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**DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

CHAPTER 61

Statutory Authority: 1976 Code Section 44-7-260

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

**Synopsis:**

Regulation 61-93 was last substantively amended on May 25, 2001. The purpose of the regulation is to provide a set of minimum licensing standards for facilities that treat individuals for psychoactive substance abuse or dependence. Psychoactive substance abuse or dependence facilities provide specialized structured psychoactive substance abuse/dependence care/treatment, including outpatient services including narcotic and methadone treatment programs, and inpatient services including residential treatment and/or detoxification. The purpose of this amendment is to revise the language regarding urine testing and to remove unduly financial burden on entities involved in licensee change. In addition, stylistic changes were included for corrections for clarity and readability, grammar, references, codification and overall improvement of the text of the regulation.

A Notice of Drafting was published in the *State Register* on March 28, 2014.

Change made at the request of the Senate Medical Affairs

Committee by letter dated May 4, 2015:

61-93.1404. The title of this new section was revised from Inpatient/Outpatient Tuberculosis Screening to Client Tuberculosis Screening (I).

Changes made at the request of the House Medical,

Military, Public and Municipal Affairs Committee

by letter dated March 24, 2015:

61-93.1404. This section was revised regarding inpatient/outpatient tuberculosis screening.

Section-by-Section Discussion of Revisions submitted

for legislative review on January 13, 2015 by the Department

of Health and Environmental Control

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The table was revised to reflect the revised regulation.

PART I - ALL FACILITIES

61-93.102. References

This amendment revises 61-93.102.B to delete references no longer available.

61-93.103. License Requirements

This section deletes language at 61-93.103.C and 61-93.103.D to ease the burden of construction requirements and remaining subsections were renumbered to adjust outline. 61-93.103.J (formerly I) was amended to add item 7 that the Department may charge a fee for plan reviews, construction inspections and licensing inspections.

61-93.503. Health Status (I)

Section 503.A was revised to the correct reference for Tuberculosis Risk Assessment.

61-93.601. Incidents/Accident (II)

The title and text of this section was revised to current standards of accident/incident reporting.

61-93.602. Fire/Disasters

Sections 61-93.602.A and 61-93.602.B were revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.604. Administrator Change

This section was revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.607. Emergency Placements

This section was revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.608. Facility Closure

This section revises 61-93.608.A and B to remove the Division of Health Licensing reference and replace with the Department.

61-93.609. Zero Census

This section was revised to remove the Division of Health Licensing reference and replace with the Department and to clarify payment of a licensing fee.

61-93.703. Record Maintenance

Sections 61-93.703. E and F are revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.804. Treatment of Minors (II)

Section 804.A was revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.902. Client Rights (II)

This section revises 61-93.902.A.3 to remove the Division of Health Licensing reference and replace with the Department.

61-93.1001. General (I)

Section 61-93.1001.A.2 was revised to the correct reference for Tuberculosis Risk Assessment.

61-93.1106. General (I)

Section 61-93.1106.D was added language to for clarity for freestanding medical detoxification facilities for stock of legend medications.

61-93.1201. General (II)

Section 61-93.101.A and C are revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.1203. Food Equipment and Utensils (II)

This amendment revised the Exception in this section to remove the Division of Health Licensing reference and replace with the Department.

61-93.1302. Preventive Maintenance of Emergency Equipment and Supplies (II)

This is a new section added to clarify preventive maintenance procedures.

61-93.1402.Tuberculosis Risk Assessment (formerly Tuberculin Skin testing)

This section was revised to the current Tuberculosis Risk Assessment standards.

61-93.1403. Staff Tuberculosis Screening

61-93.1404. Inpatient/Outpatient Tuberculosis Screening

These two new sections were added to clarify the current Tuberculosis Screening standards.

61-93.1403, 1405, 1406, 1407 and 1408 were renumbered to 61-93.1405, 1406, 1407 and 1408 to adjust outline. No substantive changes.

61-93.1502. Disaster Preparedness (II)

Section 61-93.1502.A was revised to remove the Division of Health Licensing reference and replace with the Department.

Section 61-93.1502.B.1.c was revised to delete counties no longer required to have at least one sheltering facility.

61-93.1601. Arrangements for Fire Department Response (I)

Section 61-93.1601.B was revised to remove the Division of Health Licensing reference and replace with the Department.

