement.

F. ~~Access~~ Facilities shall not provide access to a client/Patient room shall not be by way of through another client/Patient room, toilet, bathroom or kitchen.

~~EXCEPTION: Access through the kitchen is permissible in facilities with five beds or less.~~

G. Facilities shall provide bed pans, urinals, hot water bottles, and any other equipment necessary to meet Patient needs. Such equipment as bed pans, urinals, and hot water bottles as necessary to meet client needs shall be provided. Portable commodes shall be permitted. Facilities are permitted to have portable toilets in client/Patient rooms only at night or in case of temporary illness, and shall keep them stored at all other times. At all other times, they shall be suitably stored. Facilities are permitted to permanently position a portable toilet at a Patient's bedside if the toilet is sanitary and the Patient room is private and of a sufficient size. Permanent positioning of a portable toilet at bedside shall only be permitted if the room is private, the commode is maintained in a sanitary condition, and the room is of sufficient size to accommodate the commode. (II)

H. ~~Side rails may be utilized~~ Facilities are permitted to utilize side rails when required for safety and when ordered by a ~~p~~ Physician or other a Authorized h Healthcare p Provider. (II)

I. ~~In semi-private rooms,~~ Facilities shall ensure privacy when personal care is being given to a Patient in a semi-private room, arrangements shall be made to ensure privacy, e.g., portable partitions or cubicle curtains when needed or requested by a client.

J. ~~Consideration shall be given to client~~ Facilities shall consider Patient compatibility in the assignment of rooms for which there is multiple occupancy.

K. ~~At~~ Facilities shall have at least one (1) private room shall be available in the facility Facility in order to provide assistance in addressing client Patient compatibility issues, client Patient preferences, and accommodations for clients Patients with communicable disease.

2215.2614. Client/Patient Room Floor Area.

A. Except for ~~facilities~~ Residential Facilities of five (5) beds or less, each client Patient room is considered a tenant space and shall be enclosed by one (1)-hour fire-resistive construction with a twenty (20)-minute fire-rated door, opening onto an exit access corridor. (I)

B. Each client Patient room shall be an outside room with an outside window or door for exit in case of emergency. This window or door may not open onto a common screened porch. (I)

C. The client Patient room floor area is a usable or net area and does not include wardrobes (built-in or freestanding), closets, or the entry alcove to the room. The following allowance of floor space shall be as a minimum: (II)

1. Rooms for only one (1) client Patient: one hundred (100) square feet;

2. Rooms for more than one (1) client Patient: eighty (80) square feet per client Patient.

3. In ~~facilities~~ Facilities for mothers with children, rooms for client Patient and child: eighty (80) square feet per licensed bed and forty (40) square feet per child with a maximum of two (2) children per client Patient. When a bed is required in lieu of a crib for a child, the square footage shall be fifty (50) square feet per child.

D. ~~There shall be~~ Facilities shall maintain at least three (3) feet between beds. (II)

22162615. Bathrooms/ and Restrooms (II).

A. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

B. An adequate supply of toilet tissue shall be maintained in each bathroom.

~~C. In bath/restrooms not designed for the disabled, the restroom floor area shall not be less than 15 square feet.~~

~~DC.~~ There shall be at least one (1) handwash lavatory ~~in or adjacent to each bathroom/restroom~~ toilet. Liquid soap shall be provided in public restrooms and bathrooms used by more than one (1) Patient. Communal use of bar soap is prohibited, and a sanitary individualized method of drying hands shall be available at each lavatory.

~~ED.~~ Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered. The Facility shall ensure receptacles are non-combustible or fire resistant as required by building codes reference in Section 1900.

~~F. The number of bathrooms/restrooms for the disabled shall be provided whether any of the clients are classified as disabled or not in accordance with the applicable code in Section 1800.~~

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

HF. There shall be a mirror above each bathroom lavatory for ~~clients~~^{Patients}' grooming.

IG. In ~~24 Hour Residential~~ Facilities:

1. ~~Toilets shall be provided in ample number~~ Facilities shall provide an ample number of toilets to serve the needs of the ~~clients~~^{Patients} and ~~staff/volunteers~~^{Staff members, Volunteers, and the public}. ~~The minimum number shall be~~ Facilities shall provide ~~Patients~~ with a minimum of one (1) toilet for each six (6) licensed beds or fraction thereof.

2. All bathtubs, toilets, and showers used by ~~clients~~^{Patients} shall have approved grab bars securely fastened in a usable fashion.

3. There shall be one (1) bathtub or shower for each eight (8) ~~licensed~~ beds or fraction thereof.

4. ~~Separate bathroom facilities shall be provided for live-in staff/volunteers and/or family. Where there is no live-in staff/volunteers, separate toilet facilities shall be provided for staff/volunteers in facilities with 11 or more beds.~~ Separate bathrooms shall be provided for Staff members, Volunteers, and the public.

5. Toilet facilities shall be ~~conveniently located~~ at or adjacent to the kitchen for kitchen employees. ~~The doors of all toilet facilities located in the kitchen shall be self-closing.~~

6. ~~Bath~~ Soap, bath towels, and washcloths shall be provided to ~~the clients~~ each Patient as needed. Bath linens assigned to specific ~~clients~~^{Patients} may not be stored in centrally-located bathrooms. Provisions shall be made for each ~~client~~^{Patient} to properly keep their bath linens in his/her/their room, i.e. such as, on a towel hook/~~bar~~ or bar designated for each ~~client~~^{Patient} occupying that room, or bath linens to meet ~~client~~^{Patient} needs shall be distributed as needed, and collected after use and stored properly, per Section ~~14081707~~.

H. Facilities shall have bathrooms and restrooms equipped for handicapped persons as required by building codes referenced in Section 1900.

~~**EXCEPTION:** Bath linens assigned to specific clients for immediate use may be stored in the bathroom provided the bathroom serves a single occupancy (one-client) room, or is shared by occupants of adjoining rooms, for a maximum of six clients. A method that distinguishes linen assignment and discourages common usage shall be implemented.~~

2217. Seclusion Room (II):

A. A room used for seclusion shall have at least sixty (60) square feet of floor space and be free of safety hazards, and appropriately lighted. All areas of the room shall be clearly visible from the outside.

B. There shall not be items or articles in a seclusion room that a ~~client~~^{Patient} might use to injure him/ or herself.

C. A mat and bedding shall be provided in the seclusion room unless an exception is authorized by order of a physician or other authorized healthcare provider.

2218.2617. Client/Patient Care Unit and Station (Applicable to for medical detoxification facilities only) Medical Withdrawal Management Programs (II).

- A. Each client/Patient care unit shall have a client/Patient care station.
- B. A client/Patient care unit shall contain not more than ~~60~~ forty-four (44) licensed beds; and the client/Patient care station shall not be more than one hundred fifty (150) feet from a client/Patient room, and shall be located and arranged to permit visual observation of the unit corridor(s).
- C. Each client/Patient care station shall contain separate spaces for the storage of wheelchairs and general supplies/equipment for that station.
- D. There shall be at, or near each client/Patient care station, a separate medicine preparation room with a cabinet with one or more locked sections for ~~narcotics~~ Controlled Substances, work space for preparation of medicine, and a sink. As an alternative, a medicine preparation area with counter, cabinet space, and a sink shall be required on those units where there is:
 - 1. A unit dose system in which final ~~medication~~ Medication preparation is not performed on the client/Patient care station; or
 - 2. A twenty-four (24)-hour pharmacy on the premises; or
 - 3. Procedures that preclude ~~medication~~ Medication preparation at the client/Patient care station.

2219.2618. Doors (II).

- A. All client/Patient rooms and ~~bath~~ bathrooms and /restrooms shall have opaque doors for the purpose of privacy.
- B. All glass doors, including sliding or patio type doors shall have a contrasting or other indicator that causes the glass to be observable, ~~e.g., a decal located at eye level.~~
- C. ~~Exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets that are not subject to occupancy, shall not swing into corridors in a manner that obstructs corridor traffic flow or reduces the corridor width to less than one-half the required width during the opening process.~~

EXCEPTION: Not applicable to facilities with five or less beds not built to institutional standards.

- ~~DC.~~ Bathroom/ and restroom door widths shall be not less than ~~32~~ thirty-six (36) inches.
- ~~ED.~~ Doors to client/Patient occupied rooms shall be at least ~~32~~ thirty-six (36) inches wide.
- ~~FE.~~ Doors that have locks shall be unlockable and openable with one action.
- ~~GF.~~ If client/Patient room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room.
- ~~HG.~~ All client/Patient room doors shall be solid-core.

~~I. Soiled linen storage rooms over 100 square feet shall be in accordance with applicable code in Section 1800.~~

~~J. Seclusion room doors shall have a window through which all parts of the room are observable.~~

2220.2619. Elevators (II).

~~Elevators shall be inspected and tested upon installation prior to first use, and annually thereafter by a certified elevator inspector.~~ Facilities shall ensure that a certified elevator inspector inspects and tests elevators upon installation prior to first use and annually thereafter.

2221. Corridors (II)

~~A. Corridor width requirements for 24-hour facilities shall be as follows:~~

- ~~1. Less than six licensed beds— not less than 36 inches;~~
- ~~2. Six to 10 licensed beds— not less than 40 inches;~~
- ~~3. Over 10 licensed beds— not less than 44 inches.~~

~~B. Corridors and passageways in all facilities shall be in accordance with the SBC.~~

2222. Ramps (II)

~~A. At least one exterior ramp, accessible by all clients, staff, and visitors shall be installed from the first floor to grade.~~

~~B. The ramp shall serve all portions of the facility where clients are located.~~

~~C. The surface of a ramp shall be of nonskid materials.~~

~~D. Ramps shall be constructed in a manner in compliance with the applicable code in Section 1800.~~

~~E. Ramps in facilities with 11 or more licensed beds shall be of noncombustible construction. (I)~~

~~F. Ramps shall discharge onto a surface that is firm and negotiable by disabled persons in all weather conditions and to a location accessible for loading into a vehicle.~~

2223. Landings (II)

~~Exit doorways shall not open immediately upon a flight of stairs. A landing shall be provided that is at least the width of the door and is the same elevation as the finished floor at the exit.~~

2224. Handrails/Guardrails (II)

~~Handrails and Guardrails shall be installed and maintained in accordance with the applicable code in Section 1800.~~

2225.2620. Screens (II).

~~Windows~~Facilities shall equip windows, doors, and openings intended for ventilation ~~shall be provided~~ with insect screens.

~~2226.~~ Windows

A. ~~The window dimensions and maximum height from floor to sill shall be in accordance with the applicable code in Section 1800.~~

B. ~~Where clear glass is used in windows, with any portion of the glass being less than 18 inches from the floor, the glass shall be of "safety" grade, or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent an individual from injuring him/herself by accidentally stepping into or kicking the glass. (II)~~

~~2227.~~2621. Janitor's Closet (II).

~~There shall be a~~Residential Facilities shall maintain a lockable janitor's in 24-hour facilities with 16 or more beds. Each closet equipped with a mop sink or receptor and space for the storage of supplies and equipment.

~~2228.~~2622. Storage Areas.

A. ~~Adequate~~Facilities shall provide adequate general storage areas ~~shall be provided~~ for ~~client~~Patient and ~~staff/volunteers~~Staff and Volunteer belongings, equipment, and supplies.

B. ~~Areas~~Facilities shall ensure that areas used for storage of combustible materials and storage areas exceeding one hundred (100) square feet in area ~~shall be provided~~are equipped with ~~an~~ a National Fire Protection Association-approved automatic sprinkler system. (I)

C. In storage areas provided with a sprinkler system, a minimum vertical distance of eighteen (18) inches shall be maintained between the top of stored items and the sprinkler heads. The tops of storage cabinets and shelves attached to or built into the perimeter walls may be closer than eighteen (18) inches below the sprinkler heads. In non-sprinklered storage areas, there shall be at least twenty-four (24) inches of space from the ceiling. (I)

D. All ceilings, floor assemblies, and walls enclosing storage areas of one hundred (100) square feet or greater shall be of not less than one (1)-hour fire-resistive construction with three-fourths (3/4)-hour fire-rated door(s) and closer(s). (I)

E. ~~Storage~~Facilities shall ensure that storage buildings on the premises ~~shall meet the applicable code listed in section~~Section 18001900 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.

F. ~~In mechanical rooms used for storage, the stored items shall be~~Facilities shall ensure that items stored in mechanical rooms are located away from mechanical equipment and ~~shall not be~~are not a type of storage that might create a fire or other hazard. (I)

G. ~~Supplies/equipment shall not be stored~~Facilities shall not store supplies and equipment directly on the floor. ~~Supplies~~Facilities shall not store supplies and equipment susceptible to water damage/ and contamination ~~shall not be stored~~ under sinks or other areas with a propensity for water leakage.

~~H. In facilities licensed for 16 beds or more, there~~ Facilities licensed for more than fifteen (15) beds shall maintain a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with and equipped with mechanical exhaust directly to the outside.

~~2229-2623.~~ Telephone Service.

~~A. Appropriate telephone services shall be made available in the facility to clients and/or visitors.~~ Facilities shall provide at least one (1) telephone on each floor of the Facility with at least one (1) active main or fixed-line telephone service available.

~~B. At~~ Facilities shall provide at least one (1) telephone shall be available on each floor of the facility for use by clients and/or visitors for their private, discretionary use; pay phones for this purpose are acceptable. Staff members and Volunteers to conduct routine business of the Facility and to summon assistance in the event of an emergency. Telephones capable of only local calls are acceptable for this purpose, provided other arrangements exist to provide client/visitor discretionary access to a telephone capable of long distance services. The Facility shall ensure Patients have privacy when using the telephone.

~~C. At least one telephone shall be provided for staff/volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency; pay station phones are not acceptable for this purpose.~~

~~2230-2624.~~ 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.~~ Facilities shall ensure that roads serving the Facility are passable at all times.

~~B. Parking. The facility shall have parking space to reasonably satisfy the needs of clients, staff/volunteers, and visitors.~~ Facilities shall provide parking space to meet the needs of Patients, Staff, Volunteers, and visitors.

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

~~D. NTP facilities~~ Facilities providing an Opioid Treatment Program shall not operate within five hundred (500) feet of:

1. The property line of a church;
2. The property line of a public or private elementary or secondary school;
3. A boundary of any Residential district;
4. A public park adjacent to any Residential district; or
5. The property line of a lot devoted to Residential use.

~~2231-2625.~~ Outdoor Area.

~~A. Outdoor~~ Facilities shall ensure outdoor areas deemed where unsafe due to the existence of, unprotected physical hazards such steep grades, cliffs, open pits, high voltage electrical equipment, high speed or heavily traveled roads, and/or roads exceeding two lanes excluding turn lanes, ponds, or swimming pools

~~exist shall be~~ enclosed by a fence or a natural barrier of a (size, shape, and density that effectively impedes travel to the hazardous area) ~~to protect clients.~~ (I)

~~B. Where required, fenced areas that are part of a fire exit from the building, shall have a gate in the fence that unlocks in case of emergency per Special Locking Arrangements in the applicable code listed in Section 1800. (I)~~

~~CB. Mechanical or Facilities shall protect mechanical and equipment rooms that open to the outside of the facility Facility shall be kept protected from unauthorized individuals.~~

~~D. If a swimming pool is part of the facility, it shall be designed, constructed, and maintained pursuant to R.61-51. (H)~~

~~E. There shall be sufficient number of outside tables and comfortable chairs to meet the needs of the client.~~

SECTION 2300

~~SEVERABILITY.~~

SECTION 2700 – SEVERABILITY

~~2301. General~~

In the event that any portion of ~~these regulations~~ this regulation 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~~ this regulation, and they shall remain in effect, as if such invalid portions were not originally a part of ~~these regulations~~ this regulation.

SECTION 2400

~~GENERAL.~~

SECTION 2800 - GENERAL

~~2401. General~~

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

PART II

OUTPATIENT FACILITIES

SECTION 2500

~~PROGRAM DESCRIPTION.~~

~~2501. General.~~

~~A. Outpatient facilities provide treatment/care/services to individuals who use, abuse, or are dependent upon or addicted to psychoactive substances, and their families, based upon an ITP in a nonResidential setting.~~

~~B. Outpatient treatment/care/services include assessment, diagnosis, individual and group counseling, family counseling, case management, crisis management services, and referral. Outpatient services are designed to treat the individual's level of problem severity and to achieve permanent changes in his/her behavior relative to alcohol/drug abuse. These services address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of treatment or the individual's ability to cope with major life tasks without the nonmedical use of alcohol or other drugs. The length and intensity of outpatient treatment varies according to the severity of the individual's illness and response to treatment.~~

2502. Assessment

~~A complete written assessment of the client shall be conducted within a time period determined by the facility, but no later than the third visit. (II)~~

2503. Individualized Treatment Plan

~~An ITP in accordance with Section 701.C & D shall be completed within a time period determined by the facility, but no later than the third visit. (II)~~

PART III TREATMENT PROGRAM

SECTION 2600

PROGRAM DESCRIPTION.

2601. General

~~A. Residential treatment programs utilize a multi-disciplinary staff for clients whose biomedical and emotional/behavioral problems are severe enough to require Residential services and who are in need of a stable and supportive environment to aid in their recovery and transition back into the community. Twenty-four hour observation, monitoring, and treatment shall be available.~~

~~B. Residential treatment programs shall provide or make available the following: (II)~~

~~1. Room and board including shared responsibility by clients for daily operation of the facility, e.g., cooking, cleaning, and maintenance of house rules as appropriate to the level of Residential treatment provided.~~

~~2. Specialized professional consultation, supervision and direct affiliation with other levels of treatment;~~

~~3. Physician and nursing care and observation based on clinical judgment if appropriate to the level of treatment;~~

~~4. Arrangements for appropriate laboratory and toxicology tests as needed;~~

~~5. Availability of a physician 24 hours a day by telephone;~~

~~6. Counselors to assess and treat adult alcohol and/or other drug dependent clients and obtain and interpret information regarding the needs of these clients. Such counselors shall be knowledgeable of the biological and psychological dimensions of alcohol and/or other drug dependence;~~

~~7. Counselors to provide planned regimen of 24 hour professionally directed evaluation, care and treatment services for addicted persons and their families to include individual, group, and/or family counseling directed toward specific client goals indicated in his/her ITP;~~

~~8. Health education services;~~

~~9. Educational guidance and educational program referral when indicated;~~

~~10. Vocational counseling for any client when indicated. For those not employed, staff/volunteers shall facilitate the client's pursuit of job placement, as appropriate;~~

~~11. Work activity participation by clients provided such activities are an integral part of the rehabilitative process, clients are made aware of the necessity of their participation in such activities, and such activities are not a substitute for staff;~~

~~12. Leisure time activities, including recreational activities;~~

~~13. Planned clinical program activities designed to enhance the client's understanding of addiction;~~

~~14. Multi-disciplinary individualized assessments and treatment are provided;~~

~~15. Family and significant other services;~~

~~16. Living skills training, as needed.~~

2602. Staffing

~~A. A staff member/volunteer/designated client shall be present and in charge at all times during daytime hours when clients are present in the facility. A staff member/volunteer/designated client in charge shall know how to respond to client needs and emergencies. (I)~~

~~B. Number of staff that shall be maintained in all facilities:~~

~~1. In each building, there shall be at least one staff member/volunteer/designated client on duty for each 10 clients or fraction thereof present during peak activity hours. (II)~~

~~2. Required nighttime (after the evening meal) staffing shall be provided by a staff member, volunteer, or a designated client:~~

~~a. In each building, there shall be at least one staff member/volunteer/designated client on duty for each 20 clients or fraction thereof.~~

~~b. In buildings housing more than 10 clients, a staff member/volunteers/designated client shall be awake and dressed.~~

~~3. If a Client serves as staff, the facility shall ensure that the following conditions are met: (II)~~

~~a. Client is approved by the administrator, in writing, to perform the duties required of a staff member during these particular hours, and s/he agrees in writing to perform them;~~

- ~~b. Client understands and enforces applicable regulatory requirements;~~
- ~~c. Client is trained and able to respond to emergencies;~~
- ~~d. Client is able to communicate with an on-call staff member;~~
- ~~e. Client is properly oriented to written applicable policies and/or procedures, to include the inservice training requirements in Section 502.~~
- ~~f. The condition of any other clients of the facility may preclude permitting a client to serve in a designated staff role.~~

2603. Admission (II)

Persons not eligible for admission are:

- ~~A. Any person who because of acute mental illness or intoxication presents an immediate threat of harm to him/herself and/or others;~~
- ~~B. Any minor as defined in Section 101.MM. See Section 804 for exceptions for minors;~~
- ~~C. Any person needing detoxification services, hospitalization, or nursing home care.~~

2604. Assessment (II)

~~A complete written assessment of the client in accordance with Section 101.H by a multi-disciplinary treatment team shall be conducted within a time period determined by the facility, but no later than 72 hours after admission.~~

2605. Individualized Treatment Plan (II)

~~An ITP in accordance with Section 701.D shall be completed of the client by a multi-disciplinary treatment team within a time period determined by the facility, but no later than seven days after admission.~~

2606. Facilities For Mothers With Children (II)

~~The health needs/care of the child shall be provided in the following manner:~~

- ~~A. Mothers shall provide or arrange for the health needs/care of their children.~~
- ~~B. Children shall be in the mother's care or in a child care program approved by DSS.~~
- ~~C. Arrangements for emergency care for the children shall be provided.~~

**PART IV
DETOXIFICATION FACILITIES**

SECTION 2700

PROGRAM DESCRIPTION.

2701. Freestanding Medical Detoxification Facility

Medical detoxification facilities shall provide at a minimum the following treatment and support services:
(H)

A. Intake medical examination and screening by a physician or other authorized healthcare provider to determine need for medical services or referral for serious medical complications;

B. Continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action. Each client's general condition shall be monitored and his/her vital signs taken at a frequency as determined by the facility, but not less than three times during the first 72 hours of admission to the facility. As an alternative, freestanding medical detoxification facilities shall provide continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action. This shall include the use of an emergency medication kit or cart as appropriate provided the following conditions are met:

1. Each facility shall have a nondispensing drug outlet permit issued by the SC Board of Pharmacy;

2. Each facility shall maintain, upon the advice and written approval of the Department's Bureau of Drug Control, the facility Medical Director, and consultant pharmacist, an emergency medication kit or Cart containing controlled substances that address medical distress and withdrawal symptoms at each client care station for the use of physicians or other legally authorized healthcare providers in treating the emergency needs of clients.

3. The emergency medication kit or cart shall be sealed and stored in a secured area in such a manner as to prevent unauthorized access and to ensure a proper environment for preservation of the medications within, but in such a manner as to allow immediate access.

4. Whenever the emergency medication kit or cart is opened, the use of contents shall be documented by the facility staff and it shall be restocked and resealed by a pharmacist within 48 or the end of the next business day, whichever is longer.

5. Medications used from the emergency medication kit or cart shall be replaced according to facility policy.

6. The contents of the emergency medication kit or cart shall be listed and maintained on the exterior of the emergency medication kit or cart, and shall correspond to the list. A copy of the inventory list shall be maintained at the client care station for quick reference.

7. The facility may determine that one emergency medication kit can be readily accessible to, and adequately meet the needs of two or more client care stations. If such is the case, the facility written policies shall include the location(s) of the emergency medication kit(s) and the justification for this determination. There shall not be less than one emergency medication kit on each client floor.

