

Residential Licensing Standards

For

CTH-I, CTH-II, SLP-II

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Definitions

Community Training Home-I Model (Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) people living in a support provider's home where they essentially become one of the families. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Supervision, skills training and supportive care are provided according to individualized needs as reflected in the service plan. No more than four (4) people live in each residence. CTH-II homes located in one and two family dwellings, as well as townhouses, shall meet International Residential Code (IRC) standards. CTH-II homes located in apartments shall comply with R2 criteria of the International Building Code (IBC). CTH-II residential models are not care facilities.

Supervised Living-II Model

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently, but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily. SLP-II homes located in one and two family dwellings, as well as townhouses, shall meet International Residential Code (IRC) standards. SLP-II homes located in apartments shall comply with R2 criteria of the International Building Code (IBC). SLP-II residential models are not care facilities.

Supported Living Model-I

This model is similar to the Supervised Living Model-II; however, people generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone. SLP-I homes located in apartments shall comply with R2 criteria of the International Building Code (IBC). SLP-I residential models are not care facilities.

	Safety	Guidance
1.0	<p>All sites shall receive a fire safety inspection by the State Fire Marshal's Office:</p> <p>a) Prior to being inspected by DDSN Licensing Contractor, annually, and following major structural changes to the home.</p> <p>b) Any deficiencies received during the fire inspection shall be reviewed by DDSN prior to the home being licensed.</p>	<p>See fire code requirements at http://www.scfiremarshal.llronline.com/INSPECT/index.asp?file=main.htm.</p> <p>Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist:</p> <ul style="list-style-type: none"> • Fuel burning appliances are used. • There is a functional fireplace in the home. • The home has an attached garage with a common wall. <p>Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal.</p> <p>State Fire Marshal Inspection report is maintained by the provider.</p> <p>Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff EXCEPT for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in DDSN Directive 300-03-DD for sample forms which may be used.</p>
1.1	<p>All sites shall be inspected by DDSN Licensing Contractor:</p> <p>a) Prior to the initial admission of a person.</p> <p>b) Annually, as required per directive.</p> <p>After structural changes are made to the home.</p>	<p>The license is not transferable from either the address or family specified on the license.</p> <p>Initial inspections must be requested a minimum of two weeks in advance.</p> <p>For licensing purposes, "children" is defined as under the age of 21 years.</p>

1.2	<p>All sites shall pass an electrical inspection conducted by a licensed electrician:</p> <p>a) Prior to the home being inspected-by DDSN Licensing Contractor; and</p> <p>b) After major structural changes are made.</p>	<p>“Pass” requires that the home’s electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector’s license number. Forms submitted as evidence of an electrical inspection must include a review of all components of the home’s electrical system and the signature of the person completing the inspection. See DDSN Directive 300-03-DD for a sample form.</p> <p>Sites that have emergency generators must perform complete and thorough inspections of them. Routine service by a qualified contractor is encouraged to ensure that generators are maintained in good operating condition. Service contracts generally include semi-annual and/or annual inspections. Providers must perform monthly checks of the generators. Documentation of all checks must be maintained by the provider. See DDSN Directive 300-03-DD for sample forms which may be used to conduct monthly inspections.</p> <p>Note: Electrical system must be maintained in good working order at all times. Any conditions at the time of the inspection that jeopardize the health and safety of the people living at the site will be cited as a deficiency.</p>
1.3	<p>All sites shall pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <p>a) Prior to the home being inspected by DDSN Licensing Contractor to operate; and</p> <p>b) After major structural changes are made to the home.</p>	<p>“Pass” requires that the HVAC is in good working order and: heating equipment must be capable of maintaining a room temperature of not less than 68°F throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75°F through the home.</p> <p>Documents must be made available to verify the date and results of the inspection. Forms submitted as evidence of an HVAC inspection must include a review of all components of the home’s HVAC system and the signature of the person completing the inspection.</p> <p>See DDSN Directive 300-03-DD for form which may be used for HVAC inspections.</p>

1.4	<p>When not on a public water line, all sites shall pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate; as indicated:</p> <ul style="list-style-type: none"> a) A bacteria and metal/mineral analysis must be performed prior to being licensed; b) As needed, when changes in taste, color or odor are present; and c) A bacteria analysis must be performed annually. 	<p>Providers must request an inspection from their county DHEC Office.</p> <p>The DHEC inspection report is maintained by the Provider.</p> <p>Mixing valves must be inspected routinely with documentation maintained by the provider. See DDSN Directive 300-03-DD for a mixing valve inspection checklist.</p>
1.5	<p>Sites serving children shall pass a health and sanitation inspection conducted by DHEC:</p> <ul style="list-style-type: none"> a) Prior to the home being licensed. b) CTH-I – as needed thereafter; CTH-II – annually. 	<p>Pass = no citation that will jeopardize the health and safety of residents and care providers.</p> <p>For licensing purposes “children” is defined as under the age of 21 years.</p> <p>Documents must be available to verify the date and results of the inspection.</p>
1.6	<p>Prior to being licensed, all homes which serve children under six (6) years of age, shall pass a-lead-paint risk assessment conducted by DHEC.</p>	<p>Pass=no citation that will jeopardize the health and safety of consumers and care providers.</p> <p>Documents must be available to verify the date as well as results of the assessment.</p>
1.7	<p>Firearms are prohibited on all sites.</p>	<p>The presence of firearms with no documented waiver approval will be cited as a deficiency.</p>
1.8	<p>Pets on site shall be current with vaccinations.</p>	<p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided and no signs of potential risks are assessed.</p> <p>Documentation of current vaccinations must be available for review.</p>