61-93.1602. Tests and Inspections (I)

This section was deleted. The deleted section was consolidated into revised section 1800.

61-93.1603. Fire Response Training

This section was renumbered to 61-93.1602 to adjust outline.

61-93.1604. Fire Drills (I)

This section was renumbered to 61-93.1603 to adjust outline. Section 1604.B was revised to clarify the number of clients.

61-93.1801. General (II)

The title was changed to "Codes and Standards" and the section was revised to delete outdated references and correct the current standards.

61-93.1802. Local and State Codes and Standards (II).

This section was revised to delete the requirement at 61-93.1802.B. The outline was adjusted accordingly.

61-93.1804. Submission of Plans and Specifications (II)

This section was revised to clarify requirements for Submission of Plans Specifications.

61-93.1805. Construction Inspections

This new section was added to clarify construction inspections.

61-93.1901. Height and Area Limitations (II)

This section was deleted. The deleted section was consolidated into revised section 1800.

61-93.1902. Fire-Resistive Resistive Rating (I)

This section was renumbered to 1901 to adjust outline and revised to update to applicable codes.

61-93.1903, Vertical Openings (I); 1904. Wall and Partition Openings (I); 1905, Ceiling Openings (I); 1906, Fire Walls (I); 1907, Floor Finishes (H); and 1908, Wall Finishes (I) were deleted. The deleted sections were consolidated into revised section 1800.

61-93.1909. Curtains and Draperies

This section was renumbered to 61-93.1902 to adjust outline. No substantive changes.

61-93.2000. Hazardous Elements of Construction.

This part was deleted in entirety. The deleted section has been consolidated into revised section 2200 (formally section 2600).

61-93.2100. Fire Protection Equipment and Systems

This section was renumbered to 61-93.2000, and subsections therein were renumbered accordingly to adjust outline; the section was revised in entirety. This section was revised to current Fire Protection Equipment and Systems requirements.

61-93.2200. Exits

This section was deleted in entirety. The deleted section has been consolidated into revised section 2200 (formally section 2600).

61-93.2300. Water Supply/Hygiene

This section was deleted in entirety. The deleted section has been consolidated into revised section 2200 (formally section 2600).

61-93.2400. Electrical

This section was renumbered to 61-93.2100, and subsections therein were renumbered accordingly to adjust outline; this section was revised in entirety. This section was revised to current Electrical requirements.

61-93.2500. Heating, Ventilation, and Air Conditioning

This section was deleted in entirety. The deleted section has been consolidated into revised section 2200 (formally section 2600).

61-93.2600. Physical Plant

This section was renumbered to 61-93.2200, and subsections therein were renumbered accordingly to adjust outline; this section was revised in entirety. Deleted sections from previous sections have been consolidated into the revised section.

61-93.2700. Severability and 61-93.2800, General

These sections were renumbered to 61-93.2300 and 61-93.2400 respectively to adjust outline. No substantive changes.

PART II - OUTPATIENT FACILITIES

61-93.2900. Outpatient Facilities

This section was renumbered to 61-93.2500, and subsections therein were renumbered accordingly to adjust outline. No substantive changes.

PART III - RESIDENTIAL TREATMENT PROGRAM FACILITIES

61-93.3000. Program Description

This section was renumbered to 61-93.2600, and subsections therein were renumbered accordingly, to adjust outline. No substantive changes. Section 61-93.2601.B.3 (formally Section 61-93.3001.B.3) corrected the spelling of “judgment.”

PART IV - DETOXIFICATION FACILITIES

61-93.3100. Program Description

This section was renumbered to 61-93.2700 and subsections therein were renumbered accordingly to adjust outline. Section 2701.B (formally 3101.B) was revised to clarify the appropriate action for Freestanding Medical Detoxification Facilities to recognize and evaluate significant signs and symptoms of medical distress.

PART V - NARCOTIC TREATMENT PROGRAMS

61-93.3200. Program Description

This section was renumbered to 61- 93.2800, and subsections therein were renumbered accordingly, to adjust outline. Section 2808.A.8 (formally 3208.A.8) was revised to reference the revised section regarding Tuberculosis Screening. Section 2809.G (formally 3209.G) revised language to clarify the random urine drug testing on a monthly basis. Section 2809.H (formally 3209.H) deleted yearly reference to current Clinical Laboratory Improvement Amendment standards.