8. At least monthly the licensed nurse shall examine the emergency medication kit(s) and controlled medication records and certify to the administrator that this inventory is correct;

C. Medication as appropriate to assist in the withdrawal process;

D. A plan for supervised withdrawal, to be implemented upon admission;

~~E. Room, dietary service, and other care and supervision necessary for the health and safety of the client;~~

~~F. Counseling designed to motivate clients to continue in the treatment process and referral to the appropriate treatment modality.~~

2702. Social Detoxification Facility

Social detoxification facilities shall provide, at a minimum, the following services:

~~A. Screening and intake provided by staff/volunteers specially trained to monitor the client's physical condition;~~

~~B. Development of an ITP for supervised withdrawal;~~

~~C. Continuing observation of each client's condition to recognize and evaluate significant signs and symptoms of medical distress and take appropriate action;~~

~~D. Room, dietary service, and other care and supervision necessary for the maintenance of the client;~~

~~E. Counseling designed to motivate clients to continue in the treatment process.~~

2703. Staffing

~~A. A staff member/volunteer shall be present and in charge at all times. All staff members/volunteers shall be knowledgeable as to how to respond to emergencies. (I)~~

~~B. The staffing arrangement shall be, at a minimum, the following:~~

~~1. In each building, there shall be at least one direct care/counselor staff member for each 10 clients or fraction thereof on duty at all times. Staff members/volunteers shall be awake and dressed at all times, able to appropriately respond to client needs, and know how to respond to emergencies. (II)~~

~~2. In medical detoxification facilities only, staff/volunteers shall be under the general supervision of a physician or registered nurse; a physician, licensed nurse, or other authorized medical healthcare provider shall be present at all times. (I)~~

~~3. In social detoxification centers, there shall be consultation with medical authorities when warranted.~~

2704. Admission

~~A. Appropriate admission to a detoxification facility shall be determined by a licensed or certified counselor and subsequently shall be authorized by a physician or other authorized healthcare provider in accordance with Section 1001.A.~~

~~B. Persons not eligible for admission are:~~

~~1. Any person who, because of acute mental illness or intoxication, presents an immediate threat of harm to him/herself and others. (I)~~

~~2. Any person needing hospitalization, Residential treatment program care, or nursing home care. (I)~~

~~3. Any person under 18 years of age. See Section 804 for exceptions for minors. (H)~~

~~4. Anyone not meeting facility requirements for admission.~~

~~C. Determination of the type of detoxification needed shall be guided by the definitions outlined in Sections 101.S.1 and 101.S.2.~~

2705. Assessment (H)

~~A clinical screening that includes a review of the client's drug abuse/usage and treatment history shall be conducted prior to the delivery of treatment.~~

2706. Individualized Treatment Plan (H)

~~An ITP shall be completed for supervised withdrawal within a time period determined by the facility.~~

PART V NARCOTIC TREATMENT PROGRAMS

SECTION 2800

PROGRAM DESCRIPTION.

2801. General

~~A. Narcotic treatment programs (NTP) provide medications for the rehabilitation of persons dependent on opium, morphine, heroin, or any derivative or synthetic drug of that group. Opioid maintenance therapy (OMT) is term that encompasses a variety of pharmacologic and non-pharmacologic treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone and levo-alpha acetylmethadol (LAAM) to psycho-pharmacologically occupy opiate receptors in the brain, extinguish drug craving, and thus establish a maintenance state. OMT is a separate service that can be provided in any level of care, as determined by the client's needs. Adjunctive non-pharmacologic interventions are essential and may be provided in OMT or through coordination with another addiction treatment provider.~~

~~B. An NTP has the following characteristics:~~

~~1. Support systems:~~

~~a. Linkage with or access to psychological, medical, and psychiatric consultation;~~

~~b. Linkage with or access to emergency medical and psychiatric affiliations with more intensive levels of care, as needed;~~

~~c. Linkage with or access to evaluation and ongoing primary medical care;~~

~~d. Ability to conduct or arrange for appropriate laboratory and toxicology tests;~~

~~e. Availability of physician to evaluate, prescribe, and monitor use of NTP medication, and of nurses and pharmacists to dispense and administer NTP medication.~~

~~2. Staff:~~

~~a. An interdisciplinary team of appropriately trained and certified or licensed addiction professionals, including a medical director, counselors, and the medical staff delineated below;~~

~~b. Licensed medical, nursing, or pharmacy staff who are available to administer medications in accordance with the physician's prescription or orders. The intensity of nursing care is appropriate to the services provided by an outpatient treatment program that uses NTP medication;~~

~~c. A physician, available either in person or by telephone during NTP medication dispensing and clinic operating hours.~~

~~3. Therapies:~~

~~a. Interdisciplinary individualized assessment and treatment;~~

~~b. Assessing, prescribing, administering, reassessing and regulating dose levels appropriate to the individual; supervising detoxification from opiates, methadone or LAAM; overseeing and facilitating access to appropriate treatment, including medication for other physical and mental health disorders;~~

~~c. Monitored urine testing;~~

~~d. Counseling services;~~

~~e. Case management;~~

~~f. Psycho-education, including HIV/AIDS and other health education services.~~

2802. Services (H)

~~A. Services shall be directed toward reducing or eliminating the use of illicit drugs, criminal activity, or the spread of infectious disease while improving the quality of life and functioning of the client. NTP shall follow rehabilitation stages in sufficient duration to meet the needs of the client. These stages include initial treatment up to seven days in duration, early stabilization lasting up to eight weeks, long term treatment, medical maintenance, and immediate emergency treatment when needed.~~

~~B. The NTP shall directly provide, contract or make referrals, for other services based upon the needs of the client.~~

~~C. As part of drug rehabilitative services provided by the NTP, each client shall be provided with individual, group and family counseling appropriate to his/her needs. The frequency and duration of counseling provided to client shall be determined by the needs of the client and be consistent with the ITP. Counseling shall address, as a minimum:~~

~~1. Treatment and recovery objectives included in the ITP as well as education regarding HIV and other infectious diseases. HIV testing shall be made available as appropriate, while maintaining client confidentiality. Staff shall be knowledgeable of current procedures regarding the prevention and treatment of client with HIV and sexually transmitted diseases (STD) to include testing and interpretation of test results;~~

~~2. Concurrent alcohol and drug abuse;~~

- ~~3. Involvement of family and significant others with the informed consent of the client;~~
- ~~4. Providing specialized treatment groups;~~
- ~~5. Guidance in seeking alternative therapies.~~

2803. Support Services

~~A. The NTP shall ensure that a comprehensive range of support services, including, but not limited to, vocational, educational, employment, legal, mental health and family problems, medical, alcohol dependence or other addictions, HIV or other communicable diseases, pregnancy and prenatal care, and social services are made available to client who demonstrate a need for such services. Support services may be provided either directly or by appropriate referral. Support services recommended and utilized shall be documented in the client record.~~

~~B. When appropriate, the NTP shall recommend that the client enroll in an education program, vocational activity (vocational evaluation, education or skill training) and/or to seek employment. Deviations from compliance with these recommendations shall be documented in the client's record.~~

~~C. The NTP shall establish and utilize linkages with community based treatment facilities, i.e., an established set of procedures for referring client to physician or other health care providers when the treatment of coexisting disorders become a major concern.~~

~~D. The NTP shall establish linkages with the criminal justice system to encourage continuous treatment of individuals incarcerated or on probation and parole.~~

2804. Services to Pregnant Clients (II)

~~A. The facility shall make reasonable effort to ensure that pregnant clients receive pre-natal care by a physician and that the physician is notified of the client's participation in the NTP when the facility becomes aware of the pregnancy.~~

~~B. The NTP shall provide, through in house or referral and documented in the ITP, appropriate services/interventions for the pregnant client to include:~~

- ~~1. Physician consultation at least monthly;~~
- ~~2. Nutrition counseling;~~
- ~~3. Parenting training to include newborn care, health and safety, mother/infant interaction, and bonding.~~

~~C. Refusal of prenatal care shall be acknowledged through a signed statement from the client.~~

~~D. NTP medication dosage levels shall be maintained at an appropriate level for pregnant clients as determined by the NTP physician. (I)~~

~~E. When a pregnant client chooses to discontinue participation in the NTP, the program physician, in coordination with the attending obstetrician, shall supervise the termination process.~~

2805. Services to Adolescents (II)

~~A. Treatment and counseling shall be developmentally appropriate for the adolescent.~~

~~B. Adolescents who require special medical care shall be referred to a physician who has clinical experience with adolescents and addictions. Adolescents shall be monitored for treatment reactions that may be developmentally detrimental. A plan shall be in place in the event that special medical care is required.~~

2806. Operating Hours

~~The NTP shall be operational at least six days a week, except for holidays and days closed due to natural disaster. At least one designated staff member/volunteer shall be available "on call" at all times for client emergencies and the verification of dosage levels.~~

2807. Admission (II)

~~A. The NTP shall only admit those clients whose narcotic dependency can be effectively treated by the NTP in accordance with applicable state and federal laws and regulations.~~

~~B. Applicants shall be screened in order to determine admission eligibility. The screening process shall include:~~

- ~~1. Evidence of tolerance to an opioid;~~
- ~~2. Current or past physiological dependence for at least one year prior to admission. The NTP physician may waive the one year history of addiction when the client seeking admission meets one of the following criteria:
 - ~~a. The client has been recently released from a penal or chronic care facility with a high risk of relapse;~~
 - ~~b. The client has been previously treated and is at risk of relapse;~~
 - ~~c. The client is pregnant and does not exhibit objective signs of opioid withdrawal or physiological dependence.~~~~
- ~~3. Evidence of multiple and daily self administration of an opioid;~~
- ~~4. Reasonable attempts to confirm that the applicant is not enrolled in one or more other NTPs;~~
- ~~5. Drug history to determine dependence on opium, morphine, heroin or any derivative or synthetic drug of that group. The drug history shall include:
 - ~~a. Drug(s) utilized;~~
 - ~~b. Frequency of use;~~
 - ~~c. Amount utilized;~~
 - ~~d. Duration of use;~~~~

- e. Age when first utilized;
- f. Route of administration;
- g. Previous treatment(s);
- h. Criminal history related to drug abuse;
- i. Family history of drug abuse and any medical problems.

6. A diagnosis of opioid addiction, referring to the initial screening criteria in Sections 3207.B.1-5 above, and the following behavioral signs:

- a. Unsuccessful efforts to control use;
- b. Large amounts of time obtaining drugs or recovering from the effects of abuse;
- e. Continual use despite harmful consequences;
- d. Obtaining opiates illegally;
- e. Inappropriate use of prescribed opiates;
- f. Harmful/negative effect on social, occupational or recreational activities.

C. Individuals shall not be admitted to the NTP to receive opioids for pain management only.

1. The NTP shall make the diagnostic distinctions between the disease of opioid addiction and the physical dependence associated with the chronic administration of opioids for the relief of pain, also known as pseudo-addiction. The drug seeking manifestations of persons who are opioid addicted for purpose of euphoria are very similar to the same behavioral manifestations of pseudo-addiction of those with chronic pain seeking only pain relief. Relevant criteria to distinguish pseudo-addiction from opioid addiction include:

- a. Unsuccessful efforts to control use, including past failed detoxification efforts;
- b. Large amounts of time spent in activities to obtain drugs, including past criminal involvements;
- e. Written documentation from a pain management physician attesting to the client need for NTP medication due to the client's physical dependence, resultant tolerance, and that physician's discontinuance of effective opioid pain relief measures with the client.
- d. Continued use, despite having suffered lifestyle consequences of illicit use, e.g., arrests, hospitalizations, family problems, financial setbacks, and employment difficulties.

2. Appropriate referrals by the NTP physician shall be made as necessary, e.g., pain management specialist.

D. Minors may be treated pursuant to Section 804.

~~E. Prior to accepting an applicant for treatment, the NTP shall determine if the applicant requires special support services, e.g., psychiatric, prenatal, or alcohol/drug counseling.~~

~~F. The applicant's identity, including name, address, date of birth, and other identifying data shall be verified (See Section 701.A);~~

~~G. No client shall receive his/her initial dose of NTP medication until the program physician has determined that all admission criteria have been met, to include a completed physical examination by the program physician and confirmation of current medication regimen being taken by the applicant, i.e., contact attending physician.~~

2808. Physical Examination (II)

~~A. A physical examination conducted by the NTP physician shall be accomplished within 72 hours prior to the first dose of NTP medication and shall consist of the following as a minimum: (I)~~

- ~~1. Evidence of communicable/infectious disease, e.g., hepatitis, HIV, STD;~~
- ~~2. Pulmonary, liver, renal, and cardiac abnormalities;~~
- ~~3. Possible concurrent surgical problems;~~
- ~~4. Neurological assessment;~~
- ~~5. Vital signs;~~
- ~~6. Evidence of clinical signs of addiction, e.g., dermatologic sequella of addiction;~~
- ~~7. Examination of head, ears, eyes, nose, throat (thyroid), chest (including heart, lungs and breast), abdomen, extremities, and skin.~~
- ~~8. A single step tuberculin skin test administered within one month prior to or not later than 10 days after admission as described in Section 1404.~~

~~B. The medical laboratory analysis shall be conducted within seven days of admission and shall include:~~

- ~~1. Complete blood count and differential to include multi-phasic blood chemistry profile;~~
- ~~2. Serological test for syphilis;~~
- ~~3. Initial urinalysis for drug profile;~~
- ~~4. Liver profile;~~
- ~~5. If indicated, an electrocardiogram, chest x ray, Pap smear, biological pregnancy test, and/or screening for sickle cell disease.~~

2809. Urine Drug Testing (II)

~~A. Urine drug testing shall be used as a clinical tool for the purposes of diagnosis and in the development of ITP's.~~

~~B. Urine drug testing for the presence of NTP medication, benzodiazepines, cocaine, opiates, marijuana, amphetamines, and barbiturates, as well as other drugs, when clinically indicated by the NTP physician, shall be conducted at a frequency as determined by the NTP.~~

~~C. Once the results are available, they shall be addressed by the primary counselor with the client, in order to intervene in drug use behavior.~~

~~D. The NTP shall establish and implement collection procedures, including random collection of urine samples, to effectively minimize the possibility of falsification of the sample, to include security measures for prevention of tampering.~~

~~E. Following admission, the NTP shall ensure that significant treatment decisions are not based solely on the results of a single urine test.~~

~~F. Clients on a monthly schedule for whom urine drug testing reports indicate positive results for any illicit drugs, non-prescription drugs, or a negative result for NTP medication, shall be placed on a weekly urine drug test schedule for a period of time as clinically indicated by the NTP physician.~~

~~G. Each client granted take-home dosages shall undergo random urine drug testing on a monthly basis or at a frequency clinically indicated by the NTP physician.~~

~~H. Only those laboratories certified in accordance with the federal Clinical Laboratories Improvement Amendments shall be utilized by the NTP for urinalysis.~~

2810. Orientation

~~client orientation shall be accomplished within seven days of admission and documented in the client record. The orientation shall include:~~

~~A. NTP guidelines, rules, and regulations;~~

~~B. Confidentiality;~~

~~C. Urine drug testing procedure;~~

~~D. Administering NTP medication;~~

~~E. Signs and symptoms of overdose and when to seek emergency assistance;~~

~~F. Discharge procedures;~~

~~G. Treatment phases;~~

~~H. HIV/AIDS information/education;~~

~~I. Client rights (See Section 900);~~

~~J. Consent for autopsy;~~

~~K. The nature of addictive disorders and recovery including misunderstandings regarding methadone/LAAM treatment;~~

~~L. For pregnant clients, risk to the unborn child.~~

~~2811. Psycho-social Assessment (II)~~

~~A comprehensive psycho-social assessment shall be completed by the client's primary counselor once the client is stabilized but not later than 30 days following admission. The assessment shall include:~~

~~A. A description of the historical course of the addiction to include drugs of abuse such as alcohol and tobacco, amount, frequency of use, duration, potency, and method of administration, previous detoxification from NTP medication and/or treatment attempts, and any psychological or social complication.~~

~~B. A health history regarding chronic or acute medical conditions, such as HIV, STD's, hepatitis (B, C, Delta), TB, diabetes, anemia, sickle cell trait, pregnancy, chronic pulmonary diseases, and renal diseases.~~

~~C. Complete information related to the family of the client.~~

~~2812. Individualized Treatment Plan (II)~~

~~A. An ITP shall be developed within 30 days of admission with participation by the client and the primary counselor, as evidenced by their signatures. The ITP content shall be in accordance with Section 701.D.~~

~~B. Client progress in treatment and accomplishment of ITP goals shall be reviewed by the primary counselor not less than every 90 days during the first year of treatment and every six months thereafter. The counselor shall sign and date these reviews.~~

~~2813. Emergency Medical Procedures (I)~~

~~Emergency medical procedures shall include, but not be limited to:~~

~~A. Client overdose or severe drug reaction;~~

~~B. Names and telephone numbers of individuals (e.g. physician, hospitals, EMT's) to be contacted in case of an emergency. These names and numbers shall be readily available within the facility;~~

~~C. Emergency dosing of NTP medications.~~

~~2814. Adverse Events~~

~~A. The NTP shall establish written procedures which address resolutions to adverse events such as:~~

~~1. Physical and verbal threats;~~

~~2. Violence;~~

~~3. Inappropriate behavior;~~

~~4. Medication errors;~~

5. Deaths;

6. Selling drugs on the premises;

7. Harassment and abuse.

B. Procedures to implement should adverse events occur shall include:

1. Documentation of the event and reporting as required to the Department (see Section 601);

2. Prompt review and investigation;

3. Timely and appropriate corrective action;

4. Monitoring to determine corrective action plan effectiveness.

2815. Readmission

If a client is readmitted to the same NTP, a physical examination will be required by the current NTP physician within 72 hours of admission.

2816. Staffing (II)

A. The NTP physician shall have authority over all medical aspects of care and make treatment decisions in consultation with treatment staff consistent with the needs of the client, clinical protocols, and research findings. At least one physician shall be available during dosing and facility operating hours either in person or by telephone for consultation and for emergencies.

B. A pharmacist or other person licensed to dispense NTP medications pursuant to the SC Code of Laws is responsible for dispensing the amounts of NTP medications administered, and shall record and countersign all changes in dosing schedules.

C. The nursing staff shall include one licensed nurse. The total number of nurses on the staff shall be commensurate with NTP operating hours and the number of clients to be served in order to ensure that adequate nursing care will be provided at all times the facility is in operation. A licensed nurse shall be present at all times clients are in the facility.

D. There shall be an adequate number of qualified counselors on staff to ensure that necessary, appropriate and quality counseling and other rehabilitative services are provided in a timely manner. The NTP shall have a least one full-time counselor on staff for every 50 clients or fraction thereof. Counselors shall be qualified as specified in Section 504.

E. All direct care staff shall have training and experience in addictions and NTP medication treatment.

2817. NTP Medication Management (I)

A. A physician, licensed nurse, or registered pharmacist may administer NTP medication.

~~B. The NTP physician shall determine the initial and subsequent dosage and schedule, and prescribe such dose and schedule to include changes by verbal or written order to the pharmacist and licensed nurse. However, the verbal order shall be documented, signed, and dated by the NTP physician within 72 hours.~~

~~C. The procedure for administering NTP medication shall be as follows:~~

~~1. NTP medication, including guest and take-home doses, shall be administered to clients in oral liquid form and in single doses. Take-home bottles shall be labeled in accordance with federal and state law and regulations and shall contain necessary cautionary statements; caps shall be childproof.~~

~~2. No dose shall be administered until the client identity has been verified and the dosage compared with the currently ordered and documented dosage level.~~

~~3. The initial dose of methadone shall not exceed 30 mg. and the initial total daily dose for the first day shall not exceed 40 mg. unless the NTP physician justifies in the client record that 40 mg. did not suppress the abstinence symptoms after three hours of observation following the initial dose.~~

~~4. Ingestion shall be observed and verified by the person authorized to administer the medication.~~

~~5. A client's scheduled dose may be temporarily delayed if necessary, e.g., to obtain a urine sample or for counselor consultation. The dose shall not be withheld, however, for failure to comply with the NTP rules or procedures unless the decision is made to terminate the client's participation in the NTP. A dose may be withheld only when the NTP physician determines that such action is medically indicated.~~

~~6. There shall be written justification in the client record signed and dated by the NTP physician for doses in excess of 100 mg. of methadone per day after the first day.~~

~~D. A client transferring from another NTP facility shall have a physical examination and have his/her dose determined by a physician prior to receiving the first dosage.~~

~~E. When the NTP physician prescribes controlled substances other than NTP medications, such prescriptions shall not be administered to any client unless the NTP physician first examines the client and assesses his/her potential for abuse of such medications.~~

2818. Take-home Medication (H)

~~A. Take-home NTP medication may be given to clients who demonstrate a need for a more flexible schedule in order to enhance and continue the rehabilitative process. However, since NTP medication is a narcotic subject to abuse if not managed properly, precautions shall be taken to prevent its potential abuse. The NTP physician shall ensure that take-home medication is given to those clients who meet the following criteria for eligibility:~~

- ~~1. Adherence to NTP rules, regulations, and policies;~~
- ~~2. Length of time in the NTP and level of maintenance treatment;~~
- ~~3. Presence of NTP medication in urine samples;~~
- ~~4. Potential complications from concurrent health problems;~~
- ~~5. Lengthy travel distance to the facility;~~

~~6. Progress in maintaining a stable lifestyle as evidenced by:~~

~~a. Absence of abuse of narcotic and non-narcotic drugs;~~

~~b. Absence of alcohol abuse, or determination that the client is no longer abusing alcohol and is in treatment for the alcohol abuse problem;~~

~~c. Regularity of attendance at the NTP, to include required counseling sessions;~~

~~d. Absence of serious behavior problems, including loitering at the NTP;~~

~~e. Absence of known recent criminal activity;~~

~~f. Employment, school attendance, or other appropriate activity;~~

~~g. Assurance that take-home medication can be securely transported and stored by the client for his/her use only.~~

~~B. The decision to provide take-home medication to NTP client and the amount provided shall be based upon and determined by the reasonable clinical judgment of the NTP physician and appropriately documented and recorded in the client's file prior to the initiation of the take-home dose. The NTP physician shall document compliance by the client with each and every one of the aforementioned requirements prior to providing the first take-home dose. (I)~~

~~C. The client's take-home status shall be reviewed and documented at least on a quarterly basis by the primary counselor.~~

~~D. If a client, due to special circumstances, such as illness, personal or family crisis, travel, or other hardship, is unable to conform to the applicable treatment schedule, s/he may be permitted to receive up to a two-week supply of NTP medication, based on the clinical judgment of the NTP physician. The justification for permitting the adjusted schedule shall be recorded in the client's record by the NTP physician.~~

~~E. One-time or temporary (usually not to exceed three days) take-home medication shall be approved by the facility for family or medical emergencies or other exceptional circumstances.~~

~~F. A client transferring from another NTP or readmitted after having left the NTP voluntarily and who has complied with facility rules and program policies/procedures may be granted an initial take-home schedule that is no greater than that allowed at the time of transfer or voluntary discharge provided all criteria other than length of treatment are met.~~

~~G. A client discharged from another NTP shall only be initially granted take-home privileges from the new admitting NTP provided the requirements of Section 2818.A are met.~~

~~H. Take-home medication shall be labeled with the name of the NTP, address, telephone number, and packaged in conformance with state and federal regulations.~~

~~I. A diversion control plan shall be established to assure quality care while preventing the diversion of NTP medication from treatment to illicit use. The plan shall include:~~

- ~~1. Clinical and administrative continuous monitoring;~~
- ~~2. Problem identification, correction and prevention;~~
- ~~3. Accountability to the client and community;~~
- ~~4. NTP medication usage and amount accountability.~~

2819. Guest Dosing (II)

~~A. When a client is separated from his/her NTP for an extended period, and the client is in the vicinity of a SC licensed NTP, guest dosing may occur provided there is: (I)~~

- ~~1. Authorization in writing from the sending NTP physician;~~
- ~~2. Information from the sending NTP to include at least the following: client name, identifying information, means of identity verification, dates of guest dosing, amount of each day's dose, number of take home doses (if any), urinalysis history, and any other information requested by the authorizing treatment NTP.~~

~~B. Records of guest dosing shall be maintained at the NTP providing the guest dosing.~~

~~C. Guest dose status for a client shall not exceed 28 days unless there are special circumstances, and an extension of time is agreed upon by the two NTP's involved.~~

2820. Security of Medications (I)

~~A. The areas where NTP medication stocks are maintained or administered shall be secured. Access to controlled substances, which include NTP medication, shall be limited to persons licensed or registered to order, administer, or dispense those medications.~~

~~B. Immediately after administering, the remaining contents of the containers shall be purged (rinsed) to prevent the accumulation of residual NTP medication. The NTP shall ensure that take home medication bottles are returned to the NTP. All used containers as well as take home bottles given to clients shall be made inaccessible to unauthorized individuals. Used containers shall be disposed of by the NTP.~~

2821. Outcome Effectiveness

~~NTP outcome effectiveness measures shall include:~~

~~A. Improved client functioning, such as reducing or eliminating:~~

- ~~1. Abuse of licit and illicit drugs;~~
- ~~2. Criminal behavior;~~
- ~~3. Behaviors related to the spread of infectious diseases.~~

~~B. Improved quality of life.~~

2822. Detoxification from NTP Medication (II)

~~Detoxification from NTP medication shall be initiated only when strongly desired by the client, and shall include:~~

- ~~A. A schedule of dosage reduction from NTP medication that the client can tolerate;~~
- ~~B. Close documented monitoring of client/Patient clinical condition which may affect the detoxification process, i.e., symptoms of medial and emotional distress;~~
- ~~C. A review of the results of a recent pregnancy test;~~
- ~~D. A review of changes in counseling sessions and other support services during detoxification from NTP medication;~~
- ~~E. Providing continuing care after detoxification of NTP medication is completed.~~

2823. Community Liaison

~~The NTP shall assure that clients do not cause unnecessary disruption to the community, e.g., loitering in the vicinity of the NTP, or disorderly conduct.~~

Fiscal Impact Statement:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost by the Department or state government due to any inherent requirements of these amendments.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-93, Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence

Purpose: The Department amends R.61-93 to update provisions in accordance with current practices and standards. The Department also changes the name of the regulation and facility type to parallel the statutory term for this facility type. Additional revisions include those for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

Legal Authority: 1976 Code Sections 44-7-260 et seq.