	Home Environment	Guidance
2.0	<p>All sites shall have a standard first-aid kit that is:</p> <ul style="list-style-type: none"> a. Readily accessible. b. Well stocked for the number of people who are intended to use it. 	<p>Contents recommended by the American Red Cross for a standard kit: ¾" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads.</p> <p>The kit should contain NO expired items.</p> <p>If an individual has been assessed as capable of using a first aid kit independently, the kit must be accessible to him/her. In SLP-II sites, residents who are assessed as independent in using a first aid kit must have one in their apartment.</p> <p>Readily accessible means quickly accessible to all staff of the home and any resident assessed as capable of using it safely.</p>
2.1	<p>CTH shall have a flashlight on site for each level of the home.</p>	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>
2.2	<p>CTH bedrooms shall-have:</p> <ul style="list-style-type: none"> a) At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy; b) A clean, comfortable bed, pillow, and linen appropriate to the climate; c) Operable lighting; d) Operable window; and e) Sufficient lockable and non-lockable storage space. 	<p>The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes.</p> <p>Maximum of two (2) people per bedroom, with at least three (3) feet between beds.</p> <p>Children must sleep within calling distance of an adult.</p>
2.3	<p>CTH-I Homes shall have one (1) lavatory, toilet and shower/bathtub for every six (6) household members.</p>	

2.4	Support Provider to resident ratio in the CTH-I shall be no more than two (2) beds to each provider.	Bed capacity in the CTH-I may be increased to a maximum of three (3) beds if: the support provider has satisfactorily provided services and supports for two (2) consumers for at least six (6) months. An exception to standard must be approved prior to the increase in bed capacity.
2.5	<p>Hot water temperature in CTH sites:</p> <p>a) Shall be no less than 100°F.</p> <p>b) Shall never be more than 120°F in a home where an individual lives who is incapable of regulating water temperature.</p> <p>c) Shall never be more than 130°F.</p>	<p>Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented.</p> <p>Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site.</p> <p>Water temperature shall never be more than 130°F, no matter the skills of the residents living in the home.</p>
2.6	<p>CTH sites shall be:</p> <p>a) Free from obvious hazards.</p> <p>b) Clean.</p> <p>c) Free of litter/rubbish.</p> <p>d) Free of offensive odors.</p> <p>e) Equipment in good working order.</p>	<p>Litter/rubbish contained in covered cans or tied in garbage bags.</p> <p>Linens should be clean/sanitary.</p> <p>No evidence of pests/vermin.</p> <p>Offensive odors – smell of urine, rotting food</p> <p>Household cleaning agents are kept in secure locations and away from food and medications.</p> <p>When an individual living in the home has been assessed as independent in the use of household cleaning agents, accommodations must be made to allow them to access the cleaning agents when they wish to use them.</p> <p>Equipment may include, but not be limited to: appliances, furniture (including lawn furniture, flooring, walls, plumbing fixtures, fire alarms, fire extinguishers).</p> <p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided; no signs of potential risks are assessed.</p>

2.7	Supervised Living settings shall afford residents basic comfort.	<p>Working sink with hot (between 100°F – 130°F) and cold running water.</p> <p>Note: If there is a resident in the supervised living site who has been assessed as unable to regulate water temperature or cannot do so due to physical disability, the maximum water temperature should be 120°F.</p> <ul style="list-style-type: none"> • Operable heat. • Operable electricity. • Working tub/shower with hot (between 100°F – 130°F) and cold running water. • At least one (1) bed with mattress, pillow, sheets and blanket for every resident (unless a married couple choose to share a bed). Linens should appear clean/sanitary. • A working toilet.
2.8	Supervised living settings shall afford residents basic safety.	<p>Setting must have:</p> <ul style="list-style-type: none"> • Lockable exterior doors and windows. • Be free from obvious hazards. • Be sanitary. • Cross reference 1.0 regarding carbon monoxide detectors.
2.9	Supervised living settings shall have sufficient space for privacy.	<p>When occupied by more than one (1) resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage.</p>
2.10	Minimum Support Provider to resident ratio in an SLP-II is 1:20.	
2.11	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	<p>Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes.</p>