**Instructions:** Amend R.61-93 pursuant to each individual instruction provided with the text of the amendments below.

**Text:**

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

**Revise Table of Contents to read:**

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**Revise 61-93.102.B to read:**

**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.

**Revise 61-93.103 to read:**

**103. License Requirements**

 A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself as a facility in SC without first obtaining a license from the Department. When it has been determined by the Department that care/treatment for psychoactive substance abuse or dependence to two or more individuals unrelated to the owner is 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. 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/previous violations of the SC Code and/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/operated by the licensee. The facility shall provide only the treatment, services, and care it is licensed to provide pursuant to the definition in Section 101 of this regulation. (I)

 B. Compliance. An initial license shall not be issued to a proposed facility that has been not previously and continuously licensed under Department regulations until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing regulations. In the event a licensee of a currently licensed facility/activity makes application for another facility, the currently licensed facility/activity shall demonstrate substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility. A copy of this regulation shall be maintained at the facility. Facilities shall comply with applicable local, state, and federal laws, codes, and regulations.

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

 D. Licensed Bed Capacity. No 24-hour 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 shall establish new treatment/care/services or occupy additional beds or renovated space without first obtaining authorization from the Department. (I)

 E. Persons Received in Excess of Licensed Bed Capacity. No 24-hour facility shall receive for treatment/care/services persons in excess of the licensed bed capacity, except in cases of justified emergencies. (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).

 F. Living Quarters for Staff in 24-hour Facilities. In addition to clients, only staff, volunteers, or owners of the facility and members of their immediate families may reside in facilities licensed under this regulation. Client rooms shall not be utilized by staff/family/volunteers nor shall staff/volunteers bedrooms be utilized by clients. 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)

 G. Issuance and Terms of License.

 1. A license is issued by the Department and 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, treatment, personal safety, fire safety or the well-being of any client or occupant of a facility.

 3. A license is not assignable nor 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(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.

 5. Except for outpatient satellite 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, shallnot be considered as dividing otherwise adjoining or contiguous property.

 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 on the same premises shall be licensed separately even though owned by the same entity.

 H. Facility Name. No proposed facility shall be named nor may any existing facility have its name changed to the same or similar name as any other facility licensed in SC. If it 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 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 shall file application with the Department, that includes both an oath assuring that the contents of the application are accurate/true and 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. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a 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.

 L. Change of License.

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

 a. Change of ownership;

 b. Change in authorized capacity;

 c. Reallocation of types of beds as shown on the license (if applicable).

 d. Change of facility location from one geographic site to another.

 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.

**Revise 6-93.503.A to read:**

**503. Health Status** **(I)**

 A. All staff and volunteers who have contact with clients, including food service staff/volunteers, shall have a health assessment within 12 months prior to initial client contact. The health assessment shall include tuberculin skin testing as described in Sections 1402 and 1403.

**Revise 61-93.601 to read:**

**601. Accidents/Incidents (II)**

 A. The licensee shall report a record of each accident and/or incident occurring at the facility to the Department within five (5) days of occurrence. Reports submitted to the Department shall contain only: facility name, license number, type of accident/incident, date of accident/incident occurred, number of residents/clients directly injured or affected, resident/client medical record identification number, resident/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 resident(s)/client(s), staff, and/or visitor(s), the injuries and treatment associated with each resident/client, staff, and/or visitor. Records of all accidents and incidents shall be retained by the facility for ten (10) years after the patient stops receiving services at the facility.

 B. The licensee shall report each accident and/or incident resulting in unexpected death or serious injury to the next of kin of or party responsible for each affected individual at the earliest practicable hour, not exceeding twenty-four (24) hours. The licensee shall notify the Department immediately, not to exceed twenty-four (24) hours, via telephone, email or facsimile. 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. Abuse, Neglect or Exploitation (Confirmed);

 2. Abuse, Neglect or Exploitation (Suspected);

 3. Adverse medication reaction;

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

 5. Criminal event against client;

 6. Death;

 7. Elopement;

 8. Fire;

 9. Fracture of bone or joint;

 10. Hospitalization as a result of accident/incident;

 11. Medication Error;

 12. Severe burn;

 13. Severe hematoma;

 14. Severe laceration;

 15. Attempted Suicide; and

 16. Use of physical restraints.

**Revise 61-93.602 to read:**

**602. Fire/Disasters (II)**

 A. The Department shall be notified immediately via telephone or fax regarding any fire in the facility, and followed by a complete written report to include fire reports, if any, to be submitted within a time-period determined by the facility, but not to exceed 72 hours from the occurrence of the fire.