Plan for Implementation: The DHEC Regulation Development Update (accessible at <http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/>) will provide a summary of and link to a copy of the amendment. Additionally, printed copies are available for a fee from the Department's Freedom of Information Office. Upon taking legal effect, Department personnel will take appropriate steps to inform the regulated community of the amended regulation and any associated information.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

These amendments are necessary to change the name of the regulation and the definition of the facility within the regulation to parallel the statutory term for this facility type, which is "Facility for Chemically Dependent or Addicted Persons." The facility type may also be referred to as "Substance Use Disorder Facilities" based on current terminology within the provider community, thereby reducing provider confusion. The new amendments herein include the Bureau of Health Facilities Licensing's effort to incorporate provisions relating to statutory mandates, update terminology used in the regulation to conform to the terminology widely used and understood within the provider community, incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. In addition, corrections have been made for organization, clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any inherent requirements of these amendments. There are no anticipated additional costs to the regulated community.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61-93 seek to support the Department's goals relating to the protection of public health through the anticipated benefits of facilities adhering to the updated language and provisions highlighted above. There are no anticipated effects on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the revision is not implemented, the regulation will be maintained in its current form without realizing the benefits of the amendments herein.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(h):

The Department amends R.61-93 to update provisions in accordance with current practices and standards. Amendments include updated language for facilities applying for licensure and incorporate provisions delineating new requirements in training staff members, as well as new nursing and medical staff requirements. The amendments incorporate and revise provisions relating to statutory mandates, update terminology to conform to the terminology widely used and understood within the provider community, and revise requirements for incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. The Department also changes the name of the regulation and facility type to parallel the statutory term for this facility type. Additional revisions include those for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

Date: January 6, 2020

To: S.C. Board of Health and Environmental Control

From: Bureau of Health Facilities Licensing

Re: Public Hearing for Notice of Final Regulation Amending R.61-97, *Standards for Licensing Renal Dialysis Facilities*, Document No. 4953

I. Introduction

The Bureau of Health Facilities Licensing proposes the attached Notice of Final Regulation for amending R.61-97, *Standards for Licensing Renal Dialysis Facilities*. Legal authority resides in S.C. Code Sections 44-7-260 et seq., which requires the Department of Health and Environment Control (“Department”) to establish and enforce basic standards for the licensure, maintenance, and operation of health facilities and services in order to ensure the safe and adequate treatment of persons served in this state. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

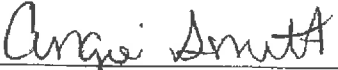
II. Facts

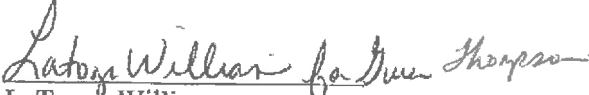
1. The Bureau proposes amending R.61-97 to update provisions in accordance with current practices and standards. The proposed amendments incorporate and revise provisions relating to statutory mandates, update terminology to conform to the terminology widely used and understood within the provider community, and revise requirements for incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. The Bureau further proposes revisions for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61-97 was last amended in 2010.
2. The Department had a Notice of Drafting published in the March 22, 2019, *State Register*.
3. Appropriate Department staff conducted an internal review of the proposed amendment on August 8, 2019.
4. A Renal Advisory Council Meeting was held on October 30, 2019. The Advisory Council was educated on both the process for submitting public comments during the public comments period and information regarding appearing in person during the public hearing at the January 6, 2020 Board Meeting.
5. The Bureau held stakeholder meetings on April 1, 2019, and August 13, 2019. The Bureau considered stakeholder feedback in formulating the proposed amendments herein.
6. The Department had a Notice of Proposed Regulation published in the November 22, 2019, *State Register*. The Department received twenty-eight (28) public comments by December 23, 2019, which was the closing date of the public comment period. Attachment B presents a summary of these public comments received and Department responses.
7. There was no stakeholder meeting after the publication of the Notice of Proposed Regulation.

8. After consideration of all timely received comments, staff has made substantive changes to the regulatory text of the Notice of Proposed Regulation approved by the Board in the November 7, 2019 Board meeting and published in the November 22, 2019 *State Register*. Descriptions of the changes appear in Attachment B, Summary of Public Comments and Department Responses.

III. Request for Approval

The Bureau of Health Facilities Licensing respectfully requests the Board to find need and reasonableness of the attached proposed amendment of R. 61-97, *Standards for Licensing Renal Dialysis Facilities*, for submission to the General Assembly.


Angie Smith
Interim Chief of Health Facilities Licensing


LaTonya Williams
Director of Quality Management Division
Health Facilities Licensing
On behalf of Gwen C. Thompson,
Interim Director of Health Regulation

Attachments:

- A. Notice of Final Regulation
- B. Summary of Public Comments and Department Responses

Date: January 6, 2020

To: S.C. Board of Health and Environmental Control

From: Bureau of Health Facilities Licensing

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II. Facts

1. The Bureau proposes amending R.61-97 to update provisions in accordance with current practices and standards. The proposed amendments incorporate and revise provisions relating to statutory mandates, update terminology to conform to the terminology widely used and understood within the provider community, and revise requirements for incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. The Bureau further proposes revisions for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61-97 was last amended in 2010.
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- A. Notice of Final Regulation
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ATTACHMENT A

**STATE REGISTER NOTICE OF FINAL REGULATION
FOR R. 61.97, *Standards for Licensing Renal Dialysis Facilities***

January 6, 2020

Document No. 4953

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61**

Statutory Authority: 1976 Code Sections 44-7-260 et seq.

61--97. Standards for Licensing Renal Dialysis Facilities.

Synopsis:

The Department of Health and Environmental Control (“Department”) amends R.61-97 to update provisions in accordance with current practices and standards. Amendments incorporate and revise provisions relating to statutory mandates, update terminology to conform to the terminology widely used and understood within the provider community, and revise requirements for incident reporting, staffing and training requirements, medication management, patient care and services, infection control, meal service, emergency procedures, design and construction, fire and life safety, and other miscellaneous requirements for licensure. The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation. R.61-97 was last amended in 2010.

A Notice of Drafting was published in the March 22, 2019, *South Carolina State Register*.

Instructions: Replace R.61-97, Standards for Licensing Renal Dialysis Facilities, in its entirety with this amendment.

Text:

~~Indicates Matter Stricken~~

Indicates New Matter

61-97. Standards for Licensing Renal Dialysis Facilities.

Statutory Authority: 1976 Code Sections 44-~~39-20~~44-7-260 et seq.

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CHAPTER 1
Definitions and Interpretations

SECTION 100 – DEFINITIONS AND LICENSURE

SECTION-101. Definitions.

For the purpose of these standards, the following definitions shall apply:

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing infliction of physical injury on a patient 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 of a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional. Physical abuse does not include altercations or acts of assault between patients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a patient or within the patient's hearing distance, regardless of the patient'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. Administering Medication. The acts of preparing and giving a single dose of a medication to the body of a Patient by injection, ingestion, or any other means in accordance with the orders of a physician or other Authorized Healthcare Provider.

C. Administrator. The staff member designated by the Licensee to have the authority and responsibility to manage the Facility and oversees all functions and activities of the Facility.

D. Annual. A time period that requires an activity to be performed at least every twelve (12) months.

E. Assessment. A procedure for determining the nature and extent of the problems and needs of a Patient, or potential Patient, to ascertain if the Facility can adequately address those problems and needs, and to secure information for use in the development of the Individual Plan of Care.

F. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina as a physician, advanced practice registered nurse, or physician assistant to provide specific treatments, care, or services to Patients.

G. Consultation. A meeting with a licensed Facility and individuals authorized by the Department to provide information to Facilities to enable/encourage Facilities to better comply with the regulations.

A.H. Continuous Ambulatory Peritoneal Dialysis. A continuous manual exchange of dialysate into and from the peritoneal cavity (usually every four to six hours).

B.I. Continuous Cycling Peritoneal Dialysis. The use of a machine to warm and cycle the dialysate in and out of the peritoneal cavity (usually every four hours).

J. Controlled Substance. A medication or other substance included in Schedule I, II, III, IV, and V of the Federal Controlled Substances Act or the South Carolina Controlled Substances Act.

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

L. Designee. A staff member designated by the Administrator to act on his or her behalf.

C.M. Dialysis. A process by which dissolved substances are removed from a patient's Patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

D.N. Dietitian. An personindividual who is registered by the Commission on Dietetic Registration, currently licensed as a Dietitian by the South Carolina Department of Labor, Licensing and Regulation.

O. Direct Care Staff. Those individuals who are employees (full- and part-time) of the Facility providing direct treatment, care, and services to Patients, and those individuals contracted to provide treatment, care, and services to Patients.

P. Discharge. The point at which treatment, care, and services in a Facility are terminated and the Facility no longer maintains active responsibility for the treatment, care, and services of the Patient.

~~E-Q. End-Stage Renal Disease (ESRD);~~ That stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life.

~~F.R. ESRD End-Stage Renal Disease Service;~~ The type of care or services furnished to an ~~ESRD~~End-Stage Renal Disease patient~~Patient~~. Such types of care are: transplantation service; ~~dialysis~~Dialysis service and ~~self-dialysis and home dialysis~~Home Dialysis training.

S. Exploitation. 1) Causing or requiring a Patient to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a patient. Exploitation does not include requiring a patient to participate in an activity or labor that is a part of a written Individual Plan of Care or prescribed or authorized by the patient's attending physician; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a patient by an individual for the profit or advantage of that individual or another individual; or 3) causing a patient 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 patient through cunning arts or devices that delude the patient and cause him or her to lose money or other property.

T. Health Assessment. An evaluation of the health status of a staff member or volunteer by a Physician, other Authorized Healthcare Provider, or a registered nurse. A registered nurse may complete the Health Assessment pursuant to standing orders approved by a Physician as evidenced by the Physician's signature. The standing orders shall be reviewed annually by the physician, with a copy of the review maintained at the Facility.

~~G.U. Home Dialysis;~~ Dialysis performed by a ~~patient~~Patient and/or individuals who assist Patients at home. The Patient and individuals who assist patients are trained and supervised by licensed nurses to do dialysis treatments on their own.

V. Home Dialysis Training. A program that trains and provides support services to End-Stage Renal Disease Patients and individuals who assist them in performing Home Dialysis with little or no professional assistance.

W. Individual Plan of Care. A documented regimen of appropriate care and services or written action plan prepared by the Facility for each Patient, based on the Patient's needs and preferences, and which is to be implemented for the benefit of the Patient.

~~H. Inpatient Dialysis: Dialysis which, because of medical necessity, is furnished to an ESRD patient on a temporary inpatient basis in a hospital.~~

X. Interdisciplinary Team. A group designated by the Facility to provide or supervise care and services provided by the facility. The group may include the following persons: physician or other Authorized Healthcare Provider, licensed nurse, dietary, social services, and direct care staff members.

Y. Inspection. A visit by Department representatives for the purpose of determining compliance with current statutes and regulations.

Z. Investigation. A visit by Department representatives to a licensed Facility or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to statutory and regulatory compliance.

AA. Legend Drug.

1. A drug when, under federal law, is required, prior to being dispensed or delivered, to be labeled with any of the following statements:

a. “Caution: Federal law prohibits dispensing without prescription”;

b. “Rx only” or;

2. A drug which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any drug products considered to be a public health threat, after notice and public hearing as designated by the S.C. Board of Pharmacy; or

4. Any prescribed compounded prescription drug within the meaning of the S.C. Pharmacy Practice Act.

BB. License. The authorization to operate a Facility as defined in this regulation and as evidenced by a current certificate issued by the Department to a Facility.

I-CC. Licensed Capacity. The number of dialysis stations that the ~~center or facility~~ Facility is authorized to operate to include chronic hemodialysis and home hemodialysis training stations.

J-DD. Licensed Practical Nurse. ~~Person licensed by the South Carolina State Board of Nursing as a licensed practical nurse.~~ A person to whom the South Carolina Board of Nursing has issued a license as a registered nurse or licensed practical nurse, or a person granted multi-state licensing privileges by the South Carolina Board of Nursing and who may practice nursing in any Facility or activity licensed by the Department subject to the provisions and conditions as indicated in the Nurse Licensure Compact Act.

K-EE. Licensee. The individual, ~~agency, group or corporation,~~ organization, or public entity that has received a license to provide care and services at the Facility and with whom rests ~~in which~~ the ultimate responsibility for compliance with the current regulation and authority for the conduct of the renal dialysis facility is vested.

L. Licensing Agency: The Department of Health and Environmental Control.

FF. Medical Director. A physician currently licensed in South Carolina who is responsible for the medical direction of the End-Stage Renal Disease Services.

GG. Medication. A substance that has therapeutic effects including, but not limited to, Legend, Non-Legend, herbal products, over-the counter, nonprescription, vitamins, and nutritional supplements.

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

II. Non-Legend Drug. A drug that may be sold without a prescription and that is labeled for use by the consumer in accordance with state and federal law.

~~M. Outpatient Dialysis: Dialysis furnished on an outpatient basis at a renal dialysis center or facility. Outpatient Dialysis includes staff-assisted dialysis and self-dialysis.~~

~~N.JJ. Patient: A person admitted to and receiving care in a facility who receives care, treatment, or services from a Facility licensed by the Department.~~

~~O. Patient Care Technician: A non-licensed person who provides direct patient care.~~

KK. Physical Examination. An examination of a Patient that meets the requirements set forth in Section 1100 of this regulation by an Authorized Healthcare Provider.

LL. Quality Improvement Program. The process used by a Facility to examine its methods and practices of providing care and services, identify the ways to improve its performance, and take actions that result in higher quality of care and services for the Facility's Patients.

MM. Quarterly. A time period that requires an activity to be performed every three (3) months.

~~P. Registered Nurse: Person licensed by the South Carolina State Board of Nursing as a registered nurse.~~

NN. Registered Health Information Administrator. An individual who holds a professional certification as a Registered Health Information Administrator from the American Health Information Management Association.

OO. Registered Health Information Technician. An individual who holds a professional certification as a Registered Health Information Technician from the American Health Information Management Association in the United States.

PP. Renal Dialysis Equipment Technician. An individual who cleans, sterilizes, sets up, monitors, adjusts, and tests dialysis machines and accessory equipment used in the treatment of Patients with End- Stage Renal Disease.

~~Q-QQ. Renal Dialysis Facility (Facility): An outpatient Facility which offers staff-assisted Dialysis or self-dialysis and Home Dialysis Training and support services to end-stage renal disease patients. A facility may be composed of one or more fixed buildings, mobile units, or a combination.~~

RR. Revocation of License. An action by the Department to cancel or annul a Facility License by recalling, withdrawing, or rescinding the Facility's authorization to operate.

~~R. Self-Dialysis and Home Dialysis Training: A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self-dialysis or home dialysis.~~

~~S. Self Dialysis Unit: A unit that is part of an approved renal transplantation center, renal dialysis center, or renal dialysis facility, and furnishes self-dialysis services.~~

~~T-SS. Social Worker: A person licensed as a social worker by the South Carolina Board of Social Work Examiners.~~

~~U. Staff Assisted Dialysis: Dialysis performed by qualified staff of the center or facility.~~

TT. Station. An individual Patient treatment area that provides sufficient space to accommodate the dialysis equipment and supplies needed for Dialysis. Includes Stations specifically for chronic Hemodialysis, Home Hemodialysis Training, and Peritoneal Dialysis.

UU. Suspension of License. An action by the Department requiring a Facility to cease operations for a period of time or to require a Facility to cease admitting Patients, until such time as the Department rescinds that restriction.

VV. Tuberculosis Risk Assessment. An initial and ongoing evaluation of the risk for transmission of Mycobacterium tuberculosis in a particular healthcare setting.

SECTION 102. Interpretations Licensure. (II)

~~A. Except as outlined in B, below, no~~ No person, partnership, corporation, private or public organization, political subdivision or other governmental agency shall establish, ~~conduct or operate,~~ maintain, or represent itself (advertise or market) as a ~~renal dialysis facility~~ Renal Dialysis Facility in South Carolina without first obtaining a ~~license~~ License from the Department. The Facility shall not admit Patients prior to the effective date of the License. When it has been determined by the Department that treatment, care, or services are being provided at a location, and the owner has not been issued a license from the Department to provide such treatment, care and services the owner shall cease operation immediately and ensure the safety, health, and well-being of the Patients. Current or previous violations of South Carolina Code or Department regulations may jeopardize the issuance of a License for the Facility or the licensing of any other Facility, or addition to an existing Facility that is owned and/or operated by the Licensee. The Facility shall provide only the treatment, care, and services it is licensed to provide pursuant to the definition in Section 101.QQ.
(I)

B. A ~~renal dialysis facility license~~ Renal Dialysis Facility License shall not be required for, nor shall such a ~~license~~ License be issued to:

1. Facilities operated by the federal government.
2. Renal dialysis services provided in licensed hospitals (such services remain within the purview of R.61-16, Minimum Standards for Licensing Hospitals and Institutional General Infirmaries).

~~C. A license is issued pursuant to the provision of Sections 44-39-40 through 44-39-80 of the South Carolina Code of Laws of 1976, as amended, and the standards promulgated thereunder and shall be posted in a conspicuous place in a public lobby or waiting room. 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 standards of the State of South Carolina.~~

~~D. Any renal dialysis facility which is in operation at the time of promulgation of any applicable rules or regulations shall be given a reasonable time, not to exceed one year from date of such promulgation, within which to comply with such rules and regulations.~~

E. Effective Date and Term of License: A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility that has not been inspected during that year may continue to operate under its existing license until an inspection is made.

~~F. Separate Licenses: Separate licenses are required for facilities not maintained on the same premises. Separate licenses may be issued for facilities maintained in separate buildings on the same premises.~~

~~G. Licensing Fees: Each applicant shall pay an annual license fee prior to issuance of the license. The annual fee shall be two hundred dollars for the first ten stations and twenty dollars for each additional station.~~

~~H. Inspections: Each facility submitting an application for licensing or re-licensing shall be inspected prior to initial licensure and at least annually by authorized representatives of the Department. All licensed and prospective licensed facilities are subject to inspection at any time. All facilities to which these requirements apply shall permit entrance to all properties and access to every area, object and records and reports by representatives of the Department.~~

~~I. Initial License: A new facility, or one that has not been continuously licensed under these or prior Standards, shall not provide renal dialysis services until it has been issued an initial license. Appendix A sets forth the prerequisites for initial license.~~

~~J. Noncompliance: When noncompliances with the Licensing Standards are detected, the applicant or licensee will be notified of the violations and at the same time requested to provide information as to how and when such items will be corrected. If an item of noncompliance is of a serious nature and is not promptly corrected, a penalty may be invoked or a license may be denied, suspended or revoked.~~

~~K. Exceptions to Licensing Standards: The Department reserves the right to make exceptions to these Standards where it is determined that the health and welfare of the community require the services of the facility and that the exception, as granted, will have no significant impact on the safety, security or welfare of the facility's occupants.~~

~~L. Change of License: A facility shall request issuance of an amended license, by application to the Department, prior to any of the following circumstances:~~

- ~~1. Change of ownership by purchase or lease.~~
- ~~2. Change of facility's name or address.~~
- ~~3. Addition of a renal dialysis station or any part thereof.~~

C. Compliance. An initial License shall not be issued to a proposed Facility until the Licensee applicant has demonstrated to the Department that the proposed Facility is in substantial compliance with this regulation. In the event a Licensee who already has a Facility or activity licensed by the Department makes application for another Facility or an increase in Licensed Capacity, the currently licensed Facility or activity shall be in substantial compliance with the applicable standards prior to the Department issuing a License to the proposed Facility or an amended License to the existing Facility. A copy of licensing standards shall be maintained at the Facility and accessible to all staff members and volunteers. Facilities shall comply with applicable local, state, and federal laws, codes, and regulations.

D. Licensed Dialysis Stations. No Facility that has been authorized to provide a set number of licensed stations, as identified on the face of the License, shall exceed the Licensed Capacity. No Facility shall establish new care or services or occupy additional Stations or renovated space without first obtaining authorization from the Department.