	Health Services	Guidance
3.0	Medications, including controlled substances and medical supplies shall be managed in accordance with local, state and federal laws and regulations.	Stored in a secure and sanitary area with proper temperature, light, humidity and security.
3.1	Medications in an SLP-II shall be stored in the resident's apartment unless there are documented reasons as to why this would present a health and safety issue.	<p>The person's ability to self-administer medications is a separate issue from their ability to safely store medications in their apartment.</p> <p>An assessment should be completed for each person. The assessment should document any reasons why the person is not able to safely store their medications in their apartment. As a best practice, the provider should consider whether there are assistive devices available that would permit the person to safely store medications. There are many devices that are fully secure and available to people who may not be able to discriminate which pill to take, but they know not to take it until it is time or until the device dispenses it for them. Many products currently marketed to the elderly population would be beneficial to consumers in SLP-II who may not be fully independent in taking their medications.</p> <p>The ability to safely store medications is a separate issue from the person's preference not to have them stored in their apartment. An assessment should still be completed in an effort to identify potential training objectives that would assist the person and increase their interest/comfort. The goal of all DDSN residential programs is to help the consumer(s) achieve their maximum level of independence. Just as many consumers begin with basic steps for cooking or money management, they may begin steps towards identifying and maintaining their medications, if not self-administration.</p> <p>If, after discussing options for safety and securely storing the medications in the person's apartment, they continue to state that they do not wish to store them, then a called team meeting must document the assessment results, the discussion with the consumer, including the possibility of assistive devices, and the timeframe for re-evaluation (not to exceed one (1) year). The called team documentation must include the consumer's signature, but Human Rights Committee</p>

		approval is not required (DDSN Directive 535-02-DD). This scenario should be the exception, rather than the rule for providers.
3.2	<p>Orders for new medications and/or treatments shall be administered by:</p> <p>a) Licensed nurse.</p> <p>b) Unlicensed staff as allowed by law, or</p> <p>c) The person for whom the medication is prescribed when he/she is assessed as independent.</p>	Unlicensed staff as allowed by law: As a result of a provision contained in the 2002-2003 Budget Bill, H. 4878-Part 1B, 11.10, the General Assembly of the State of South Carolina granted DDSN the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. With regard to injectable medications, this authority only applies to “regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications.”
3.3	At all sites, orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family initiated physician, PAA or CPN visit, orders must be changed within 24 hours of learning about the visit.
3.4	Medications shall be safely and accurately given.	<p>Medication has not expired.</p> <p>There are no contraindications, i.e., no allergy for the drug.</p> <p>Administered at the proper time, prescribed dosage, and correct route.</p> <p>If a provider has documented all medication errors, and no errors resulted in the need for additional medical treatment as a result of the error, the appropriate remediation for the error was documented, AND the monthly medication error rate for that location does not exceed .035 for the prior three (3) months, then the provider should not be cited for this indicator. If the monthly error rate is more than .035 for the prior three months (3), even with the documentation of remediation, then the provider will be cited.</p> <p>Medication Records, Medication Error Reports, and the monthly error rate calculations for the location must be available at the inspection site for the three (3) months prior to the review date. If the error rate has not yet been calculated for the month immediately preceding the review, the reviewer may go back four (4) months.</p>

		Providers may use .035 or 3.5% as the threshold, but must calculate the monthly error rate using the formula defined in DDSN Directive 100-29-DD. As clarification, Red Flag events are not included in this calculation. Error rates for the current month must be documented and available by the last day of the following month.
3.5	<p>For persons not independent in taking their own medication/treatments, a log shall be maintained to denote:</p> <ul style="list-style-type: none"> a) The name of medication or type of treatment given. b) The current physician's order (and purpose) for the medication and/or treatment. c) The name of the person giving the medication. d) Time given. e) Dosage given. 	<p>Medication includes over-the-counter medications.</p> <p>The provider will not be cited if there are no more than three (3) medication passes per person, per month, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria:</p> <ul style="list-style-type: none"> a) The reasons for the blanks were documented on the back of the log. b) The documentation error did not result in the need for any additional medical intervention. <p>The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks.</p> <p>As clarification, the medication pass may include multiple prescriptions and Over The Counter (OTC) medications/treatments that are given at the same time.</p>
3.6	<p>Provider shall have a policy regarding disposition of medication when:</p> <ul style="list-style-type: none"> a) Medication is outdated. b) Person moves. c) Person is deceased. d) Medication is discontinued. 	
3.7	<p>Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately.</p>	<p>Reviewer will examine data:</p> <p>To ensure medication errors/events are documented appropriately.</p> <p>Actions are taken to alleviate future errors.</p>

		<p>The review should include evidence of the review for the three (3) months prior to the Licensing Inspection.</p> <p>The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior four months.</p> <p>Review must be completed by a person who does not normally give medication in the site being reviewed.</p>
3.6	<p>People shall be encouraged to eat a nourishing, well balanced diet which:</p> <ul style="list-style-type: none"> a) Includes personal food preference. b) Allows desirable substitutions. c) Meets dietary requirements of individuals. 	<p>Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/or physician recommendation, DDSN Diet Manual, Food Plate, etc.</p> <p>People must be involved in meal planning, grocery shopping, and preparation to the extent of their abilities.</p>