 B. Any natural disaster or fire, that requires displacement of the clients, or jeopardizes or potentially jeopardizes the safety of the clients, shall be reported to the Department via telephone/fax immediately, followed by a complete written report which includes the fire report from the local fire department, if appropriate, submitted within a time-period as determined by the facility, but not to exceed 72 hours.

**Revise 61-93.604 to read:**

**604. Administrator Change**

The Department shall be notified in writing by the licensee within 10 days of any change in administrator. The notice shall include at a minimum the name of the newly-appointed individual and effective date of the appointment.

**Revise 61-93.607 to read:**

**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.

**Revise 61-93.608 to read:**

**608. Facility Closure**

 A. Prior to the permanent closure of a facility, the Department shall be notified in writing of the intent to close and the effective closure date. Within 10 days of the closure, the facility shall notify the Department of the provisions for the maintenance of the records, and the identification of the site where clients are relocated. On the date of closure, the license shall be returned to the Department.

 B. In instances where a facility temporarily closes, the Department shall be given written notice within a reasonable time in advance of closure. At a minimum this notification shall include, but not be limited to: the reason for the temporary closure, the location where the clients have been/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.

**Revise 61-93.609 to read:**

**609. Zero Census**

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

**Revise 61-93.703.E to read:**

 E. Upon discharge of a client, the record shall be completed and filed in an inactive/closed file within a time-period determined by the facility, but not to exceed 30 days, and shall be maintained by the licensee. Prior to the closing of a facility for any reason, the licensee shallarrange for preservation of records to ensure compliance with these regulations. The licensee shallnotify the Department, in writing, describing these arrangements and the location of the records.

**Revise 61-93.703.F to read:**

 F. Records of adult clients may be destroyed after six years following discharge of the client. Records of minors shall be retained for six years or until majority, whichever period of time is greater. Other regulation-required documents, e.g., medication destruction, fire drills, etc., shall be retained for at least 12 months or since the last the Department general inspection, whichever is the longer period.

**Revise 61-93.804.A Introductory language; subitems A.1 and A.2 remain the same, to read:**

**804. Treatment of 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.

**Revise 61-93.902.A.3 to read:**

**902. Client Rights (II)**

 A. Client rights shall be guaranteed and prominently displayed in a public area. The facility shallinform the client in writing of these rights, to include, as a minimum:

 3. Grievance/complaint procedures, including the address and phone number of the Department, and a provision prohibiting retaliation should the grievance right be exercised;

**Revise 61-93.1001.A.2 to read:**

**1001. General (I)**

 A. A physical examination and history shall be completed within 30 days prior to admission or not later than 48 hours after admission for clients 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.

**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.

 2. In 24-hour facilities and NTP’s, the physical examination shall include a tuberculin skin test, as described in Section 1404, unless there is a previously documented positive reaction.

**Revise 61-93.1106.D to read:**

**1106. Medication Storage (I)**

 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

 c. Verify proper storage of medications and biologicals in the facility.

 3. Stocks of legend medication shall not include controlled drugs.

**Revise 61-93.1201.A to read:**

**1201. General (II)**

 A. All facilities that prepare food on-site shall be approved by the Department, and shall be regulated, inspected, and graded pursuant to R.61-25. Facilities preparing food on-site, licensed for 16 beds or more subsequent to the promulgation of these regulations shall have commercial kitchens. Existing facilities with 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 with 15 beds or less shall be regulated pursuant to R.61-25 with certain exceptions in regard to equipment (may utilize domestic kitchen equipment).

**Revise 61-93.1201.C to read:**

 C. If food is prepared at a central kitchen and delivered to separate facilities or separate buildings and/or floors of the same facility, provisions shall be made and approved by the Department for proper maintenance of food temperatures and a sanitary mode of transportation.