E. Issuance and Terms of License.

1. The License issued by the Department shall be posted in a conspicuous place in a public area within the facility.

2. The issuance of a license does not guarantee adequacy of individual care, services, personal safety, fire safety, or the well-being of any patient or occupant of a facility.

3. A license is not assignable or transferable and is subject to revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this state.

4. A license shall be effective for a specified facility, at a specific location, for a specified period following the date of issue as determined by the Department. A license shall remain in effect until the Department notifies the licensee of a change in that status.

5. Facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, shall not be considered as dividing otherwise adjoining or contiguous property. For facilities owned by the same entity, separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

6. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity.

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.

G. Application. Applicants for a License shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application shall be signed by the owner(s) if an individual or partnership; by two (2) officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit. Corporations or limited partnerships, limited liability companies or any other organized business entity shall be registered with the S.C. Secretary of State's Office if required to do so by state law. (II)

H. The application for initial licensure shall include:

1. The application shall set forth the full name and address of the Facility for which the License is sought and of the owner in the event his or her address is different from that of the Facility, and the names of the persons in control of the Facility. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with this regulation;

2. The applicant's oaths assuring that the contents of the application are accurate and true, and that the applicant will comply with this regulation;

3. Proof of ownership of real property in which the Facility is located, or lease agreement allowing the Licensee to occupy the real property in which the Facility is located;

4. Verification of Administrator's qualifications;

5. Name of director of nursing services; and

6. Number of renal dialysis Stations.

I. Licensing Fees. Each applicant shall pay an Annual License fee prior to issuance of a License. The Annual fee shall be two hundred dollars (\$200.00) for the first ten (10) Stations and twenty dollars (\$20.00) for each additional Station. Annual licensing fees shall also include any outstanding inspection fees. All fees are non-refundable, shall be made payable by check or credit card to the Department or online, and shall be submitted with the application. (II)

J. Licensing Late Fee. Failure to submit a renewal application and fee to the Department by the license expiration date shall result in a late fee of seventy-five dollars (\$75.00) or twenty-five percent (25%) of the licensing fee amount, whichever is greater, in addition to the licensing fee. Failure to submit the licensing fee and licensing late fee to the Department within thirty (30) days of the license expiration date shall render the Facility unlicensed. (II)

K. License Renewal. For a License to be renewed, applicants shall submit a complete and accurate application on a form prescribed and furnished by the Department, shall pay the License fee, and shall not have pending enforcement actions by the Department. If the License renewal is delayed due to enforcement actions, the renewal License shall be issued only when the matter has been resolved by the Department, or when the adjudicatory process is completed, whichever is applicable.

L. Amended License. A Facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

1. Addition of Renal Dialysis Station or any part thereof; including:

- a. Chronic Hemodialysis Stations;
- b. Home Hemodialysis Training Stations; or
- c. Peritoneal Stations;

2. Change of Facility location from one geographic site to another;

3. Change in Facility name or address (if notified by post office the address has changed)

M. Change of Licensee. A Facility shall request issuance of a new License by application to the Department prior to a change of the legal entity, for example, sole proprietorship to or from a corporation, or partnership to or from a corporation, even if the controlling interest does not change.

N. The licensee shall notify the Department, in a means as determined by the Department, of a change in controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name.

O. Variance. A variance is an alternative method that ensures the equivalent level of compliance with the standards in this regulation. The Facility may request a variance to this regulation in a format as determined by the Department. Variances shall be considered on a case by case basis by the Department. The Department may revoke issued variances as determined to be appropriate by the Department.

SECTION 103. Penalties

Facilities shall be subject to a penalty for violating Licensing Regulations (Sections 44-39-40 through 44-39-80 and 44-7-320 of the South Carolina Code of Laws of 1976, as amended). When upon inspection or investigation 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 except with respect to violations determined to have only a minimal relationship to health or safety, the following conditions apply:

A. Class I violations are those which the Department determines present an imminent danger to the patients of the facility or a substantial probability that death or serious physical harm could result there from. 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 have a direct or immediate relationship to the health, safety or security of the facility's patients. 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, e.g., (I) or (II). Violations of sections which are not annotated in that manner will be considered as Class III violations. As provided in Section 44-7-320 of the Code, the department may deny, suspend, or revoke licenses or assess a monetary penalty for violations of provisions of law or departmental regulations. The department shall exercise discretion in arriving at its decision to take any of these actions. 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. If a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount.

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

CHAPTER 2
Licensing Procedures

SECTION 201. Application.

~~A. Applicants for a license shall file applications under oath annually with the Department upon forms provided by the Department, and shall pay an annual license fee. The application shall set forth the following:~~

~~The application shall set forth the following:~~

- ~~1. Name, address, and telephone number of facility;~~
- ~~2. Name and address of licensee;~~
- ~~3. Names of all parties with at least five percent ownership;~~
- ~~4. Names of operator(s) and/or governing authority;~~
- ~~5. Name of chief executive officer;~~
- ~~6. Numerical composition of medical and support staff;~~
- ~~7. Name of director of nursing services;~~
- ~~8. Number of renal dialysis stations;~~
- ~~9. Description of arrangements for emergency transportation of patients from the facility;~~
- ~~10. Name of hospital(s) with which a transfer agreement has been made, if applicable.~~

~~B. The governing authority shall file application for a license for a new facility or for the renewal of a license for an existing facility. Applications for a new facility or additional stations shall be submitted at least 30 days prior to opening.~~

~~SECTION 202. Requirements for Issuance of License.~~

~~A. Upon receipt of an application for a license from a facility never before licensed, a representative of the Department shall make an inspection of that facility.~~

~~B. When it is determined that the facility is in compliance with the requirements of these Standards, and a properly completed application and licensing fee have been received by the Department, a license shall be issued.~~

~~C. No proposed facility shall be named nor may any existing facility have its name changed to the same or similar name as a facility licensed in the State. If it is part of a "chain operation" it shall then have the area in which it is located as part of its name.~~

~~SECTION 203. Termination of License.~~

~~A license is not assignable or transferable and is subject to revocation at any time by the Department for failure to comply with laws and standards of the State of South Carolina. When a licensed facility ceases operation, the license shall be returned to the Department within 10 days.~~

SECTION 200 – ENFORCEMENT OF 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 and Investigations.

A. A Facility shall undergo Inspection by the Department prior to initial licensing and is subject to subsequent Inspections as deemed appropriate by the Department. (I)

B. The Facility shall allow all individuals authorized by South Carolina law to enter the Facility for the purpose of Inspection and/or Investigation and granted access to all properties and areas, objects, requested records, and documentation at the time of the Inspection or Investigation. The Department shall 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. The physical areas of Inspections and Investigations shall be determined by the Department based on the potential impact or effect upon Patients. (I)

C. When there is noncompliance with the licensing standards, the Facility shall submit an acceptable plan of correction in a format determined by the Department. The plan of correction shall be signed by the Administrator and returned by the date specified on the report of Inspection or Investigation. The 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.

D. The Facility shall make available to the public copies of reports of Inspections or Investigations conducted by the Department, including the Facility response, upon written request with redactions of names of individuals in the report as provided by S.C. Code Sections 44-7-310 and 44-7-315.

E. The Facility shall pay a fee of three hundred fifty dollars (\$350.00) plus twelve dollars (\$12.00) per licensed Station for initial and routine Inspections. The fee for Station increase Inspections and follow-up inspections is two hundred dollars (\$200.00) plus twelve dollars (\$12.00) per licensed Station.

F. The Licensee shall pay the following inspection fees during the construction phase of the project. The plan inspection fee is based on the total estimated cost of the project whether new construction, an addition, or a renovation. The fees are detailed in the table below.

<u>Construction Inspection Fees</u>	
<u>Plan Inspection</u>	
<u>Total Project Cost</u>	<u>Fee</u>
<u>< \$10,001</u>	<u>\$750</u>
<u>\$10,001 - \$100,000</u>	<u>\$1,500</u>
<u>\$100,001 - \$500,000</u>	<u>\$2,000</u>

> \$500,000	\$2,500 plus \$100 for each additional \$100,000 in project cost
Site Inspection	
50% Inspection	\$500
80% Inspection	\$500
100% Inspection	\$500

203. Consultations.

Consultations may be provided by the Department as requested by the Facility or as deemed appropriate by the Department.

CHAPTER 3
Governing Authority and Management

SECTION 301. General.

Every facility shall be organized, equipped, manned and administered to provide adequate care for each person admitted.

SECTION 302. Governing Authority.

A. The governing board, or the owner, or the person or persons designated by the owner as the governing authority shall be the supreme authority responsible for the management control of the facility and shall not:

1. Permit, aid or abet the commission of any unlawful act relating to the securing of a certificate of need or the operation of the facility; and/or
2. With the exception of abusive or disruptive patients, refuse to admit and treat, on the basis of medical need, alcohol and substance abusers, alcoholics, and mentally ill or persons with intellectual disability solely because of the alcoholism, mental illness or intellectual disability.

B. A written set of bylaws or other appropriate policies and procedures for operation of the facility shall be formulated by the governing authority. These shall: (H)

1. State the purpose of the facility;
2. Specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individual responsible;
3. Provide for at least annual meetings of the governing authority;
4. Provide for a policies and procedures manual which is designed to ensure professional and safe care for the patients to include but not limited to:
 - a. Admission criteria;
 - b. Rights and responsibilities of patients;

- e. Patient grievance procedures;
- d. Contamination prevention procedures;
- e. Personnel training requirements;
- f. Reuse of "kidney".

5. Provide for annual reviews and evaluations of the facility's policies, procedures, management and operation.

6. Provide for a facility-wide quality assurance program to evaluate the provision of patient care. The program shall have a written plan of implementation and be continuous with annual reviews.

SECTION 303. Administrator.

The full time administrator shall be selected by the governing authority and shall be responsible for the management and administration of the facility and shall see that the bylaws and amendments thereto are complied with. The Director of Nursing may serve as the administrator. Any change in the position of the administrator shall be reported immediately by the governing authority to the Department in writing. An individual shall be appointed to act in the absence of the administrator. The administrator must hold at least a baccalaureate degree or have a minimum of an associate degree in a health-related field with at least two years experience in ESRD within the past five years. (II)

SECTION 304. Administrative Records.

The following essential documents and references shall be on file in the administrative office of the facility:

- A. Appropriate documents showing control and ownership;
- B. Bylaws, policies and procedures of the governing authority;
- C. Minutes of the governing authority meeting if applicable;
- D. Minutes of the facility's professional and administrative staff meetings;
- E. A current copy of these regulations;
- F. Reports of inspections, reviews, and corrective actions taken related to licensure; and
- G. Contracts and agreements to which the facility is a party.

SECTION 305. Personnel.

Qualified personnel shall be employed in sufficient numbers to carry out the functions of the facility. The licensee shall obtain written applications for employment from all employees. Such applications shall contain accurate information as to education, training, experience, health and personal background of each employee. All applications for licensed personnel shall contain the South Carolina license number and/or current renewal number, if applicable. All employees shall have a physical examination within one year

~~prior to employment and a test for the Hepatitis B surface antigen must be performed within one month prior to patient contact. (H)~~

~~A. All new employees shall have a tuberculin skin test within three months prior to patient contact unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is to be used. Employees with tuberculin test reactions of 10mm or more of induration should be referred for appropriate evaluation. The two-step procedure (one Mantoux test followed one week later by another) is advisable for initial testing for every new employee in order to establish a reliable baseline.~~

~~1. Employees with reactions of 10mm and over to the initial tuberculin test, those who are documented with previously positive reactions, those with newly converted skin tests and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, or fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment should be given and contacts examined.~~

~~2. There is no need to conduct initial or routine chest radiographs on employees with negative tuberculin tests who are asymptomatic.~~

~~3. Employees with negative tuberculin skin tests shall have an annual tuberculin skin test and, depending upon the test results, shall be followed as described in this regulation.~~

~~4. No employee who is a positive reactor to the skin test shall have patient contact until certified non-infectious by a physician.~~

~~5. New employees who have a history of tuberculosis disease shall be required to have certification by a licensed physician that they are not contagious.~~

~~6. Employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician and will not be allowed to return to work until they have been declared noncontagious.~~

~~7. Preventive treatment of new positive reactors without disease should be an essential component of the infection control program. It should be considered for all infected employees who have patient contact, unless specifically contraindicated. Routine annual chest radiographs of positive reactors do little to prevent tuberculosis and therefore are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, may be exempt from further routine chest radiographic screening unless they have symptoms of tuberculosis.~~

~~8. Post exposure skin tests should be provided for tuberculin negative employees within 12 weeks after termination of contact for any suspected exposure to a documented case of tuberculosis.~~

~~9. A person shall be designated at each facility to coordinate tuberculosis control activities.~~

~~B. Additional direct care personnel (R.N.'s, L.P.N.'s, or patient care technicians) shall be on duty to assure a ratio of 1 person to each 4 stations or fraction thereof. (I)~~

~~C. Each equipment technician must have successfully completed a training course and demonstrated competence in supervising and/or providing maintenance and/or repair for dialysis and other related equipment. The programs must contain at least the following subject content: (H)~~

~~1. Prevention of Hepatitis via dialysis equipment;~~

~~2. The safety requirements of dialysate delivery systems;~~

~~3. Bacteriologic control;~~

~~4. Water quality standards;~~

~~5. Repair and maintenance of dialysis and other equipment.~~

~~D. Personnel Records: A personnel record folder shall be maintained for each employee. The folder shall contain history and physicals, laboratory test results, resumes of training and experience, and current job description that reflects the employee's responsibilities and work assignments, orientation and periodic evaluations.~~

~~E. Job Descriptions:~~

~~1. Written job descriptions which adequately describe the duties of every position shall be maintained.~~

~~2. Each job description shall include: position, title, authority, specific responsibilities and minimum qualifications.~~

~~3. Job descriptions shall be given to each employee when assigned to the position and when revised. The job description shall be reviewed jointly by the employee and supervisor annually with signatures and date of review.~~

~~F. Orientation: (H)~~

~~1. Each facility shall have and execute a written orientation program to familiarize each new employee with the facility, its policies and job responsibilities.~~

~~2. For direct patient care personnel, the program shall contain at least the following subject content:~~

~~a. fluid and electrolyte balance;~~

~~b. kidney disease and treatment;~~

~~e. dietary management;~~

~~d. principles of dialysis;~~

~~e. dialysis technology;~~

~~f. venipuncture technique;~~

~~g. care of dialysis patient;~~

~~h. prevention of hepatitis and other infectious diseases.~~

~~G. Continuing education in ESRD care shall be provided to all non-clerical employees at least quarterly. Inservice training may be provided by qualified facility staff.~~

~~H. The physician director shall certify that each direct care person has completed the appropriate orientation and has demonstrated competence in the technical areas of employment. The physician director shall assure that each direct care person remain so competent.~~

SECTION 306. Medical Staff.

~~A. If more than one physician practices in a facility, they shall be organized as a medical staff with appropriate bylaws approved by the governing body. The medical staff shall meet at least quarterly and minutes shall be maintained of such meetings.~~

~~B. The governing body shall designate a qualified physician as director of the ESRD services. The appointment shall be made upon the recommendation of the facility's organized medical staff, if there is one. The physician director shall be responsible for the execution of patient care policies and medical staff bylaws and rules and regulations. (H)~~

~~C. A qualified nephrologist or licensed physician with demonstrated experience in the care of patients with end-stage renal disease shall be on call and physically available to patients within a reasonable time. (I)~~

SECTION 307. Transfer Agreement.

~~Each renal dialysis facility shall have in effect a transfer agreement with one or more hospitals, for the provision of inpatient care and other hospital services. The transfer agreement shall provide the basis for effective working relationships under which inpatient hospital care or other hospital services are promptly available to the dialysis facility's patients when needed. The dialysis facility shall have in its files documentation from the hospital to the effect that patients from the dialysis facility will be accepted and treated in emergencies. There shall be reasonable assurances that:~~

~~A. Transfer or referral of patients will be effected between the hospital and the dialysis facility whenever such transfer or referral is determined as medically appropriate by the attending physician, with timely acceptance and admission;~~

~~B. There shall be interchange, within one working day, of medical and other information necessary or useful in the care and treatment of patients transferred to a hospital or any other inpatient medical facility, or to another ESRD facility;~~

~~C. Security and accountability are assured for patient's personal effects.~~

SECTION 308. Rights of Patients.

~~The governing body of the facility shall adopt written policies regarding the rights and responsibilities of patients and, through the administrator, shall be responsible for development of and adherence to procedures implementing such policies. These policies and procedures shall be made available to patients and any guardians, next of kin, sponsoring agency(ies), representative payees and to the public. The staff of the facility shall be trained and involved in the execution of such policies and procedures. (H)~~

~~A. The patients' rights policies and procedures shall ensure that all patients in the facility are:~~

~~1. fully informed of these rights and responsibilities, and of all rules and regulations governing patient conduct and responsibilities;~~

- ~~2. fully informed of services available in the facility and of related charges;~~
 - ~~3. informed by a physician of their medical condition unless medically contraindicated (as documented in their medical records);~~
 - ~~4. afforded the opportunity to participate in the planning of their medical treatment and to refuse to participate in experimental research;~~
 - ~~5. be transferred or discharged only for medical reasons or for the patient's welfare or that of other patients, or for nonpayment of fees and given notice to ensure orderly transfer or discharge; and~~
 - ~~6. treated with consideration, respect and full recognition of their individuality and personal needs, including the need for privacy in treatment.~~
- ~~B. The facility shall have written documentation by the patient that he/she has had his/her rights explained.~~

SECTION 309. Disaster Preparedness: (H).

~~A. The facility shall have a posted plan for evacuation of patients, staff, and visitors in case of fire or other emergency.~~

~~B. Fire Drills:~~

~~1. At least one drill shall be held every three months to familiarize all employees with the drill procedure. Reports of the drills shall be maintained. Staff and patient participation shall be documented.~~

~~2. Upon identification of procedural problems with regard to the drills, records shall show that corrective action has been taken.~~

SECTION 310. Incident and Accident Reports.

~~A record of each accident or incident occurring in the facility, including medication errors and adverse drug reactions shall be prepared immediately. Accidents resulting in serious injury or death shall be reported, in writing, to the licensing agency within 10 days of the occurrence. (H)~~

~~Accidents and incidents that must be recorded include but are not limited to:~~

- ~~1. those leading to hospitalization;~~
- ~~2. those leading to death;~~
- ~~3. use of wrong dialyzer on patient;~~
- ~~4. blood spills of more than 75 ml.;~~
- ~~5. hemolytic transfusion reactions;~~
- ~~6. reactions to dialyzers.~~

SECTION 300 – ENFORCEMENT ACTIONS

301. General.

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 deny, suspend, or revoke Licenses, or assess a monetary penalty, or both.

302. Violation Classifications.

Violation of standards in this regulation are classified as follows:

A. Class I violations are those that present an imminent danger to the health, safety, or well-being of the persons in the Facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or 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 exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations that have a negative impact on the health, safety or well-being of persons in the Facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in this regulation or those that are against the best practices. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

D. The notations “(I)” or “(II),” placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In determining an enforcement action the Department shall consider the following factors:

1. Specific conditions and their impacts or potential impacts on health, safety, or well-being of the Patients including, but not limited to: deficiencies in medication management; critical waste water problems; housekeeping, maintenance, or fire and life safety-related problems that pose a health threat to the Patients; power, water, gas, or other utility and/or service outages; Patients exposed to air temperature extremes that jeopardize their health; unsafe condition of the building or structure; indictment of an administrator for malfeasance or a felony, which by its nature indicates a threat to the Patients; direct evidence of abuse, neglect, or exploitation; no staff available at the Facility with Patients present; unsafe procedures and/or treatment being practiced by staff; (I)

2. Repeated failure of the Licensee or Facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services; (II)

3. Efforts by the Facility to correct cited violations;

4. Overall conditions of the Facility;

5. History of compliance; and

6. Any other pertinent conditions that may be applicable to current statutes and regulations.

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

<u>FREQUENCY OF VIOLATION</u>	<u>CLASS I</u>	<u>CLASS II</u>	<u>CLASS III</u>
<u>1st</u>	<u>\$500-1,500</u>	<u>\$300-800</u>	<u>\$100-300</u>
<u>2nd</u>	<u>1,000-3,000</u>	<u>500-1,500</u>	<u>300-800</u>
<u>3rd</u>	<u>2,000-5,000</u>	<u>1,000-3,000</u>	<u>500-1,500</u>
<u>4th</u>	<u>5,000</u>	<u>2,000-5,000</u>	<u>1,000-3,000</u>
<u>5th</u>	<u>5,000</u>	<u>5,000</u>	<u>2,000-5,000</u>
<u>6th</u>	<u>5,000</u>	<u>5,000</u>	<u>5,000</u>

CHAPTER 4
Professional Care

SECTION 401. Patient Care and Professional Services.

~~Written patient care policies relating to all areas of facility care shall be developed by the physician director or medical staff and shall be approved by the governing body. They shall be reviewed at least yearly by a committee composed of a physician, RN, dietitian and social worker. Policy shall provide that the hours of dialysis shall be scheduled for patient convenience whenever feasible or possible. Policies shall discuss care of patients in medical emergencies, the kinds of emergencies they can handle, and when patient must seek referral. Every patient shall be under the care of a physician. Patients shall be under the care of a physician. Patients shall be instructed in procedures to follow during medical emergencies which might arise during hours when they are inside/outside the facility. (H)~~

SECTION 402. Patient Care Plans.

~~There shall be short term and long term care plans for each patient, developed by the professional team to ensure appropriate modality of care. The short term and long term care plans shall be developed within the first month of care. Such plans shall be based on the nature of the patient's needs based on prior medical workup.~~

~~A. The short term care plan shall reflect medical, psychological, social, and dietary needs, and stability of patients. It shall be reviewed at least monthly on unstable patients, every 6 months on stable patients and revised as necessary. There shall be documentation of patient or legal guardian involvement in the development of the short term care plan with the professional team.~~

~~B. The long term care plan shall be reviewed at least annually and include:~~

1. Diagnosis;
2. Type of treatment (Hemodialysis, CAPD, CCPD, self dialysis);
3. Medical plan for next year; and
4. Indication whether a candidate for transplantation or home dialysis.

C. There shall be at least monthly dietitian progress notes and at least quarterly social worker notes.

SECTION 403. Medical Records.

A. Medical Record System:

1. ~~The facility shall maintain a medical record system designed to provide readily available information on each patient. The medical record system shall be under the supervision of a designated, qualified person. A member of the staff shall be designated to serve as supervisor of medical records services. If not a Registered Records Administrator (RRA) or Accredited Records Technician (ART), the staff member must receive consultation from RRA or ART. (H)~~

2. ~~The medical records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. All information shall be centralized in the patient's medical record. (H)~~

3. ~~The facility shall maintain adequate facilities, equipment and space for record processing and statistical information. (H)~~

B. Medical Record Contents – Current medical records shall contain:

1. face sheet
 - a. identification data (name, DOB, sex);
 - b. diagnosis;
 - c. doctor's name and phone number;
 - d. family member to be contacted in case of emergency and phone number;
 - e. patient's address and phone number;
 - f. date of admission;
2. doctor's orders for at least one year. Standing orders shall be updated on an annual basis;
3. documentation of physician's visit, at least weekly, by either progress note or run (flow) sheet for at least one year (at least one month of the most current run sheets must be contained in the active file);
4. lab and x-ray reports;

- ~~5. annual history and physical;~~
- ~~6. social worker and dietary initial assessments, updates and progress notes for one year updates;~~
- ~~7. miscellaneous consultations, hospitalizations;~~
- ~~8. long-term care plan updated annually;~~
- ~~9. current short-term care plan;~~
- ~~10. nurses' progress notes each time of dialysis for one month;~~
- ~~11. nurse's initial admission assessment;~~
- ~~12. signed consent forms.~~

~~C. Medical records shall be completed within 30 days after discharge.~~

~~D. The administrator shall be responsible for safeguarding information in the medical record against loss, tampering or use by unauthorized persons.~~

~~E. Medical records shall be the property of the facility and shall not be removed from the premises wherein they are filed except by subpoena, court order or for valid medical reasons.~~

~~F. The length of time that medical records are to be retained is dependent upon the need for their use in continuing patient care and for legal, research or educational purposes. This length of time shall be not less than 10 years.~~

~~G. Should a facility cease operation, there shall be an arrangement for preservation of records to insure compliance with these regulations. The Department shall be notified, in writing, concerning the arrangements.~~

SECTION 404. Nursing Services.

~~Each facility shall have the following minimum staffing to provide services. (I)~~

~~1. A registered nurse shall serve as the director of nursing. The director must have at least 18 months of experience in clinical nursing with at least 6 months experience in care of patients with ESRD.~~

~~2. A registered nurse who shall serve as charge nurse.~~

~~3. At least one registered nurse shall be on duty during each patient shift for each 10 stations or portion thereof. The charge nurse may serve in this capacity.~~

SECTION 405. Pharmaceutical Services.

~~Pharmaceutical services shall be provided in accordance with accepted professional principles and federal, state and local laws and regulations.~~

~~A. Emergency Drugs:~~

~~1. Emergency Kit or Emergency Drugs. Each Renal Dialysis Facility shall maintain, upon the advice and written approval of the physician director, an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of his patient. This kit or medicine shall be stored in such a manner as to prohibit its access by unauthorized personnel. If an emergency cart is utilized, a listing of contents by drawer shall be placed on the emergency cart to allow quick retrieval. Contents shall correspond with the inventory list. (I)~~

~~2. Drug Reference Sources. Each Renal Dialysis Facility shall maintain reference sources for identifying and describing drugs and medicines. (II)~~

~~B. Administering Drugs and Medicines. Drugs and medicines shall not be administered to individual patients or to anyone within or outside the facility unless ordered by a physician duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician who prescribes the drug or medicine. All verbal or telephone orders shall be received by a registered nurse, licensed practical nurse, or a physician and shall be reduced to writing on the physician's order sheet with an indication as to the prescribing physician and who wrote the order. Telephone or verbal orders shall be signed and dated by the prescribing physician or designated physician(s) within 72 hours (a list of designated physicians shall be available at the facility). (I)~~

~~C. Medicine Storage. Medicines and drugs maintained in the facility for daily administration shall be properly stored and safeguarded in enclosures of sufficient size and which are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to ± 3 degrees shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Narcotics and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable State and Federal laws. (I)~~

~~D. Medicine Preparation Area. Medicines and drugs shall be prepared for administration in an area which contains a counter and a sink. This area shall be located in such a manner to prevent contaminations of medicines being prepared for administration. (II)~~

~~E. Narcotic Permit. If a stock of controlled drugs is to be maintained, the facility may use the medical director's license for narcotics or procure a controlled drug permit from the S.C. Bureau of Drug Control and the Federal Drug Enforcement Agency. The permits shall be readily retrievable. (I)~~

~~F. Records. Records shall be kept of all stock supplies of controlled substances giving an accounting of all items received and/or administered. (I)~~

~~G. Poisonous Substances. All poisonous substances must be plainly labeled and kept in a cabinet or closet separate from medicines and drugs to be prepared for administration. (I)~~

~~H. Review of Medications. A physician, pharmacist or registered nurse shall review at least monthly all medications prescribed by the facility's physician for each patient, for potential adverse reactions, allergies, interactions, etc. (II)~~

SECTION 406. Dietary Services.

~~All dietary consultation provided shall be under the supervision of a registered dietitian. Each patient shall be evaluated as to his/her nutritional needs by the attending physician and a dietitian. The dietitian in consultation with the physician shall be responsible for assessing the nutritional and dietetic needs of each patient, recommending therapeutic diets, counseling patients and their families on prescribed diets, and~~

~~monitoring adherence and response to diets. Each facility shall employ or contract with a dietitian(s) to provide for the dietary needs of each patient. The contractual hours shall be sufficient and agreed upon by the medical director and the dietitian to carry out these functions. (II)~~

SECTION 407. Laboratory Services: (II).

~~A. Laboratory services shall be provided under contract to meet the needs of the patient except that hematoerits, clothing times and blood glucoses, which the facility uses to monitor its patients, may be done by the dialysis facility's staff, who are qualified by education and experience to perform such duties under the direction of a physician.~~

~~B. Controls. There shall be a quarterly constant packing time performed on all centrifuges used for hematoerits. Records of performed CPT shall be maintained.~~

~~C. Maintenance of Equipment. Each piece of equipment used to perform laboratory procedures shall be entered in the facility's preventive maintenance program.~~

~~D. Administration of Blood. If a facility administers blood to patients, the following must be complied with:~~

~~1. Blood must be transported from the laboratory processing the blood to the facility in a container that will ensure maintenance of a temperature of 1 to 10 degrees centigrade. Temperature must be recorded upon arrival.~~

~~2. If blood is not administered immediately upon arrival, it must be stored in a refrigerator at 1-6 degrees centigrade. The temperature of the refrigerator must be monitored and recorded.~~

~~E. All laboratory supplies shall be monitored for expiration dates, if applicable.~~

SECTION 408. Social Services.

~~Social services shall be provided to patients and their families and shall be directed at supporting and maximizing the social functioning and adjustment of the patient. The social worker shall be responsible for conducting psycho-social evaluations, participating in team review of patient progress and recommending changes in treatment based on the patient's current psycho-social needs, providing case work and group work services to patients and their families in dealing with the special problems associated with ESRD, and identifying community social agencies and other resources and assisting patients and families to utilize them. Each facility shall employ or contract with a social worker and adequate number(s) of qualified assistant(s) to meet the social needs of patients. (II)~~

SECTION 409. Infection Control.

~~A. The facility shall have an infection control committee or any other appropriate committee composed of at least the administrator, a physician and a registered nurse which shall be responsible for writing and enforcing policies and procedures for preventing and controlling hepatitis and other infections. The policies and procedures shall include but not be limited to: (II)~~

~~1. appropriate procedures for prevention of hepatitis and other infectious diseases, to include the utilization of universal precautions for prevention of transmission of bloodborne pathogens currently recommended by the Centers for Disease Control;~~

- ~~2. appropriate procedures for surveillance and reporting of infections to include infection rates;~~
- ~~3. housekeeping;~~
- ~~4. handling and disposal of waste and contaminants;~~
- ~~5. sterilization and disinfection of equipment;~~
- ~~6. prevention of contamination by blood and other body fluids of units outside of the dialysis and dialyzer reprocessing areas including toilet facilities, staff lounge, etc.;~~
- ~~7. protection of patient clothing during the time when blood lines are opened or needles inserted or withdrawn; and~~
- ~~8. investigation of infections.~~

~~B. Reportable Diseases: All cases of diseases which are required to be reported in accordance with DHEC Regulation 61-20, Communicable Diseases, and any occurrences such as epidemic outbreaks or poisonings or other unusual occurrence, which threatens the welfare, safety or health of patients or personnel, shall be reported immediately to the local health director and to the Office of Health Licensing of the Department. (H)~~

~~C. Reports of infections such as abscesses, septicemia, hepatitis or other communicable diseases observed during admission or follow up (or return) visit of the patient shall be made and kept as a part of the patient's medical files. Efforts shall be made to determine the origin of any such infection and if the dialysis procedure was found to be related to acquiring the infection, remedial action shall be taken to prevent recurrence. (H)~~

~~D. Hepatitis Surveillance: Hepatitis testing: Candidates for dialysis shall be screened for the hepatitis B surface antigen (HBsAg) within one (1) month before or at the time they enter the unit in order to determine their serologic status for surveillance purposes. All potential employees shall be screened for HBsAg prior to patient contact. This initial screening determines the individual's serologic status for surveillance purposes. Thereafter, routine serologic testing to monitor for Hepatitis B infection shall be conducted in accordance with the following schedule: (I)~~

~~1. If Unvaccinated:~~

~~a. "Susceptible"(When individual is HBsAg and HBsAb negative):~~

~~(1) For HbsAg, test patients monthly and staff semi-annually.~~

~~(2) For HbsAb, test patients and staff semi-annually.~~

~~b. "Infected"(When individual is HbsAg positive):~~

~~(1) Test patients and staff for HBsAg, HBsAb, and HBeAb monthly for six months, then annually.~~

~~(2) If still positive, conduct annual HBsAg. If individual reverts to negative HBsAg, test HBsAb & HBeAg annually or one time which indicates "immune".~~

~~e. "Immune" (When individual is HBsAb positive): Test patients and staff for HBsAb once to confirm status, then follow up every three years.~~

~~2. If Vaccinated:~~

~~a. "Immune" (When individual is HBsAb positive): Test patients and staff for HBsAb once to confirm status, then follow up every three years.~~

~~b. "Low Level Immunity" or Negative (non-responder): Test patients and staff for HBsAb once to confirm status, then follow up every three years.~~

~~E. Isolation Facilities: (II) A separate isolation dialysis room shall be provided in all facilities accepting hepatitis B surface antigen positive patients.~~

~~F. Linens: (II)~~

~~1. All reusable linens, including those used as sterilizing wrappers, must be laundered before re-use.~~

~~2. Clean linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection.~~

~~3. The facility shall have available at all times a quantity of linen essential for proper care and comfort of patients.~~

~~4. Used linens shall be kept in closed and covered containers while being stored or transported.~~

~~G. A sharp's disposal system shall be utilized and appropriately covered. (II)~~

~~H. Paper towels or air hand dryers and soap dispensers with soap must be provided at all lavatories in the facility. (II)~~

~~**SECTION 410. Toxic and Hazardous Substances.**~~

~~The facility shall have policies and procedures for dealing with toxic and hazardous substances. Such policies and procedures shall conform to current Occupational Safety and Health Administration standards regarding formaldehyde, renalin or any other sterilizing agents. (II)~~

~~A. Procedures shall be developed to cover at a minimum:~~

~~1. formaldehyde vapor concentration;~~

~~2. fire prevention;~~

~~3. solution exposure;~~

~~4. large and small leaks from machines;~~

~~5. large and small spills; and~~

~~6. solution contact with eyes, skin and/or clothing (appropriate eyewash stations shall be provided in all facilities).~~

~~B. Routine monitoring of vapor concentration shall be conducted and recorded in writing in accordance with current OSHA guidelines.~~

~~SECTION 411. Home Dialysis (Self-Dialysis).~~

~~If the facility provides self-dialysis training, such training shall be provided by a registered nurse, who has had at least 12 months experience in dialysis. The facility shall provide directly or under arrangement the following services: (H)~~

~~A. Hemodialysis:~~

- ~~1. Surveillance of the patient's home adaptation, including provisions for visits to the home or the facility;~~
- ~~2. Consultation for the patient with a qualified social worker and a qualified dietitian;~~
- ~~3. A record keeping system which assures continuity of care;~~
- ~~4. Installation and maintenance of equipment;~~
- ~~5. Testing and appropriate treatment of the water; and,~~
- ~~6. Ordering of supplies on an ongoing basis.~~

~~B. Continuous Ambulatory Peritoneal Dialysis (CAPD). Items 2,3, and 6 of paragraph "A" above must be provided.~~

~~C. Continuous Cycling Peritoneal Dialysis (CCPD). Items 1,2,3,4 and 6 of paragraph "A" above must be provided.~~

SECTION 400 – POLICIES AND PROCEDURES

A. The Facility shall maintain and adhere to written policies and procedures addressing the manner in which the requirements of this regulation shall be met. The Facility shall be in full compliance with the policies and procedures. (II)

B. The written policies and procedures shall include the following: (II)

1. Staffing and training
2. Reporting incidents, accidents, reportable diseases, closure and zero census
3. Patient records
4. Patient care and services
5. Patient rights and assurances
6. Medication management

7. Admissions and discharge

8. Fire prevention

9. Maintenance including doors, windows, HVAC, fire alarm, electrical, mechanical, plumbing, and for all equipment

10. Infection control and housekeeping

11. Water supply

12. Quality Improvement Program

C. The Facility shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the Administrator. All policies and procedures shall be accessible to Facility staff, printed or electronically, at all times.

SECTION 500 – STAFF AND TRAINING

501. General.

A. The Facility shall maintain accurate and current information regarding all staff members of the Facility, to include at least address, phone number, date of hire, date of initial Patient contact, and personal, work, and training background.

B. The Facility shall assign all staff members duties and responsibilities in writing and in accordance with the individual's capability. The Facility shall maintain a personnel file for each staff member. The file shall contain a health assessment, laboratory test results, resumés of training and experience, and current job description that reflects the staff member's responsibilities and work assignments, orientation, and periodic evaluations. (II)

SECTION 502. Administrator. (II)

A. The Facility shall employ a full-time Administrator who shall be responsible for the management and administration of the Facility. The Administrator shall hold at least a bachelor's degree or have a minimum of an associate degree in a health-related field with at least two (2) years of experience in End-Stage Renal Disease within the past five (5) years. The Director of Nursing may serve as the Administrator.

B. Designee. A staff member shall be designated in writing to act in the absence of the Administrator.

C. The Facility shall notify the Department in writing within seventy-two (72) hours of any change in Administrator status and shall provide the Department the name of the newly-appointed Administrator and the effective date of the appointment.

503. Director of Nursing.

The Facility shall have a licensed registered nurse to act as Director of Nursing. The Director of Nursing shall have the following:

A. At least twelve (12) months of experience in clinical nursing, and an additional six (6) months of experience in nursing care for patients with permanent kidney failure or undergoing kidney transplantation, including training in and experience with the Dialysis process; or

B. Eighteen (18) months of experience in nursing care of a patient on dialysis, or in nursing care of a patient with a kidney transplant, including training in and experience with the dialysis process.

C. If responsible for Home Dialysis Training, at least three (3) months of the total required End-Stage Renal Disease experience shall be in training patients in Home Dialysis.

504. Staffing. (I)

A. Each Facility shall have the following minimum staffing to provide services:

1. A registered nurse who shall serve as charge nurse (the Director of Nursing may act in this role);

2. At least one (1) registered nurse shall be on duty during hours of operation for every ten (10) Patients or fraction thereof. The charge nurse may serve in this capacity; and

3. If the Facility provides Home Dialysis training, such training shall be provided by a registered nurse who has had at least twelve (12) months experience in dialysis. At least three (3) months of the total required End-Stage Renal Disease experience shall be in training patients in Home Dialysis.

B. In addition to nursing staff, Direct Care Staff shall be in the building and immediately available to ensure a ratio of one (1) Direct Care Staff to each four (4) Patients or fraction thereof. (I)

C. The Facility shall maintain documentation to ensure the Facility meets Sections 504.A and 504.B

505. Medical Staff.

A. If more than one (1) physician practices in a Facility, they shall be organized as a medical staff with appropriate bylaws approved by the governing body. The medical staff shall meet at least Quarterly and the Facility shall maintain minutes of such meetings.

B. The Facility shall have a licensed physician to serve as Medical Director of the End-Stage Renal Diseases services.

C. The Medical Director shall be responsible for the execution of Patient care policies and medical staff bylaws and rules and regulations. (II)

D. A licensed physician or nephrologist with demonstrated experience in the care of Patients with End-Stage Renal Disease shall be on-call to respond to Dialysis-related Patient issues during all times of clinical operations.

E. The Facility shall maintain a contact list for all on-call personnel, to include name, telephone number, and dates on-call. The Facility shall update the contact list as changes in personal occur, but not less than annually.

506. Job Descriptions.

A. The Facility shall maintain written job descriptions that describe the duties of every position. Each job description shall include position, title, authority, specific responsibilities, and minimum qualifications.

B. Job descriptions shall be signed by each staff member when assigned to the position and when revised.

507. Orientation. (II)

A. The Facility shall develop and execute a written orientation program to familiarize all new staff members with the Facility, its policies, and the staff members' job responsibilities. Documentation of orientation shall include training source, duration, and shall be signed and dated by the trainer and trainee. All required orientation shall be completed prior to Patient contact.

B. For Direct Care Staff, the orientation program shall contain at least the following subject content:

1. Fluid and electrolyte balance;
2. Kidney disease and treatment;
3. Dietary management;
4. Principles of Dialysis;
5. Dialysis technology;
6. Venipuncture technique;
7. Care of Dialysis Patients; and
8. Prevention of Hepatitis and other infectious diseases.

508. Training. (I)

A. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. The following training shall be provided to all Direct Care Staff prior to Patient contact and at a frequency determined by the Facility, but at least annually unless otherwise specified by certificate, e.g., cardiopulmonary resuscitation (CPR):

1. Basic first aid;
2. Confidentiality of Patient information;
3. Patient's rights and assurances;
4. End-Stage Renal Disease care;
5. Cardiopulmonary resuscitation for designated staff members to ensure that there is a certified staff member present whenever residents are in the Facility.

B. Each equipment technician shall have completed a training course. Documentation of the training course shall be maintained in the staff file. The training shall include the following:

1. Prevention of Hepatitis via Dialysis equipment;
2. The safety requirements of dialysate delivery systems;
3. Bacteriologic control;
4. Water quality standards; and
5. Repair and maintenance of Dialysis and other equipment.

C. Facilities may allow Licensed Practical Nurses to perform intravenous (IV) push medication therapy. Prior to any Licensed Practical Nurse performing IV push medication therapy the Facility shall secure and maintain in the individual staff file the following:

1. Documentation of completion of an intravenous (IV) therapy course to include didactic and skill competency verification as required by current state and federal regulations;

2. Documentation of competency of performing IV push medication therapy, and annually thereafter, to include:

a. Administration of set prescribed dose routine and chronic medications;

b. Lab value parameters;

c. Technical administration process monitoring;

d. Emergency plan according to Facility policy and procedures; and

e. All Medications to be administered, to include appropriate dosage, actions, side effects, and contraindications.

509. Health Assessment.

A. All Direct Care Staff shall have a documented Health Assessment within twelve (12) months prior to initial Patient contact. The Health Assessment shall include tuberculin skin testing as described in Section 1704.

B. For staff members working at multiple Facilities operated by the same Licensee, copies of the documented Health Assessment shall be accessible at each Facility.

SECTION 600 – REPORTING

601. Incidents.

A. The Facility shall document every incident, and include an incident review, investigation, and evaluation as well as corrective action taken, if any. The Facility shall retain all documented incidents reported pursuant to this section for six (6) years after the Patient involved is last discharged. For the first year following discharge, these records shall be kept on site and readily available at that Facility.

B. The Facility shall report following types of incidents to the responsible party or emergency contact for each affected individual at the earliest practicable hour, not exceeding twenty-four (24) hours of the

incident. The Facility shall notify the Department immediately, not to exceed twenty-four (24) hours, via the Department's electronic reporting system or as otherwise determined by the Department. Incidents requiring reporting include:

1. Confirmed or suspected crimes against Patients;
2. Confirmed or suspected Abuse, Neglect, or Exploitation;
3. Use of wrong dialyzer on Patient;
4. Blood spills of more than one hundred (100) milliliters;
5. Adverse reactions to Hemolytic transfusion;
6. Adverse reactions to dialyzers;
7. Medication errors with the potential for adverse impact;
8. Hospitalization or death resulting from the incident;
9. Severe hematoma or laceration requiring medical attention or hospitalization;
10. Bone or joint fracture;
11. Severe injury;
12. Fire;
13. Natural disaster

C. The Facility shall submit a separate written investigation report within five (5) days of every incident required to be reported to the Department pursuant to Section 601.B via the Department's electronic reporting system or as otherwise determined by the Department. Reports submitted to the Department shall contain only: Facility name, License number, type of accident and/or incident, the date of accident and/or incident occurred, number of Patients directly injured or affected, Patient medical record identification number, Patient 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

D. The Facility shall notify the Patient's Physician and responsible party or emergency contact within twenty-four (24) hours of significant changes in a Patient's condition and shall document the significant changes and notification in the Patient's record. (I)

602. Reportable Diseases and Infections. (II)

A. Reportable Diseases. The Facility shall report cases of reportable diseases in accordance with Regulation 61-20, Communicable Diseases, and any occurrences such as epidemic outbreaks or poisonings or other unusual occurrence, which threatens the welfare, safety or health of Patients or personnel, shall be reported immediately to the local health director and to the Bureau of Health Facilities Licensing.

B. Reports of infections such as abscesses, septicemia, hepatitis, or other communicable diseases observed during admission or follow-up (or return) visit of the Patient shall be made and kept as a part of the Patient's medical records. Efforts shall be made to determine the origin of any such infection and if the dialysis procedure was found to be related to acquiring the infection, remedial action shall be taken to prevent recurrence.

603. Closure and Zero Census.

A. The Facility shall notify the Department and Patients, or Patients' representatives when appropriate, in writing prior to permanent closure of the Facility and shall provide the effective closure date. The Facility shall return its License to the Department on the date of closure.

B. The Facility shall notify the Department in writing within fifteen (15) days prior to a temporary closure. or within forty-eight (48) hours if the temporary closure is due to an emergency. The notification shall include the reason for the temporary closure, records maintenance plan, anticipated reopening date, and documentation of Patient notification. Facilities that are temporarily closed longer than one (1) year shall reapply for licensure with the Department and be subject to all applicable licensing and construction requirements for new Facilities.

C. The Facility shall notify the Department in writing if there have been no Patients in the Facility for any reason for ninety (90) days or more no later than one hundred (100) days after the last Patient is discharged. Facilities that are zero census longer than one (1) year shall reapply for licensure with the Department and be subject to all applicable licensing and construction requirements for new Facilities.

D. Prior to the closing of a Facility for any reason, the Licensee shall arrange for preservation of records to ensure compliance with this regulation. The Facility shall notify the Department in writing within ten (10) days of closure of the provisions for records maintenance describing the arrangements and the location of the records.

SECTION 700 – PATIENT RECORDS

701. Content.

A. The Facility shall maintain an organized medical record for each Patient. All entries shall be permanently written, typed, or electronic media, authenticated by the author, and dated.

B. The medical record shall be current and contain: (II)

1. Face sheet;

a. identification data (name, date of birth, gender);

b. diagnosis;

c. primary care physician's name and phone number;

d. Responsible person or other individual to be contacted in case of emergency and phone number;

e. Patient's address and phone number; and

f. date of admission;

2. Orders from Physicians and other Authorized Healthcare Providers for at least one (1) year. Standing orders shall be updated on an Annual basis;

3. Documentation of Physician or other Authorized Healthcare Provider visits for at least one (1) year. Physician or other Authorized Healthcare Provider visits shall be made at least monthly, as evidenced by a monthly progress note placed in the medical record, and periodically while the patient is receiving in-facility dialysis. The Facility shall document each visit missed by the Patient;

4. Physician progress notes for Home Dialysis Patients shall be documented monthly;

5. Lab and x-ray reports;

6. Annual history and physical;

7. Social worker initial assessments, updates, and quarterly progress notes;

8. Dietary initial assessments, updates, and monthly progress notes;

9. Miscellaneous consultations, hospitalizations;

10. Current Individual Plan of Care;

11. Nurses' progress notes each time of dialysis for one (1) month;

12. Nurse's initial admission assessment;

13. Signed consent forms.

702. Authentication. (II)

Facilities employing electronic signatures or computer-generated signature codes shall ensure authentication and confidentiality. If the Facility permits any portion of a Patient's record to be generated by electronic means, there shall be policies and procedures to prohibit the use or authentication by unauthorized users.