**Revise 61-93.1203 to read:**

**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.

**Add new section 61-93.1302 to read:**

**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.

**Revise 61-93.1402 to read:**

**1402. Tuberculosis Risk Assessment (I)**

 A. All facilities shall conduct an annual tuberculosis risk assessment in accordance with CDC guidelines (See Section 102.B.4) 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 residents and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, *e.g.*, healthcare 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.

**Add new sections 61-93.1403 and 1404**

**1403. Staff Tuberculosis Screening (I)**

 A. Tuberculosis Status. Prior to date of hire or initial resident 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 residents) 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 residents) 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.

**Renumber existing 61-93.1403 to 61-93.1405 to read:**

**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 removalof safety impediments such as water, snow, and ice;

 2. Keeping facility grounds free of weeds, rubbish, overgrownlandscaping, and other potential breeding sources for vermin;

**Renumber existing 61-93.1404 to 61-93.1406 to read:**

**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.

**Renumber existing 61-93.1405 to 61-93.1407 to read:**

**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.

**Renumber existing 61-93.1406 to 61-93.1408 to read:**

**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.

**Revise 61-93.1502.A to read:**

**1502. Disaster Preparedness (II)**

 A. All facilities shall develop a suitable written plan for actions to be taken in the event of a disaster. All 24-hour facilities shall develop this plan in coordination with their county emergency preparedness agency. Prior to initial licensing of a 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*.* All staff/volunteers shall be made familiar with this plan and instructed as to any required actions.

**Revise 61-93.1502.B.1.c to read:**

 B. The disaster plan for 24-hour 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 will be relocated during a disaster;

 c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated clients that can be accommodated; sleeping, feeding, and medication plans for the relocated clients; 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, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one sheltering facility must be located in a county other than these counties.

**Revise 61-93.1601.B to read:**

**1601. Arrangements for Fire Department Response (I)**

 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 shallbe forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department.

**Delete 61-93.6102.**

**Renumber 61-93.1603 to 61-93.1602 to read:**

**1602. Fire Response Training (I)**

Each staff member/volunteer shall receive training within one week of hiring, and at a frequency determined by the facility, but at least annually thereafter, addressing at a minimum, the following:

 A. Fire plan to include evacuation routes and procedures, and the training of staff;

 B. Reporting a fire;

 C. Use of the fire alarm system, if applicable;

 D. Location and use of fire-fighting equipment;

 E. Methods of fire containment;

 F. Specific responsibilities, tasks, or duties of each individual.

**Renumber 61-93.1604 to 61-93.1603 and revise 61-93.1604. B to read:**

**1603. Fire Drills (I)**

 A. Clients shall be made familiar with the fire plan and evacuation plan.

 B. An unannouncedfire 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.

**Revise 61-93.1801 to read:**

**1801. Codes and Standards.**

The design and construction specifications for Facilities that Treat Individuals for Psychoacctive 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).

**Revise 61-93.1802 to read:**

**1802. Local and State Codes and Standards (II)**

 A. Buildings shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility shall be licensed unless the Department has assurance that responsible local officials (zoning and building) have approved the facility 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.

**Revise 61-93.1804 to read:**

**1804. Submission of Plans and Specifications (II)**

 A. Prior to construction for new buildings, additions, major alterations or replacement to existing buildings, a building is licensed for the first time, a building changes license type, or a facility increases occupant load/licensed capacity, plans and specifications shall be submitted to the Department for review. 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 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 plan has been received from the Department. During construction the owner shall employ a registered architect and/or engineer for supervision and 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.

 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 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.

**Add new 61-93.1805 to read:**

**1805. 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.

**SECTION 1900 - GENERAL CONSTRUCTION REQUIREMENTS**

**Delete 61-93.1901.**

**Renumber 61-93.1902 to 61-93.1901 and revise to read:**

**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.

**Delete sections 61-93.1903, 1904, 1905, 1906, 1907, 1908.**

**Renumber 61-93.1909 to 61-93.1902 to read:**

**1902. Curtains and Draperies**

In bathrooms and client rooms, window treatments shall provide privacy.