703. Individual Plan of Care.

A. The Interdisciplinary Team shall develop an Individual Plan of Care for each Patient to ensure appropriate modality of care. The Interdisciplinary Team shall develop the Individual Plan of Care either within the first thirty (30) calendar days of care or within the first thirteen (13) treatments. Individual Plans of Care shall be based on Patient's needs.

B. The Interdisciplinary Team shall review the Individual Plan of Care at least monthly for unstable Patients, and Annually for stable Patients and as changes in Patient needs occur. The Facility shall document participation of the Interdisciplinary Team, Patient and/or Patient's responsible party as appropriate, as evidenced by their signatures and date. The Individual Plan of Care shall include the following care areas:

1. Medical;

2. Psychological;

- 3. Social;
- 4. Dietary needs;
- 5. Stability of Patients;
- 6. Diagnosis;
- 7. Type of dialysis treatment;
- 8. Determination of stability of Patient (stable or unstable);
- 9. Indication whether candidate for transplantation or home dialysis;
- 10. Psychological needs, goals, and interventions; and
- 11. Dietary needs and interventions.
- 12. The course of action to be taken, the response and reaction to the care, and results of the treatment, and/or services provided.

704. Record Maintenance.

A. The Licensee shall provide accommodations, space, supplies, and equipment for the protection, storage, and maintenance of Patient records. Patient records shall be stored in an organized manner.

B. The Patient record is confidential and shall be made available only to individuals authorized by the Facility and/or the South Carolina Code of Laws. (II)

C. Copies of records generated by organizations or individuals contracted by the Facility for care or services shall be maintained by the Facility.

D. Upon Discharge of a Patient, the record shall be closed within thirty (30) calendar days and filed in an inactive or closed file maintained by the Licensee.

E. The Facility shall designate a staff member to serve as supervisor of Patient records. The Facility- designated staff member shall be a Registered Health Information Administrator or a Registered Health Information Technician. If the designated staff member is not a Registered Health Information Administrator or a Registered Health Information Technician the staff member shall receive consultation from a Registered Health Information Administrator or a Registered Health Information Technician. (II)

F. The Facility shall safeguard information in the medical record against loss, tampering, or use by unauthorized persons.

G. Records of current Patients shall be the property of the Facility. The records of current Patients shall be maintained at the Facility and shall not be removed without court order.

705. Record Retention.

A. When a Patient is transferred to an emergency Facility, a transfer summary to include, at a minimum, the diagnosis shall accompany the Patient to the receiving Facility at the time of transfer or forwarded immediately after the transfer. Documentation of the information forwarded shall be maintained in the Facility's Patient record. (I)

B. Records generated by organizations or individuals contracted by the Facility for care, treatment, procedures, surgery, and/or services shall be maintained by the Facility that has admitted the Patient. Appropriate information shall be provided to assure continuity of care.

C. The Facility shall determine the medium in which information is stored. The information shall be readily retrievable and accessible by Facility staff, as needed, and for regulatory compliance Inspections.

D. Records of Patients shall be maintained for at least six (6) years following the discharge of the Patient. For the first year following discharge, these records must be kept on site and readily available at that Facility. Other documents required by the regulation, e.g., fire drills, shall be retained at least twelve (12) months or until the next Department Inspection, whichever is longer.

SECTION 800 – [RESERVED]

SECTION 900 – PATIENT CARE AND SERVICES

901. Dietary Services.

Each Facility shall employ or contract with a Dietitian(s) to provide for the dietary needs of each Patient. The Dietitian, in consultation with the physician or other Authorized Healthcare Provide, shall be responsible for assessing the nutritional and dietetic needs of each Patient, recommending therapeutic diets, counseling Patients and their families on prescribed diets, and monitoring adherence and response to diets. Each Patient shall be evaluated as to his or her nutritional needs by the attending physician or other Authorized Healthcare Provider and a Dietitian.

902. Laboratory Services. (II)

A. Laboratory services shall be provided under contract to meet the needs of the Patient. Hematocrits, clotting times, and blood glucoses may be done by the Facility's staff. Such staff shall be qualified by education and experience to perform such duties under the direction of a physician.

B. Controls. There shall be a Quarterly constant packing time performed on all centrifuges used for hematocrits. Records of performed constant packing time shall be maintained.

C. Administration of Blood. A Facility administering blood to Patients shall comply with the following:

1. Blood must be transported from the laboratory processing the blood to the Facility in a container that will ensure maintenance of a temperature of one to ten (1 to 10) degrees centigrade. Temperature must be recorded upon arrival.

2. If blood is not administered immediately upon arrival, it must be stored in a refrigerator at one to six (1 to 6) degrees centigrade. The temperature of the refrigerator must be monitored and recorded.

E. All expired laboratory supplies shall be disposed of in accordance with Facility policy and procedures.

903. Social Services.

Each Facility shall employ or contract with a social worker to meet the social needs of Patients. The Social Worker shall document and conduct psycho-social evaluations, participate in team review of Patient progress, and document recommended changes in treatment based on the Patient's current psycho-social needs. (II)

904. Home Dialysis.

Home Dialysis Services shall include the following: (II)

A. Hemodialysis:

1. Surveillance of the Patient's home adaptation, including provisions for visits to the home or the Facility;

2. Consultation for the Patient with a Social Worker and Dietitian;

3. A record keeping system which ensures continuity of care;

4. Installation and maintenance of equipment;

5. Testing and appropriate treatment of the water; and

6. Ordering of supplies on an ongoing basis.

B. Continuous Ambulatory Peritoneal Dialysis:

1. Consultation for the Patient with a licensed Social Worker and a licensed Dietitian;

2. A record keeping system which ensures continuity of care; and

3. Ordering of supplies on an ongoing basis.

C. Continuous Cycling Peritoneal Dialysis:

1. Surveillance of the Patient's home adaptation, including provisions for visits to the home or the Facility;

2. Consultation for the Patient with a licensed Social Worker and a licensed Dietitian;

3. A record keeping system which ensures continuity of care;

4. Installation and maintenance of equipment; and

5. Ordering of supplies on an ongoing basis.

905. Transfer Agreement.

A. The Facility shall have in effect a written transfer agreement, signed by the Administrator, with one or more hospitals, for the provision of inpatient care and other hospital services.

B. The Dialysis Facility shall transfer a Patient to a hospital whenever a transfer or referral is determined as medically necessary by the attending physician.

C. There shall be an exchange of information, within one (1) business day, of medical and other information necessary or useful in the care and treatment of Patients transferred to a hospital or any other inpatient medical facility, or to another End-Stage Renal Disease Facility.

SECTION 1000 – PATIENT’S RIGHTS AND ASSURANCES

A. The following rights shall be guaranteed to the Patient, and, at a minimum, the Facility shall provide the Patient and any guardians, next of kin, or sponsoring agencies a written and oral explanation of these rights:

1. Fully informed of these rights and responsibilities, and of all rules and regulations governing Patient conduct and responsibilities;

2. Fully informed of services available in the Facility and provided an explanation any out of pocket expenses to the patient within fifteen (15) calendar days of admission and any time there are changes to their insurance coverage;

3. Informed by a Physician of their medical condition as documented in the Patient’s medical record unless the medical record documents a contraindication;

4. Afforded the opportunity to participate in the planning of their medical treatment and to refuse to participate in experimental research;

5. Be transferred or discharged only for medical reasons, at the Patient’s request, or for the welfare of the Patient, other Patients, or Facility Staff, or for nonpayment of fees and given notice to ensure orderly transfer or discharge; and

6. Treated with consideration, respect and full recognition of their individuality and personal needs, including the need for privacy in treatment.

B. The Facility shall maintain written documentation evidencing the Patient has had his or her rights explained.

SECTION 1100 – PATIENT PHYSICAL EXAMINATIONS

A. A Physical Examination shall be completed for Patients within thirty (30) calendar days prior to admission and at least Annually thereafter. A Physical Examination included in a discharge summary from a healthcare facility licensed by the Department, completed within thirty (30) calendar days, is acceptable as the admission Physical Examination. The Facility’s physician shall attest to the Physical Examination’s accuracy by countersigning it.

B. Physical examinations 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 and undergo a second (2nd) physical examination by that physician within thirty (30) calendar days of admission to the facility.

SECTION 1200 – MEDICATION MANAGEMENT

1201. General.

A. Medications, including Controlled Substances, medical supplies, and those items necessary for the rendering of first aid, shall be properly managed in accordance with federal, state, and local laws and regulations. Such management shall address the securing, storing, and administering of Medications, medical supplies, first aid supplies, and biologicals, their disposal when discounted or expired, and their disposition at discharge, death, or transfer of a Patient.

B. Applicable reference materials published within the previous three (3) years shall be available at the Facility in order to provide staff members or volunteers with adequate information concerning Medications. (II)

1202. Medication Orders.

A. Medications, to include oxygen, shall be administered in the Facility to Patients only upon orders of a physician or other Authorized Healthcare Provider.

B. All other orders shall be received only by Licensed Nurses or Authorized Healthcare Providers and shall be authenticated and dated by a physician or other Authorized Healthcare Provider pursuant to the Facility's policies and procedures, but no later than fourteen (14) calendar days after the order is given. Verbal orders received shall include the time of receipt of the order, description of the order, and identification of the physician or other Authorized Healthcare Provider and the individual receiving the order.

C. Medications and medical supplies ordered for a specific Patient shall not be provided to or administered to any other Patient.

1203. Medicine Storage.

A. Medication and drugs maintained in the Facility for daily administration shall be properly stored and safeguarded in enclosures of sufficient size and that are not accessible to unauthorized persons. Refrigerators used for storage of Medications shall maintain an appropriate temperature as determined by the requirements established on the label of Medications. A thermometer accurate to plus or minus three (3) degrees shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled Substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. Expired or discounted Medications shall not be stored with current Medications. (I)

B. Medicine Preparation Area. Medicines and drugs shall be prepared for administration in an area that contains a counter and a sink. This area shall be located in such a manner to prevent contaminations of medicines being prepared for administration. (II)

C. Stock Medications.

1. Unless the Facility has a permitted pharmacy, stocks of Legend Medications shall not be stored except those specifically prescribed for individual Patients.

2. Non-legend Medications may be retained and labeled as stock in the Facility for administration as ordered by a Physician or other Authorized Healthcare Provider.

3. Stocks of naloxone may be stored for emergency overdose crises, with or without specific prescription for individual Patients.

4. If stock non-Patient specific Controlled Substances are to be used, a Controlled Substances registration from the Department's Bureau of Drug Control and a Controlled Substances registration from the federal Drug Enforcement Administration shall be obtained. The registrations shall be displayed in a conspicuous location within the Facility. Records shall be kept of all stock supplies of Controlled Substances giving an accounting of all items received and/or administered. (I)

D. Poisonous Substances. All poisonous substances shall be plainly labeled and kept in a cabinet or closet separate from medicines and drugs to be prepared for administration. (I)

E. Review of Medications. A Physician, pharmacist, or Licensed Nurse shall document review at least monthly all Medications prescribed by the Facility's physician for each Patient, for potential adverse reactions, allergies, interactions, etc. (II)

SECTION 1300 – [RESERVED]

SECTION 1400—EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS

1401. Disaster Preparedness. (II)

A. The Facility shall develop and maintain a written plan for actions to be taken in the event of a disaster or an emergency evacuation. The plan shall be implemented as necessary and at the time of need. The plan shall be evaluated, updated at least Annually, and available upon request by Patients, Patients' families, and the Department.

B. During any emergent event the Facility shall provide data, Facility and evacuation status, and other requested information as determined by the Department, and at a frequency as determined by the Department.

1402. Continuity of Essential Services. (II)

There shall be a plan to be implemented to ensure the continuation of essential Patient services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the work force resulting from inclement weather or other causes.

SECTION 1500 – FIRE PREVENTION

1501. Arrangements for Fire Department Response and Protection. (I)

A. Each Facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire, such as fire plan and evacuation plan.

B. Facilities located outside of a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be kept on file in the Facility and a copy shall be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department.

1502. Tests and Inspections. (I)

Fire protection and suppression systems shall be maintained and tested in accordance with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the Facility.

1503. Fire Response Training. (I)

All Facility staff shall complete Annual fire response training in accordance with specific duties and responsibilities outlined in their job description. Training shall be documented in a staff record and maintained in the Facility.

A. Fire response training shall address, at a minimum, the following:

1. Reporting a fire;
2. Use of the fire alarm system, if applicable;
3. Location and use of fire-fighting equipment;
4. Methods of fire containment; and
5. Specific responsibilities, tasks, or duties of each individual.

B. A plan for the evacuation of Patients, staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in a conspicuous public area.

C. All Patients capable of self-evacuation shall be trained in the proper actions to take in the event of a fire, for example, actions to take if the primary escape route is blocked.

D. Patients shall be made familiar with the fire plan and evacuation plan upon admission and this plan will be reinforced during subsequent Fire Drills.

1504. Fire Drills.

A. An unannounced fire drill shall be conducted at least Quarterly for all shifts. Each staff member shall participate in a fire drill at least once each year. Records of drills shall be maintained at the Facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members, volunteers, and Patients directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then the mandated statute or regulation requirements supersede the requirements of this regulation, and the Facility shall comply with the provisions of the statute or regulation.

B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1503 above.

C. All Patients shall participate in fire drills. In instances when a Patient refuses to participate in a drill, efforts shall be made to encourage participation, for example, counseling, implementation incentives rewarding Patients for participation, specific staff-to-Patient assignments to promote Patient participation. Continued refusal may necessitate implementation of the discharge planning process to place the Patient in a setting more appropriate to his or her needs and abilities.

1505. Fire Extinguishers, Standpipes, and Automatic Sprinklers.

The Facility shall provide fire-fighting equipment such as fire extinguishers, standpipes, and automatic sprinklers as required by the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the Facility. The Facility shall ensure extinguishers are sized, located, installed, and maintained in accordance with National Fire Protection Association No. 10. The Facility shall install suitable fire extinguishers in all hazardous areas. The Facility shall comply with all state and local fire and safety provisions. (I)

SECTION 1600 – MAINTENANCE

1601. General Maintenance.

The Facility shall keep all equipment and building components including, but not limited to, doors, windows, lighting fixtures, and 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 the Facility. (II)

1602. Equipment Maintenance.

A written preventive maintenance program for all fire alarm, electrical, mechanical, plumbing, fire protection systems, and for all equipment used in dialysis and related procedures including, but not limited to, all Patient monitoring equipment, isolated electrical systems, conductive flooring, Patient ground systems, and medical gas systems shall be developed and implemented. This equipment shall be checked and/or tested at such intervals to ensure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment or system, the equipment or system shall be thoroughly tested for proper operation before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. (II)

SECTION 1700 – INFECTION CONTROL

1701. Staff Practices.

Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for proper disposal of toxic and hazardous substances. These preventive measures and/or practices shall be in compliance with applicable guidelines of the Blood borne Pathogens Standard of the Occupational Safety and Health Act of 1970; the Centers for Disease Control and Prevention; R.61-105, Infectious Waste Management; and other applicable federal, state, and local laws and regulations.

1702. Committee.

A. The Facility shall have an infection control committee composed of at least the Administrator, a Physician, and a registered nurse that shall be responsible for writing and enforcing policies and procedures for preventing and controlling hepatitis and other infections.

B. The policies and procedures for preventing and controlling hepatitis and other infections shall include, but not be limited to: (II)

1. appropriate procedures for prevention of hepatitis and other infectious diseases, to include the utilization of universal precautions for prevention of transmission of bloodborne pathogens currently recommended by the Centers for Disease Control;

2. appropriate procedures for surveillance and reporting of infections to include infection rates;

3. housekeeping;

4. handling and disposal of waste and contaminants;

5. sterilization and disinfection of equipment;

6. prevention of contamination by blood and other body fluids of units outside of the dialysis and Dialyzer reprocessing areas including toilet facilities, staff lounge, etc.;

7. protection of Patient clothing during the time when blood lines are opened or needles inserted or withdrawn; and

8. investigation of infections.

1703. Tuberculosis Risk Assessment and Screening. (I)

A. Tuberculosis Testing. The Facility may utilize either Tuberculin skin testing or Blood Assay for Mycobacterium tuberculosis (“BAMT”) for detecting Mycobacterium tuberculosis infection:

1. Tuberculin skin testing (“TST”). A small dose (0.1 mil) of purified protein derivative (“PPD”) tuberculin is injected just beneath the surface of the skin (by the intradermal Mantoux method), and the area is examined for induration (hard, dense, raised area at the site of the TST administration) forty-eight to seventy-two (48 to 72) hours after the injection (but positive reactions can still be measurable up to a week after administering the TST). The size of the indurated area is measured with a millimeter ruler and the reading is recorded in millimeters, including zero (0) mm to represent no induration. Redness and/or erythema is insignificant and is not measured or recorded. Authorized Healthcare Providers are permitted to perform tuberculin skin testing and symptom screening.

2. Blood Assay for Mycobacterium tuberculosis (“BAMT”). A general term to refer to in vitro diagnostic tests that assess for the presence of tuberculosis (“TB”) infection with Mycobacterium tuberculosis. This term includes, but is not limited to, IFN- γ release assays (“IGRA”).

B. The Facility shall conduct an Annual tuberculosis risk assessment in accordance with the Centers for Disease Control guidelines to guide the Facility’s infection control policies and procedures related to the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

C. Baseline Status.

1. The Facility shall determine the baseline status of all staff according to the Centers for Disease Control and the Department’s most current tuberculosis guidelines.

2. Tuberculosis Screening. All staff within three (3) months prior to Patient contact shall have a baseline two-step Tuberculin Skin Test (“TST”) or a single Blood Assay for Mycobacterium tuberculosis (“BAMT”). If a newly employed staff or volunteer 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 and read to serve as the baseline prior to Patient contact.

D. Post Exposure. After known exposure to a person with potentially infectious tuberculosis disease without use of adequate personal protection, the tuberculosis status of all staff shall be determined in a manner prescribed in the Centers for Disease Control and Department's most current tuberculosis guidelines.

E. Annual Tuberculosis Training. All Direct Care staff shall receive Annual training regarding tuberculosis to include risk factors and signs and symptoms of tuberculosis disease. The Annual tuberculosis training shall be documented in a staff record and maintained at the Facility.

F. Serial Screening. The Facility shall follow the Centers for Disease Control and Department's most current tuberculosis guidelines related to serial screening.

1704. Staff Hepatitis Screening.

A. All Direct Care Staff shall have been vaccinated or have evidence of immunity for Hepatitis B prior to Patient contact, unless contraindicated or offered and declined. The Facility shall maintain records of all Direct Care Staff hepatitis B vaccinations in each individual staff file. The HBsAg status of all Direct Care Staff shall be known to identify those individuals who are (1) HBsAg-positive and therefore potential sources of infection to others; (2) anti-HBs-positive and therefore, immune; and (3) HBV-seronegative and therefore susceptible to Hepatitis B virus.

B. The Facility shall offer Hepatitis B vaccinations to unvaccinated or partially vaccinated new direct care staff members (who do not already exhibit immunity) prior to patient contact. The decision to receive or decline a vaccination shall be documented in the individual staff file.

1. Each Direct Care Staff member who elects vaccination shall start the initial dose of the Hepatitis B series within ten (10) days of Patient contact and complete the series within six (6) months. The Facility shall conduct and document routine post-vaccination testing according to the Centers for Disease Control guidelines for response to the vaccination.

2. The Facility shall consider the individuals declining vaccinations as Hepatitis B virus susceptible, and follow the Centers for Disease Control guidelines in the event of a reported blood or bodily fluid exposure.

C. For staff members whose status has been determined to be HBsAg-positive, the Facility shall refer to current Centers for Disease Control guidelines and Facility policies and procedures.

1705. Patient Hepatitis Screening.

A. All Patients shall be screened within thirty (30) calendar days prior to admission to the Facility to determine the Hepatitis B virus serological status (HBsAg, anti-HBc, and anti-HBs). The HBsAg status of all Patients shall be known to identify those individuals who are (1) HBsAg-positive and therefore potential sources of infection to others; (2) anti-HBs-positive and therefore immune; and (3) HBV-seronegative and therefore susceptible to Hepatitis B virus. A status result from Hepatitis B testing shall be maintained in the Patient's record.

B. The Facility shall make available to Patients literature describing the risks and benefits of the Hepatitis B vaccination. The Facility shall offer Hepatitis B vaccinations to unvaccinated and/or susceptible Patients. The Facility shall maintain all Patient vaccination records in each Patient record.

1. Each Patient who elects vaccination shall start the initial dose of the Hepatitis B vaccine series within ten (10) days of admission and complete the series within six (6) months according to Centers for Disease Control guidelines for pre-exposure vaccination. The Facility shall conduct and document routine post-vaccination testing according to the Centers for Disease Control guidelines for response to the vaccination.

2. The Facility shall consider the individuals declining vaccinations as Hepatitis B virus seronegative, and follow the Centers for Disease Control guidelines for routine testing.

C. For Patients whose status has been determined to be HBsAg positive, the Facility shall refer to current Center for Disease Control guidelines and Facility policies and procedures.

D. The Facility shall conduct routine Hepatitis B testing per current Centers for Disease Control guidelines.

1706. Isolation Room.

All Facilities accepting Hepatitis B surface antigen positive Patients shall provide a separate isolation Dialysis room. (II)

1707. Housekeeping. (II)

A. The Facility and its grounds shall be clean, and free of vermin and offensive odors.

B. Interior housekeeping shall, at a minimum, include:

1. Cleaning each specific area of the Facility;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area appropriate to the area and the equipment's purpose or use;

3. For chemicals indicated as harmful on the product label, cleaning materials and supplies shall be in locked storage areas and inaccessible to Patients; and

4. During use of chemicals indicated as harmful on the product label, cleaning materials and supplies shall be in direct possession of the staff member and monitored at all times.

C. Exterior housekeeping shall, at a minimum, include:

1. Cleaning of all exterior areas, such as, porches and ramps, and removal of safety impediments such as snow and ice;

2. Keeping the Facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin; and

3. Safe storage of chemicals indicated as harmful on the product label, equipment, and supplies inaccessible to Patients.

D. Paper towels or air hand dryers and soap dispensers with soap must be provided at all lavatories in the Facility. (II)

1708. Linen.

A. All reusable linens, including those used as sterilizing wrappers, must be laundered before re-use.

B. Clean linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection.

C. The Facility shall have available at all times a quantity of linen essential for proper care and comfort of Patients.

D. Used linens shall be kept in closed and covered containers while being stored or transported.

1709. Refuse and Waste Disposal. (II)

A. All garbage and waste shall be collected, stored, and disposed of in a manner 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 frequencies in a manner so as not to create a rodent, insect, or other vermin problem.

C. Containers for garbage shall be cleaned and free of debris.

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.

E. A Sharps disposal system shall be utilized and appropriately covered. (II)

1710. Outside Areas.

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 vermin. Outside stairs, walkways, ramps, and porches shall be maintained free from accumulations of water, ice, snow, and other impediments.

1711. Toxic and Hazardous Substances.

The Facility shall have policies and procedures for dealing with toxic and hazardous substances. Such policies and procedures shall conform to current Occupational Safety and Health Administration standards regarding formaldehyde, renalin, or any other sterilizing agents. (II)

A. The Facility shall develop procedures to cover at a minimum:

1. Formaldehyde vapor concentration;

2. Fire prevention;

3. Solution exposure;

4. Leaks from machines;

5. Large and small spills; and

6. Solution contact with eyes, skin and/or clothing (appropriate eyewash stations shall be provided in all Facilities).

B. The Facility shall conduct and document routine monitoring of vapor concentration in accordance with current Occupational Safety and Health Administration guidelines.

SECTION 1800 - QUALITY IMPROVEMENT PROGRAM

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services provided by the Facility.

B. The quality improvement program, at a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;

2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;

3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;

4. Analyze the appropriateness of Individual Plans of Care and the necessity of care and services rendered;

5. Analyze all incidents and accidents, to include all medication errors and Patient deaths;

6. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the Patients; and

7. Establish a systematic method of obtaining feedback from Patients and other interested persons, as expressed by the level of satisfaction with care and services received.

SECTION 1900 – DESIGN AND CONSTRUCTION

1901. General.

A Facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each Patient. Facility design shall be such that all Patients have access to required services.

1902. Codes and Standards.

A. Facility design and construction shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the Facility.

B. Unless specifically required otherwise by the Department, all Facilities shall comply with the adopted construction codes and construction provisions of this regulation applicable at the time its initial License was issued.

1903. Submission of Plans and Specifications.

A. Plans and specifications shall be submitted to the Department for review and approval for new construction, additions or alterations to existing buildings, replacement of major equipment, buildings being licensed for the first time, buildings changing license type, and for Facilities increasing occupant load or Licensed Capacity. Final plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina and shall bear their seals and signatures. Architectural plans shall also bear the seal of a South Carolina registered architectural corporation. Unless directed otherwise by the Department, plans shall be submitted 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 and inspections. Periodic inspections shall be conducted by the Department throughout each phase of a project.

B. Plans and specifications shall be submitted to the Department for review and approval for projects involving Dialysis systems that are periodically replaced, reverse osmosis systems, or that have 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;
5. Doors;
6. Walls;
7. Ceiling system assemblies;
8. Exit corridors;
9. Life safety systems; or
10. That increase the occupant load or Licensed Capacity of the Facility.

C. The Facility shall submit all subsequent addenda, change orders, field orders, and documents altering the Department's review. 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 to satisfy other safety criteria shall be documented with copies kept on file at the Facility and made available to the Department.

1904. Code and Standards Compliance and Inspections.

Construction work which violates codes or standards will be required to be brought into compliance. All projects shall obtain all required permits from the locality having jurisdiction. Construction performed without proper permitting shall not be inspected by the Department.

**PART II
Physical Plant**

**CHAPTER 20
Design and Construction**

SECTION 2001. General.

Every facility must be planned, designed and equipped to provide adequate facilities for the care and comfort of each patient.

SECTION 2002. Local and State Codes and Standards.

Facilities shall substantially comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility will be licensed unless the Department has assurance that responsible local officials sanction the licensing of the facility. The Department uses as its basic codes the Standard Building Code, the Standard Plumbing Code, the Standard Mechanical Code, and the National Electrical Code. Buildings designed in accordance with the above mentioned codes will be acceptable to the Department, provided, however, that the minimum requirements as set forth in these standards are met. (H)

SECTION 2003. Submission of Plans and Specifications.

1. ~~New Buildings, Additions or Major Alterations to Existing Buildings: When construction is contemplated either for new buildings, additions or major alterations to existing buildings, plans and specifications shall be submitted to the Department for review. Such plans and specifications shall be prepared by an architect registered in the State of South Carolina and shall bear his/her seal. These submissions shall be made in at least two stages: preliminary and final. All plans shall be drawn to scale with the title and date shown thereon. Construction work shall not be started until approval of the final drawings or written permission has been received from the Department. Any construction changes from the approved documents shall have approval from the Department. (H)~~

A. Preliminary submission shall include the following:

1. ~~Plot plan showing size and shape of entire site; orientation and location of proposed building; location and description of any existing structures, adjacent streets, highways, sidewalks, railroads, et cetera, properly designated; size, characteristics and location of all existing public utilities, including information concerning water supply available for fire protection.~~

2. ~~Floor plans showing overall dimensions of buildings; locations, size and purpose of all rooms; location and size of doors, windows and other openings with swing of doors properly indicated; locations of smoke partitions and firewalls; location of stairs, elevators, dumbwaiters, vertical shafts and chimneys.~~

~~3. Outline specifications listing a general description of construction including interior finishes and mechanical systems.~~

~~B. Final submission shall include the following: Complete working drawings and contract specifications, including layouts for plumbing, air conditioning, ventilation and electrical work and complete fire protection layout.~~

~~C. In construction delayed for a period exceeding 12 months from the time of approval of final submission a new evaluation and/or approval is required.~~

~~D. One complete set of as built drawings shall be filed with the Department.~~

~~2. Licensure of Existing Structures: When an existing structure is contemplated for licensure as a new facility or as an expansion to an existing facility, the following submittals shall be made to the Department:~~
(H)

~~(All plans shall be neatly prepared and drawn to scale with the title and date shown thereon.)~~

~~A. Plot plan in accordance with Section 2003.1.A.1.~~

~~B. Floor plan(s) in accordance with Section 2003.1.A.2, including location of stations.~~

~~C. Description of construction including outside walls, partitions, floor, ceiling and roof. The method of heating and cooling shall also be included.~~

~~D. Report from the local Fire Marshal's Office stating that the facility meets their requirements for a Renal Dialysis Facility. Any deficiencies noted on the report shall be corrected prior to issuance of a license by the Department.~~

~~3. Minor Alterations in Licensed Facilities: When alterations are contemplated that may affect life safety, preliminary drawings and specifications, accompanied by a narrative completely describing the proposed work, shall be submitted to the Department for review and approval to insure that the proposed alterations comply with current safety and building standards.~~

SECTION 2004. Location.

~~A. Environment: Facilities shall be located in an environment that is conducive to the type of care and services provided.~~

~~B. Transportation: Facilities must be served by roads which are passable at all times and are adequate for the volume of expected traffic.~~

~~C. Parking: The facility shall have parking space to satisfy the minimum needs of patients, employees, staff and visitors.~~

~~D. Communications: A telephone must be provided on each floor used by patients and additional telephones or extensions must be provided, as required, to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose.~~

SECTION 2005. Physical Facilities.

~~A. The dialysis unit(s) shall be separate from other activities and shall be located in an area free of traffic by non-unit staff or patients. (II)~~

~~B. The nursing station shall be located in an area which provides adequate visual surveillance of patients on dialysis machines. (I)~~

~~C. Treatment areas shall be designed and equipped to provide proper and safe treatment as well as privacy and comfort for patients. Sufficient space shall be provided to accommodate emergency equipment and staff to move freely to reach patients in emergencies. (I)~~

~~D. At least two acceptable exits shall be provided for each facility. (II)~~

~~E. If the facility is located on the ground floor there must be one exit to the outside for ambulance and/or handicapped use. (II)~~

~~F. If the dialysis units are located above ground floor, the facility must have an elevator sized to accommodate a stretcher. (II)~~

~~G. Dialysis units shall be at least three feet apart with cubicle curtains or other means to provide complete privacy for each patient as needed. (II)~~

~~H. All rooms shall open onto a corridor leading to exit and all corridors used by patients shall be at least four feet wide. (II)~~

~~I. Each dialysis unit shall contain a minimum of 90 square feet per station and be so arranged as to facilitate both routine and emergency care of the patients. (II)~~

~~J. A waiting room shall be provided with sufficient seating for patients and visitors.~~

~~K. Ample storage rooms shall be provided for supplies and equipment. At least ten square feet of floor space per unit shall be provided.~~

~~L. A clean work area that contains a work counter, handwashing sink, and storage facilities for the storage of clean and sterile supplies must be provided. (II)~~

~~M. A soiled work area that contains a work counter, handwashing sink, storage cabinets and waste receptacle shall be provided. (II)~~

~~N. Patient toilet facilities shall be provided.~~

~~O. A separate staff toilet and personal storage space shall be provided within the unit.~~

~~P. Separate storage space shall be provided for oxygen cylinders if a piped system is not provided. (II)~~

~~Q. A janitor's closet shall be provided adjacent to and for the exclusive use of the dialysis facility.~~

SECTION 2006. 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 patients shall be maintained in good repair and kept free of hazards. All wooden surfaces shall be sealed so as to allow sanitizing. (II)~~

SECTION 2007. Housekeeping: (H).

A. General: 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. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times. Cleaning materials and supplies shall be stored in a safe manner in a well lighted closet. All harmful agents shall be locked in a closet or cabinet used for this purpose only.

B. Dialysis Station: Each unit shall be cleaned in accordance with established written procedures after each use.

SECTION 2008. Water Supply and Plumbing.

A. Water Supply: Water shall be obtained from a community water system and shall be distributed to conveniently located taps and fixtures throughout the facility and shall be adequate in volume and pressure for all purposes. (H)

B. The dialysis facility shall enter into an agreement with the water district or similar authority whereby the facility is regularly notified of situations occurring outside the facility which may adversely impact water quality including but not limited to: (I)

1. changes in treatment methods and source;
2. municipal water treatment equipment failure;
3. damage to the distribution system; and
4. chemical spills.

C. Water used for dialysis purposes shall be analyzed for bacteriological quality at least monthly and chemical quality at least quarterly and treated as necessary to maintain a continuous water supply that is biologically and chemically compatible with acceptable dialysis techniques. (I) Water used to prepare a dialysate shall not contain concentrations of elements or organisms in excess of those specified below:

ELEMENTS	LIMIT IN MILLIGRAMS PER LITER
Aluminum	.01
Arsenic	.005
Barium	.100
Cadmium	.001
Calcium	2.0
Chloramines	.001
Chlorine	.500
Chromium	.014
Copper	.100
Fluorides	.200
Lead	.005
Magnesium	4.0
Mercury	.0002

Nitrates (Nitrogen)	2.0
Potassium	8.0
Selenium	.090
Silver	.005
Sodium	70.0
Sulfates	100.0
Zinc	.100
Bacteria	200 colonies per milliliter

~~D. Plumbing: All plumbing material and plumbing systems or parts thereof installed shall meet the minimum requirements of the Standard Plumbing Code.~~

~~All plumbing shall be installed in such a manner as to prevent back siphonage or cross connections between potable and non-potable water supplies. (II)~~

~~SECTION 2009. Refuse and Waste Disposal: (II).~~

~~A. Storage and Disposal: All garbage and refuse shall be stored in durable, nonabsorbent, rodent proof, closed containers. These containers shall be covered and stored outside. 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.~~

~~B. Cleaning: Immediately after emptying, containers for waste shall be cleaned.~~

~~SECTION 2010. Outside Areas.~~

~~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. Outside stairs, walkways, ramps and porches shall be maintained free from accumulations of water, ice, snow and other impediments.~~

SECTION 2000 – FIRE PROTECTION, PREVENTION, AND LIFE SAFETY

A. Facilities shall have a partial, manual, automatic, supervised fire alarm system. The Facility shall arrange the system to transmit an alarm automatically to a third party. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculation systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. All fire, smoke, heat, sprinkler flow, and manual fire alarming devices shall be connected to and activate the main fire alarm system when activated. (I)

C. Facilities shall not have single and multi-station smoke alarms.

***CHAPTER 21
Fire Protection and Prevention***

SECTION 2101. Fire Extinguishers, Standpipes, and Automatic Sprinklers

~~Fire fighting equipment such as fire extinguishers, standpipes and automatic sprinklers shall be provided as required by the Standard Building Code. Extinguishers shall be sized, located, installed and maintained in accordance with NFPA No. 10. Suitable fire extinguishers shall also be installed in all hazardous areas. Each facility shall conform with all state and local fire and safety provisions. (I)~~

SECTION 2102. Alarms.

~~A manual fire alarm system in accordance with provisions of “Local Protective Signaling System,” NFPA No. 72A, shall be provided. (I)~~

SECTION 2103. Gases.

~~Gases (flammable and nonflammable) shall be handled and stored in accordance with the provisions of applicable NFPA codes. (I)~~

SECTION 2100 – GENERAL CONSTRUCTION

A. Gases, flammable and nonflammable, shall be handled and stored in compliance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

B. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. “No Smoking” signs shall be posted conspicuously, and cylinders shall be properly secured in place. In “Smoke-Free” Facilities, “No Smoking” signs shall not be required provided all four (4) of the following conditions are met:

1. Smoking is prohibited;
2. The Facility nonsmoking policy is strictly enforced;
3. “Smoke-Free” signs are strategically placed at all major entrances; and
4. A facility shall have “No Smoking” signs where oxygen is stored. (I)

***CHAPTER 22
Mechanical Requirements***

SECTION 2201. Heating, Air Conditioning and Ventilation.

~~Heating, air conditioning and ventilation systems shall be capable of maintaining comfortable temperatures. Work rooms and soiled utility areas must have exhaust of air to the outside. (II)~~

SECTION 2202. Emergency Electrical Power.

~~The facility shall be equipped with an emergency power source. (I)~~

SECTION 2203. Lighting and Electrical Services.

~~All electrical and other equipment used in the facility shall be maintained free of defects which could be a potential hazard to patients or personnel. There shall be sufficient safe lighting for individual activities, including suitable lighting for corridors and baths. Lighting in work area shall never be less than 50 foot-candles. (II)~~

SECTION 2200 – [RESERVED]

***CHAPTER 23
Preventive Maintenance of Equipment***

SECTION 2301. Equipment Maintenance.

~~A written preventive maintenance program for all equipment used in dialysis and related procedures including, but not limited to, all patient monitoring equipment, isolated electrical systems, conductive flooring, patient ground systems, and medical gas systems shall be developed and implemented. This equipment shall be checked and/or tested at such intervals to insure proper operation and a state of good repair. After repairs and/or alterations are made to any equipment or system, the equipment or system shall be thoroughly tested for proper operation before returning it to service. Records shall be maintained on each piece of equipment to indicate its history of testing and maintenance. (H)~~

SECTION 2300 – WATER SUPPLY

A. Water Supply. Water shall be obtained from a community water system and shall be distributed to conveniently located taps and fixtures throughout the Facility and shall be adequate in volume and pressure for all purposes. (H)

B. The Facility shall enter into an agreement with the water district or similar authority whereby the Facility is regularly notified of situations occurring outside the Facility that may adversely impact water quality including, but not limited to: (H)

1. changes in treatment methods and source;
2. municipal water treatment equipment failure;
3. damage to the distribution system; and
4. chemical spills.

C. Water used for dialysis purposes shall be analyzed for bacteriological quality at least monthly and chemical quality at least Quarterly and treated as necessary to maintain a continuous water supply that is biologically and chemically compatible with acceptable dialysis techniques. Water used to prepare a dialysate shall not contain concentrations of elements or organisms in excess of those specified below: (H)

<u>ELEMENTS</u>	<u>LIMIT IN MILLIGRAMS PER LITER</u>
<u>Aluminum</u>	<u>.01</u>
<u>Arsenic</u>	<u>.005</u>
<u>Barium</u>	<u>.100</u>
<u>Cadmium</u>	<u>.001</u>
<u>Calcium</u>	<u>2.0</u>
<u>Chloramines</u>	<u>.001</u>
<u>Chlorine</u>	<u>.500</u>
<u>Chromium</u>	<u>.014</u>
<u>Copper</u>	<u>.100</u>
<u>Fluorides</u>	<u>.200</u>
<u>Lead</u>	<u>.005</u>
<u>Magnesium</u>	<u>4.0</u>
<u>Mercury</u>	<u>.0002</u>
<u>Nitrates (Nitrogen)</u>	<u>2.0</u>

<u>Potassium</u>	<u>8.0</u>
<u>Selenium</u>	<u>.090</u>
<u>Silver</u>	<u>.005</u>
<u>Sodium</u>	<u>70.0</u>
<u>Sulfates</u>	<u>100.0</u>
<u>Zinc</u>	<u>.100</u>
<u>Bacteria</u>	<u>200 colonies per milliliter</u>

~~CHAPTER 24~~
General

SECTION 2401. General.

Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

SECTION 2400 – ELECTRICAL

2401. General.

A. Emergency electric services shall be provided as follows:

1. Exit lights, if required;
2. Exit access corridor lighting;
3. Illumination of means of egress; and
4. Fire detection and alarm systems, if required.

B. The Facility shall be equipped with either; (I)

1. An installed electric generator that feeds all building and power requirements; or
2. A standard transfer switch for connection to a portable electric generator that is under permanent contract for delivery and connection as soon as possible during government-declared weather related emergencies. The Facility shall ensure the generator feeds all building and power requirements.

2402. Lighting and Electrical Services.

A. All electrical and other equipment used in the Facility shall be maintained free of defects that could be a potential hazard to Patients or personnel. The Facility shall provide safe lighting for individual activities as required by applicable codes.

B. The Facility shall maintain all electrical installations and equipment in a safe, operable condition in accordance with the applicable codes.

C. The Facility shall maintain documentation of Annual electrical system inspection by a certified or licensed technician.

SECTION 2500 – HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)

A. The Facility shall maintain documentation of annual Heating, Ventilation, and Air Conditioning system inspection by a certified or licensed technician. (II)

B. The Facility shall maintain a temperature of between seventy-two (72) and seventy-eight (78) degrees Fahrenheit in Patient areas. (II)

C. No Heating, Ventilation, and Air Conditioning supply or return grille shall be installed within three (3) feet of a smoke detector. (I)

D. Heating, Ventilation, and Air Conditioning grilles shall not be installed in floors. (II)

E. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the Patients, staff, or volunteers. (II)

F. Each bathroom and/or restroom shall have either operable windows or have approved mechanical ventilation. (II)

SECTION 2600 – PHYSICAL PLANT

2601. General.

A. The dialysis unit(s) shall be separate from other activities and shall be located in an area free of traffic by non-unit staff or Patients. (II)

B. The nursing station shall be located in an area that provides adequate visual surveillance of Patients on dialysis machines. (I)

C. Treatment areas shall be designed and equipped to provide proper and safe treatment as well as privacy and comfort for Patients. Sufficient space shall be provided to accommodate emergency equipment and staff to move freely to reach Patients in emergencies. (I)

D. At least two (2) acceptable exits shall be provided for each Facility. (II)

E. If the Facility is located on the ground floor there must be one (1) exit to the outside for ambulance and/or handicapped use. (II)

F. If the dialysis units are located above the ground floor, the Facility must have an elevator sized to accommodate a stretcher. (II)

G. Dialysis units shall be at least three (3) feet apart with cubicle curtains or other means to provide complete privacy for each Patient as needed. (II)

H. All rooms shall open onto a corridor leading to an exit and all corridors used by Patients shall be at least four (4) feet wide. (II)

I. A waiting room shall be provided with sufficient seating for Patients and visitors.

J. Storage rooms shall be provided for supplies and equipment. Storage room floor space shall total at least ten (10) square feet per station.

K. A clean work area that contains a work counter, handwashing sink, and storage facilities for the storage of clean and sterile supplies shall be provided. (II)

L. A soiled work area that contains a work counter, handwashing sink, storage cabinets, and waste receptacle shall be provided. (II)

M. Patient toilet facilities shall be provided.

N. A separate staff toilet and personal storage space shall be provided within the unit.

O. Separate storage space shall be provided for oxygen cylinders if a piped system is not provided. (II)

P. A janitor's closet shall be provided adjacent to and for the exclusive use of the dialysis Facility.

2602. Ground Fault Protection.

All electrical and other equipment used in the Facility shall be maintained free of defects that could be a potential hazard to Patients or personnel. There shall be sufficient safe lighting for individual activities, including suitable lighting for corridors and baths. Lighting in work areas shall never be less than fifty (50) foot-candles. (II)

SECTION 2700 – SEVERABILITY

In the event that any portion of this regulation 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 this regulation, and they shall remain in effect as if such invalid portions were not originally a part of this regulation.

APPENDIX A. Prerequisites for Initial Licensure—Renal Dialysis Facility

Prior to admission of patients to, and issuance of a license for new facilities or additional station, the following actions must be accomplished:

1. The facility must be issued a Certificate of Need in accordance with DHEC Regulation 61-15.
2. Plans and construction must be approved by the Division of Health Facilities Construction, DHEC.
3. The facility shall submit a completed Application for License on forms which shall be furnished by the Office of Health Licensing. The following documents shall be submitted with the application:
 - a. Final construction approval of both water and wastewater systems by the appropriate District Environmental Quality Control Office of DHEC. (Includes satisfactory laboratory reports of water samples taken by the local office of Environmental Quality Control.)
 - b. Laboratory reports including chemical analysis and bacteriological culturing to assure water for dialysis conforms to the American National Standard for Hemodialysis Systems.

~~c. Approval from appropriate building official stating that all applicable local codes and ordinances have been complied with.~~

~~1. If the facility is located within town or city limits, approval by the local fire chief stating that all applicable requirements have been met, or~~

~~2. If the facility is located outside town or city limits, a written agreement with the nearest fire department that will provide protection and respond in case of fire at the facility.~~

~~d. Certification and laboratory test reports, provided by the manufacturer or supplier, that all carpeting purchased by the facility has been tested under~~

~~1. ASTM E 84 and has a flame spread rating of not more than 75, or~~

~~2. ASTM E 648 or NFPA No. 253 with a rating of not less than .45 watts/sq. cm.~~

~~e. Certification by the contractor that only the carpeting described in (d) above was installed in the facility.~~

~~f. Certification by the manufacturer or supplier that all drapes and cubicle curtains purchased by the facility are flame or fire resistant or retardant.~~

~~g. Certification by the owner or contractor that only materials described in (f) above were installed.~~

~~h. Certification by the manufacturer or supplier that all wall covering materials purchased by the facility are fire or flame resistant or retardant.~~

~~i. Certification by the owner or contractor that only the materials described in (h) above were installed.~~

~~j. Certification by the engineer that all fire alarm and smoke detection systems have been installed according to plans and specifications, have been tested and operate satisfactorily.~~

~~k. Certification by the contractor that the automatic sprinkler system, if applicable, has been completed and tested in accordance with the approved plans and specifications and NFPA No. 13.~~

~~l. Certification that all medical gas systems have been properly installed and tested.~~

~~m. For corporation owned facilities, a list of all officers and their corporate titles.~~

~~4. Resumes for the persons in charge of the day to day operation of the facility and nursing services.~~

~~5. Resumes for the Dietitian and Social Worker.~~

~~6. Required personnel must be employed, available, trained and capable of performing their duties.~~

~~7. The Office of Health Licensing shall inspect the facility and require compliance with these regulations.~~

~~8. The facility must pay the required licensing fee.~~

Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: 61-97, Standards for Licensing Renal Dialysis Facilities.