**Delete existing Section 2000, Hazardous Elements of Construction, in entirety.**

**Renumber existing Section 2100, Fire Protecton Equipment and Systems, to Section 2000 and revise entire section to read:**

**SECTION 2000 ‑ FIRE PROTECTION EQUIPMENT AND SYSTEMS**

**2001. Fire Alarms (I)**

 A. Each facility shall have a partial, manual, automatic, supervised fire alarm system. The system shall be arranged to transmit an alarm automatically to a third party by an approved method. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculating 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.

 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.

**Delete existing Section 2200, Exits, in entirety.**

**Delete existing Section 2300, Water Supply/Hygiene, in entirety.**

**Revise existing Section 2400 and renumber to Section 2100, Electrical. Renumber subsections accordingly, to read:**

**SECTION 2100 - ELECTRICAL**

**2101. 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;

 D. Fire detection and alarm system, if required.

**2102. Emergency Generator Service.**

 A. Residential Treatment Program Facilities and Narcotic Treatment Program Facilities shall have an emergency generator and shall provide certification that construction and installation of emergency generator service complies with requirements of all adopted State, Federal, or local codes, ordinances, and regulations.

 B. Residential Treatment Program Facilities and Narcotic Treatment Program Facilities 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 work areas;

 4. Fire detection and alarm systems;

 5. In patient care areas;

 6. Signal system;

 7. Equipment necessary for maintaining telephone service;

 8. Elevator service that will reach every patient floor when rooms are located on other than the ground floor;

 9. Fire pump (if applicable);

 10. Equipment for heating 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;

 15. Patient records when solely electronically based.

**Delete Section 2500, Heating, Ventilation, and Air Conditioning, in its entirety.**

**Revise existing Section 2600, Physical Plant, and renumber to Section 2200. Renumber subsections accordingly, to read:**

**SECTION 2200 - PHYSICAL PLANT**

**2201. Facility Accommodations/Floor Area (II)**

 A. For 24-hour facilities, there shall be sufficient living arrangements for everyone residing therein providing for clients’ 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 square footage requirements shall be as follows: (II)

 1. Twenty 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. In facilities for mothers with children, there shall be at least 20 square feet per licensed bed and 10 square feet per child of living and recreational areas together.

 2. Fifteen square feet of floor space in the dining area per licensed bed. In facilities for mothers with children, dining space shall accommodate 15 square feet per licensed bed and 7.5 square feet per child.

 C. All required care/treatment/services furnishedat the facility shall be provided in a manner which does not require clients to ambulate from one site to another outside the building, nor which impedes clients from ambulating from one site to another due to the presence of physical barriers.

 D. There shall be accommodations available to meet group needs of clients and their visitors.

 E. Methods for ensuring visual and auditory privacy between client and staff/volunteers shall be provided as necessary.

**2202. Design (I)**

A facility shall be planned, designed and equipped to provide and promote the health, safety, and well-being of each client. Facility design shall be such that all clients have access to required services. There shall be 200 gross square feet per licensed bed in facilities 10 beds or less, and an additional 100 gross square feet per licensed bed for each licensed bed over 10.

**2203. Furnishings/Equipment (I)**

 A. The physical plant shall be maintained free of fire hazards or impediments to fire prevention.

 B. No portable electric or unvented fuel heaters shall be permitted.

 C. Fireplaces and fossil-fuel stoves, e.g., wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. “Unvented” type gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

**2204. Number and Locations (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.

 B. 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.

 D. Each client room shall open directly to an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level and accessible to a public space free of encumbrances.

**EXCEPTION**: When two client rooms share a common “sitting” area that opens onto the exit access corridor**.**

**2205. Water Supply/Hygiene (II)**

Client and staff hand-washing lavatories and client showers/tubs shall be supplied with hot and cold water at all times.

**2206. Temperature Control (I)**

 A. Plumbing fixtures that require hot water and which are accessible to clients shall be supplied with water that is thermostatically controlled to a temperature of at least 100 degrees F. and not to exceed 120 degrees F. at the fixture.

 B. The water heater or combination of heaters shall be sized to provide at least six gallons 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 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized. For those facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment/utensil washing sink shall be capable of maintaining the water at a temperature of at least 180 degrees F.

 D. Hot water provided for washing linen/clothing shall not be less than 160 degrees F. 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 110 degrees F., provided hot air drying is used. (II)

**2207. Design and Construction of Wastewater Systems (I)**

 A. The wastewater system for commercial kitchens shall be in accordance with R.61-25.

 B. Liquid waste shall be disposed of in a wastewater system approved by the local authority, e.g., sewage treatment facility.