Purpose: The Department amends R.61-97 to update provisions in accordance with current practices and standards. The Department further revises for clarity and readability, grammar, references, codification, and overall improvement to the text of the regulation.

Legal Authority: 1976 Code Sections 44-7-260 et seq.

Plan for Implementation: The DHEC Regulation Development Update (accessible at <http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/>) will provide a summary of and link to a copy of the amendment. Additionally, printed copies are available for a fee from the Department's Freedom of Information Office. Upon taking legal effect, Department personnel will take appropriate steps to inform the regulated community of the amended regulation and any associated information.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The amendments are necessary to update provisions in accordance with current practices and standards. The amendments include updated language for facilities applying for licensure and incorporate provisions delineating new requirements in training staff members, as well as new nursing and medical staff requirements. The amendments revise and incorporate requirements regarding maintenance of policies and procedures, Department inspections and investigations, maintenance of accurate and current contact and training information for staff members, and other miscellaneous requirements for licensure.

DETERMINATION OF COSTS AND BENEFITS:

Implementation of these amendments will not require additional resources. There is no anticipated additional cost to the Department or state government due to any inherent requirements of these amendments. There are no anticipated additional costs to the regulated community.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

The amendments to R.61-97 seek to support the Department's goals relating to the protection of public health through implementing updated requirements for renal dialysis facilities. There are no anticipated effects on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. If the revision is not implemented, the regulation will be maintained in its current form without realizing the benefits of the amendments herein.

Statement of Rationale:

Here below is the Statement of Rationale pursuant to S.C. Code Section 1-23-110(h):

The Department of Health and Environmental Control amends R.61-97 to update provisions in accordance with current practices and standards. The amendments include updated language for facilities applying for licensure and incorporate provisions delineating new requirements in training staff members, as well as new nursing and medical staff requirements. The amendments revise and incorporate requirements regarding maintenance of policies and procedures, Department inspections and investigations, maintenance of accurate and current contact and training information for staff members, and other miscellaneous requirements for licensure.

ATTACHMENT B

SUMMARY OF PUBLIC COMMENTS AND DEPARTMENT RESPONSES

Document No. 4953

R.61-97, Standards for Licensing Renal Dialysis Facilities

As of the December 23, 2019, close of the Notice of Proposed Regulation comment period:

NAME	SECTION CITATION	PUBLIC COMMENT	DEPARTMENT RESPONSE
1. Jennifer McMullen on behalf of DaVita Inc.	102.M.1	This section previously called for an amended license, rather than a new one, and it is unclear why a new license would be required. The Department would be justified in requiring notification, or even submission of a change of information requiring approval in the case where there are new persons or entities in control of a corporation or partnership. However, requiring a new license for a change in controlling interest is unnecessarily burdensome, and, in our opinion, not rationally supported. While other provisions of the proposed regulatory change are consistent with CMS requirements, the requirement that a provider must apply for a new license upon change of controlling interest exceeds federal requirements, as well as the requirements of other state departments of health.	Adopted.
2. Jennifer McMullen on behalf of DaVita Inc.	400.B.9	CMS requires maintenance policies but includes broader wording which does not minimize the facility's obligation to comply with requirements for a safe, functional, and comfortable treating environment. South Carolina should adopt broader wording which makes clear the facility's obligation to ensure integrity of all physical plant maintenance, while also providing the facility flexibility in achieving that objective.	Not adopted. This recommendation is already addressed in Section 1602.
3. Jennifer McMullen on behalf of DaVita Inc.	502.C	We would recommend that, if the Department is going to add this level of specificity, it more clearly defines what is meant by "change" and also give some flexibility for extenuating circumstances. For example, does this include a temporary change or only a permanent change? If there is an unexpected departure, does South Carolina need to be notified of the temporary coverage and then again of the permanent appointment? CMS allows 90 days to make such a notification so, if South Carolina needs notification within 72 hours, we would ask that it be narrowly tailored and take into consideration the types of	Not adopted. This recommendation is inconsistent with other regulations. The Department needs to be able to contact the Administrator responsible for a Facility.

		emergent situations that could arise and necessitate directing the focus of the facility to patient care/replacement before administrative tasks.	
4. Jennifer McMullen on behalf of DaVita Inc.	503-504	While both the current regulation and the proposed revisions specify the same overall staffing ratio, the proposed language has more specific requirements related to a Director of Nursing and Charge Nurse. It is unclear whether the same person can fulfill both roles. If so, the language should be clarified because it does specify that the charge nurse can serve as the RN on duty. Additionally, is it requiring that if the Director of Nursing is in charge of home training that such person shall have at least 3 months of ESRD experience in training home patients or that any nurse responsible for home training needs such experience? We would request the Department add clarity on this.	Adopted in both sections.
5. Dr. Greg Smith on behalf of the Renal Advisory Council	505	<p>The proposed regulation requires that a Medical Director has “served for at least twelve (12) months as director of a Dialysis or Transplantation program”. We assume this is a mistake- no one would become the director of a Dialysis or Transplant Program without years of experience, usually as a Medical Director for a dialysis facility. Current CMS Regulations require that the Medical Director “has at least 12-months of experience providing care to patients receiving dialysis.” This is a reasonable requirement.</p> <p>Recommendation- change regulation to read “has at least 12-months of experience providing care to patients receiving dialysis.” to match CMS guidelines.</p>	Adopted.
6. Jennifer McMullen on behalf of DaVita Inc.	505.B.2	<p>This is an onerous obligation and one with which it will be difficult for facilities to comply in rural areas or others with shortages of experienced physicians. CMS requires a Medical Director under the conditions for coverage but does not require such experience if a facility cannot find an experienced medical director.</p> <p>South Carolina’s proposal under section 505 would cause a facility to close its doors or risk non-compliance with this new requirement, potentially disrupting patient care and access. The Department should consider (1) making this a recommendation but not a requirement, (2) revising to require nephrology experience (but not medical director), or (3) including exceptions for rural or other physician shortage areas.</p>	Adopted.

7. Dr. Greg Smith on behalf of the Renal Advisory Council	507.A	<p>The proposed regulations states, “All required orientation shall be completed prior to Patient contact.” The currently accepted and most effective training algorithms employ an integrated approach which includes carefully supervised hands on training with patients. Some of this training will continue during the orientation of new employees. Patient contact is ultimately necessary both to further the staff members’ skill sets as well as to assess the skills of those same members before they are performing their tasks unsupervised.</p> <p>Recommendation- remove “All required orientation shall be completed prior to Patient contact.”</p>	Not adopted. Orientation refers to the overview of the specific topic and is not a practical training.
8. Jennifer McMullen on behalf of DaVita Inc.	508.A.1	<p>CPR training is already required for all direct patient care staff and the facility must always have a Registered Nurse on duty when patients are receiving treatment per CMS and South Carolina regulations. Therefore, the need to ensure availability of a competent clinician to handle an acute first aid emergency is already being met. We respectfully submit that requiring all patient care staff be trained on basic first aid is redundant to meet the needs of patients, unnecessarily adds expense and takes away from patient care. We would request that the Department reconsider this proposal.</p>	Not adopted. It is imperative for Direct Care Staff to have basic first aid training to address the basic needs of a Patient. This is not formal certification and the facility’s nurse(s) could provide this basic training.
9. Dr. Greg Smith on behalf of the Renal Advisory Council	601.B.4	<p>No other states nor CMS regulations require reporting of blood spills. Current policy at many dialysis facilities is to complete an internal Adverse Event report if a blood spill is 100ml or greater. Also, for the purpose of this regulation we are interpreting “spill” to mean blood unintentionally lost outside the dialysis circuit. This would not include blood remaining in a “clotted dialyzer” that could not be returned to the patient or blood intentionally discarded as a therapeutic phlebotomy.</p> <p>Recommendation- change the volume referenced in 601.A.4 to “100mL.”</p>	Adopted.

<p>10. Jennifer McMullen on behalf of DaVita Inc.</p>	<p>601.B.7</p>	<p>Without more clearly defining Medication Errors, the Department may be creating a reporting obligation that results in high volume or reports without actual impact on patient safety. For example, would the Department consider a missed dose by a patient a medication error? Would notification to next of kin of a missed dose which could be given at next treatment with no adverse effect to the patient be considered a medication error? We suggest incidents requiring reporting be more well defined, and in the case of medication errors in particular, be narrowed to include only an error with an adverse patient event.</p>	<p>Adopted. 601.B.14 has been removed and “medication errors with the potential for adverse impact” has been added in 601.B.7.</p>
<p>11. Jennifer McMullen on behalf of DaVita Inc.</p>	<p>601.D</p>	<p>The proposed regulation would change reporting from within 10 days of incident to 24 hours. This is a significant change and it is unclear how the facility should accomplish this or why it is necessary. The new requirement also is not well defined, which potentially could lead to misinterpretation. In the case of such incidents, it is reasonable for the facility to focus on investigating and remediating such incidents as well as reporting to the state once it has the information needed to accurately report. However, requiring notification within 24 hours of all incidents, rather than narrowing to medical emergency or material patient impact, creates unnecessary burden.</p> <p>Adding next of kin notification to this requirement creates still more unnecessary burden without justification. Often the facility has wrong or incomplete information on a patient’s next of kin or will get a voicemail when it attempts to reach someone. If such prompt notification is required, would the Department suggest the type of information known within 24 hours be left on someone’s voicemail? This would likely cause panic and unnecessary overreaction, in addition to creating onerous and unclear requirements on facility staff who would otherwise be focused on patient care and facility operations.</p> <p>The Department should reconsider significantly narrowing this requirement with an eye toward giving facilities the ability to direct resources toward getting the report right and addressing any patient care issues first, then reporting to the state and, finally, within a reasonable time, notifying next of kin when that is necessary and appropriate or meets the patient’s preference.</p>	<p>Partially adopted.</p>

<p>12. Dr. Greg Smith on behalf of the Renal Advisory Council</p>	<p>602.B</p>	<p>The proposed regulation begins by stating that “The Facility shall report (the) following types of incidents to the next of kin, or responsible party, for each affected individual at the earliest practicable hour, not exceeding twenty-four (24) hours of the incident.” We feel this is an essential practice to protect patients and to provide for their ongoing care. However, the regulation as written goes on to say that “The Facility shall notify the Department (DHEC) immediately, not to exceed twenty-four (24) hours, via the Department’s electronic reporting system or as otherwise determined by the Department.” In contrast to the first statement, this second sentence has no basis in patient care or safety. As the Regulations go on to indicate that a “full” report must be filed within five (5) days of an incident, the additional “24-hour notification” is a meaningless and arbitrary distraction to patient care. Notwithstanding that any of these incidents so reported on a Friday would be undiscovered by Department personnel until the following week, on many occasions (i.e. holidays and weekends) the Facility staff trained in the filing of incident reports are not available within the twenty-four (24) hour time frame.</p> <p>Recommendation- remove the line in 601.B that states “The Facility shall notify the Department (DHEC) immediately, not to exceed twenty-four (24) hours, via the Department’s electronic reporting system or as otherwise determined by the Department.” Leave in the preceding line referring to next of kin and responsible party, as well as the subsequent Sections 601.C and 601.</p>	<p>Not adopted. The Department considers these incidents to be potentially high priority issues requiring an expedient response. Furthermore, this requirement is in multiple other regulations.</p>
<p>13. Jennifer McMullen on behalf of DaVita Inc.</p>	<p>603.B</p>	<p>While we support the heightened specificity in this revised requirement, we would ask that the Department add some flexibility where there is a crisis situation. For example, the Department could allow 48-72 hours for written notification and require 24-hour notification of the closure and reason but give additional time to report out on other aspects that may not be known immediately, such as records maintenance and documentation of patient notification. This will protect against the need for multiple communications as more information is known, and potentially alleviate confusion and emotional reactions.</p>	<p>Adopted.</p>
<p>14. Dr. Greg Smith on</p>	<p>701.B.3</p>	<p>In enumerating the contents of the medical record, the proposed regulation includes, “Physician or other Authorized Healthcare Provider visits shall be made at</p>	<p>Adopted.</p>

<p>behalf of the Renal Advisory Council</p>		<p>least four (4) times a month, and no more than twelve (12) calendar days between consecutive visits.” The requirement that Provider visits be performed four (4) times a month is arbitrary, unreasoned, and inconsistent with the CMS guidelines which follow- 42 CFR 494.9 (b)(4) The dialysis facility must ensure that all dialysis patients are seen by a physician, nurse practitioner, clinical nurse specialist, or physician's assistant providing ESRD care at least monthly, as evidenced by a monthly progress note placed in the medical record, and periodically while the hemodialysis patient is receiving in-facility dialysis. Additionally, published data from large prospective studies shows no correlation between number of physician visits and negative patient outcomes. One such representative study (of many) analyzed the hospitalization and death rates of 735 dialysis patients over 75 different clinics, separated by per treatment, weekly, and monthly or less physician visits. This study found no association between visit frequency and patient hospitalization or death.</p> <p>Frequency of Patient–Physician Contact and Patient Outcomes in Hemodialysis Care Laura C. Plantinga, Nancy E. Fink, John H. Sadler, Andrew S. Levey, Nathan W. Levin, Haya R. Rubin, Josef Coresh, Michael J. Klag and Neil R. Powe. JASN January 2004, 15 (1) 210-218; DOI: https://doi.org/10.1097/01.ASN.0000106101.48237.9D</p> <p>Recommendation- to reflect existing empirical evidence, as well as to better align SC Regulations with Federal guidelines, we propose changing 700.B.3 to read “Documentation of Physician or other Authorized Healthcare Provider visits for at least one (1) year. Physician or other Authorized Healthcare Provider visits shall be made at least monthly, as evidenced by a monthly progress note placed in the medical record, and periodically while the patient is receiving in-facility dialysis. The Facility shall document each visit missed by the patient.”</p>	
<p>15. Dr. Greg Smith on behalf of the Renal Advisory Council</p>	<p>704-705</p>	<p>All of these regulations concern the length of time a Facility must retain a patient’s records following that patient’s discharge from same Facility, but as written these times are inconsistent and contradictory. Additionally, while paper records exist the option of off-site storage should be acknowledged and regulated.</p> <p>Recommendation (for all applicable sections)- A patient’s records, to include medical records, orders,</p>	<p>Partially adopted. Language added and 704.H removed to clarify the off-site requirement.</p>

		and incident reports, shall be maintained for ten (10) years following that patient's discharge from a facility. For the first year following discharge, these records must be kept on site and readily available at that facility.	
16. Jennifer McMullen on behalf of DaVita Inc.	704-705	There is the potential for confusion between the record retention time period in Section 704(H) and 705(D). We would request the Department clarify what "Record of Patients" means and distinguish it from medical records.	Already adopted as per Dr. Smith's comment.
17. Dr. Greg Smith on behalf of the Renal Advisory Council	1000.A.2	<p>The proposed regulation states patients are to be "Fully informed of services available in the Facility and of related charges". Most facilities do not have information readily available regarding charges for services. These charges vary widely depending upon insurance coverage and even from year to year as insurance coverage changes; they are often unknown at the time of admission.</p> <p>Recommendation- change the above line (1000.A.2) to read, "Any out of pocket expenses will be explained to the patient within 30 days of admission and any time there are changes to their insurance coverage."</p>	Partially adopted. Requirement changed to fifteen (15) days.
18. Dr. Greg Smith on behalf of the Renal Advisory Council	1000.A.5	<p>The proposed regulation states, "Be transferred or discharged only for medical reasons or for the welfare of the Patient, other Patients, or Facility Staff, or for nonpayment of fees and given notice to ensure orderly transfer or discharge; and...". Patients who have been discharged from the care of their nephrologist and no longer have an attending physician with privileges to see patients in their Facility are not specifically addressed in this Regulation. However, such a patient would have no Physician ordering/monitoring their dialysis or visiting them on rounds. This is certainly a "medical reason" but is not readily apparent in the current wording of the Regulation.</p> <p>Recommendation- Change the above line (1000.A.5) to read, "Be transferred or discharged only for medical reasons (including lack of a Provider affiliated with the Facility), or for the welfare of the Patient, other Patients, or Facility Staff, or for nonpayment of fees. They shall be given notice to ensure orderly transfer or discharge; and..."</p>	Partially adopted. Language updated to allow for a Patient's choice.

<p>19. Jennifer McMullen on behalf of DaVita Inc.</p>	<p>1501.B</p>	<p>To our knowledge, all fire departments have designated assigned areas of coverage. The Department should clarify whether this is intended for rural areas or facilities that explicitly are not covered by any public fire department as a matter of course. In the case that a facility has no fire department coverage, the Department should clarify whether this means facilities have the ability to pick and choose contract services. Without clarity, this proposal could cause significant and unnecessary confusion and burden on facilities.</p>	<p>Not adopted. This section of the proposed amendments clearly states that the nearest fire department should be chosen and refers to, "Facilities located outside of a service area or range of a public fire department."</p>
<p>20. Dr. Greg Smith on behalf of the Renal Advisory Council</p>	<p>1504.D</p>	<p>The proposed regulation states, "In conducting fire drills, all Patients shall evacuate to the outside of the building to a selected assembly point. Drills shall be designed to ensure that Patients attain the experience of exiting through all exits." As written, this Regulation requires that all patients be TAKEN OFF dialysis and marched outside the building four (4) times each year. This is not reasonable or safe, as it requires unnecessary de-accessing and subsequent re-accessing of a patient's shunt or catheter, as well as outdoor exposure of the same. This requirement is in direct opposition to everything R.61-97 purports to be doing. In a true emergency (i.e. an actual fire), the risk of blood loss, infection, and injury can be justified. Risking the same to prepare for a potential emergency cannot.</p> <p>Recommendation- Remove 1504.D entirely. Proper handling of Fire Drills and training is already addressed by 1503.C and 1503.D. However, we would modify 1503.D to read, "Patients shall be made familiar with the fire plan and evacuation plan upon admission and this plan will be reinforced during subsequent Fire Drills."</p>	<p>Adopted.</p>
<p>21. Jennifer McMullen on behalf of DaVita Inc.</p>	<p>1504.D</p>	<p>This not a common practice for outpatient ESRD facilities, creates unnecessary safety risk for patients on dialysis treatment, and imposes significant burden on facility and team. Each patient would need to be disconnected and reconnected from the machine, which would interrupt treatment and unnecessarily introducing risk of infection and adverse events. Additionally, many patients are not easily ambulatory making movement for a drill an unnecessary and potentially dangerous</p>	<p>Already adopted as per Dr. Smith's comment.</p>

		exercise. So, while the facility should be well versed in the process and patients be educated on emergency take-off procedures and evacuation procedures, putting patients through it for purposes of a drill is unnecessary. Instead of requiring patients to endure this, we would strongly recommend the Department consider replacing this requirement with one that more closely aligns with CMS requirements, or at most requires facilities to conduct a “mock evacuation.”	
22. Jennifer McMullen on behalf of DaVita Inc.	1602	While a program could be developed, this seems burdensome and unnecessary. We ask that the Department achieve the same purpose by mandating that facilities must follow preventive maintenance as specified by each piece of equipment used in dialysis and keep records documenting the timely completion of such maintenance.	Not adopted. The equipment maintenance program is more complicated than simply following manufacturer’s statements, and major equipment involving life safety maintenance is derived from building codes.
23. Dr. Greg Smith on behalf of the Renal Advisory Council	1704.B	Though 1704 and 1705 were modified to account for staff/patients with proven immunity by not offering the vaccine to individuals already antibody positive (who were therefore not declining the vaccine), 1704.B still reads, “The Facility shall offer Hepatitis B vaccinations to unvaccinated or partially vaccinated new direct care staff members prior to patient contact.” Recommendation- change 1704.B to read, “The Facility shall offer Hepatitis B vaccinations to unvaccinated or partially vaccinated new direct care staff members (who do not already exhibit immunity) prior to patient contact.”	Adopted.
24. Dr. Greg Smith on behalf of the Renal Advisory Council	1705.A	The proposed regulation states, “All patients shall be screened thirty (30) calendar days prior to or upon admission...”, implying they can be screened at the time of their first treatment. This seems inappropriate- if their Hepatitis B status is not known a Facility will potentially be exposing that patient, or the other clinic patients, to Hepatitis B. Though this is consistent with the original wording in R.61-97, we feel Hepatitis B	Adopted.

		<p>status should be known before a patient can receive dialysis in an outpatient Facility.</p> <p>42 CFR 494.30 Condition: Infection control references Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, volume 50, number RR05, April 27, 2001, pages 18 to 28, which states, "The HBV serologic status (i.e., HBsAg, total anti-HBc, and anti-HBs) of all patients should be known before admission to the hemodialysis unit. For patients transferred from another unit, test results should be obtained before the patients' transfer."</p> <p>Recommendation- change 1705.A to read "All new patients shall be screened within the thirty (30) prior to being admitted to a new Facility..."</p>	
25. Jennifer McMullen on behalf of DaVita Inc.	1705.A	<p>We would request that the Department consider scaling back this requirement as it is inconsistent with CDC requirements and not necessary to protect patients. Requiring confirmation of antigen (with no other labs) is the most important lab to know if the patient needs to be in an isolation room. The other labs can be conducted after admission to determine whether a patient requires vaccination or other course of treatment. Requiring the full panel prior to admission could unnecessarily delay admission of a patient who needs treatment, thus causing them to either remain in the hospital longer than they should or to delay starting treatment.</p>	<p>Not adopted. Proposed amendments are consistent with CDC guidelines.</p>
26. Jennifer McMullen on behalf of DaVita Inc.	2401.B	<p>As worded, the proposed requirement states that a generator is required or, in the case of government-declared weather-related emergencies, a transfer switch with portable generators be available for delivery and connection as soon as possible. While a laudable goal, there is concern that there may not be adequate supply within the State. It would be a significant financial burden for facilities that do not have a permanent stationary generator in place to maintain a portable generator for each facility. Currently, portable generators are strategically distributed and deployed based on event. We ask that the Department provide further clarity to this proposal and consider whether there are less burdensome ways to ensure facilities are adequately prepared for weather emergencies.</p>	<p>Not adopted. The purpose of the generator is to address all electrical outages, not just regarding government-declared, weather-related emergencies.</p>
27. Jennifer	2402.C	<p>This requirement is not necessary given that 2402(B) requires the facility to maintain all electrical</p>	<p>Not adopted. Third party</p>

<p>McMullen on behalf of DaVita Inc.</p>		<p>installations and equipment in a safe, operable condition in accordance with the applicable codes. Because this requirement is onerous, expensive, and duplicative, we would recommend the Department reconsider implementing it.</p>	<p>annual inspections are necessary as most fires are electrical in nature.</p>
<p>28. Jennifer McMullen on behalf of DaVita Inc.</p>	<p>2500.B</p>	<p>This requirement is unnecessarily restrictive, and depending on the equipment, could be difficult for a facility to implement in this tight of a range. Additionally, requiring a facility to keep the temperature in a predetermined range would limit the care staff from complying with requests to make it warmer in some instances and colder in others, resulting in unhappy and uncomfortable patients and/or staff. We would request the Department reconsider this regulation, especially because the previous requirement to ensure HVAC systems are capable of maintaining comfortable temperatures was more than sufficient. If the Department believes more prescription is required, we suggest designating this responsibility to the facility's governing body.</p>	<p>Not adopted. The regulation requirement for a temperature range between 72-78 degrees is an industry standard requirement.</p>