**2208. Electric Wiring (I)**

Wiring shall be inspected at least annually by a licensed electrician, registered engineer, or certified building inspector.

**2209. Panelboards (II)**

The directory shall be labeled to conform to the actual room designations. 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.

**2210. Lighting**

 A. Spaces occupied by persons, machinery, equipment within buildings, approaches to buildings, and parking lots shall be lighted. (II)

 B. Adequate artificial light shall be provided to include sufficient illumination for reading, observation, and activities.

 C. Client rooms shall have general lighting in all parts of the room, and shall have at least one light fixture for night lighting. A reading light shall be provided for each client.

 D. Hallways, stairs, and 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 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. Heating, Ventilation, and Air Conditioning (HVAC) (II)**

 A. The HVAC system shall be inspected at least once a year by a certified/licensed technician.

 B. The facility shall maintain a temperature of between 72 and 78 degrees F. in client areas.

 C. No HVAC supply or return grill shall be installed within three feet of a smoke detector. (I)

 D. 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.

 E. Each bath/restroom shall have either operable windows or have approved mechanical ventilation.

**2214. Client Rooms**

 A. Each client room shall be equipped with the following as a minimum for each client:

 1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow and pillowcases; roll-away type beds, cots, bunkbeds, and folding beds shall not be used. It is permissible to remove a client bed and place the mattress on a platform or pallet, or utilize a recliner, provided the physician or other authorized healthcare provider has approved, and the decision is documented in the ITP. (II)

 2. A closet or wardrobe, a bureau consisting of at least three drawers, and a compartmentalized bedside table/nightstand to adequately accommodate each client’s personal clothing, belongings, and toilet articles. Built-in storage is permitted.

**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 occupying the room. In existing facilities, if the available square footage of the client room will not accommodate a chair for each client or if the provision of multiple chairs impedes client ability to freely and safely move about within their room, at least one chair shall be provided and provisions made to have additional chairs available for temporary use in the client’s room by visitors.

 B. If hospital-type beds are used, there shall be at least two lockable casters on each bed, located either diagonally or on the same side of the bed.

 C. Beds shall not be placed in corridors, solaria, or other locations not designated as client room areas. (I)

 D. No client room shall contain more than three beds. In facilities with mothers with children, no client room shall contain more than one licensed bed and two cribs/beds. (II)

 E. No client room shall be located in a basement.

 F. Access to a client room shall not be by way of another client room, toilet, bathroom or kitchen .

**EXCEPTION:** Access through the kitchen is permissible in facilities with five beds or less.

 G. Such equipment as bed pans, urinals and hot water bottles as necessary to meet client needs shall be provided. Portable commodes shall be permitted in client rooms only at night or in case of temporary illness. At all other times, they shall be suitably stored. 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 when required for safety and when ordered by a physician or other authorized healthcare provider. (II)

 I. In semi-private rooms, when personal care is being given, 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 compatibility in the assignment of rooms for which there is multiple occupancy.

 K. At least one private room shall be available in the facility in order to provide assistance in addressing client compatibility issues, client preferences, and accommodations for clients with communicable disease.

**2215. Client Room Floor Area**

 A. Except for facilities of five beds or less, each client room is considered a tenant space and shall be enclosed by one hour fire-resistive construction with a 20-minute fire-rated door, opening onto an exit access corridor. (I)

 B. Each client 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 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 client: 100 square feet;

 2. Rooms for more than one client: 80 square feet per client.

 3. In facilities for mothers with children, rooms for client and child: 80 square feet per licensed bed and 40 square feet per child with a maximum of two children per client. When a bed is required in lieu of a crib for a child, the square footage shall be 50 square feet per child.

 D. There shall be at least three feet between beds. (II)

**2216. Bathrooms/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.

 D. There shall be at least one lavatory in or adjacent to each bathroom/restroom. Liquid soap shall be provided and a sanitary individualized method of drying hands shall be available at each lavatory.

 E. Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered.

 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.

 G. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surfaces to the highest level of splash.

 H. There shall be a mirror above each bathroom lavatory for clients’ grooming.

 I. In 24-Hour Facilities:

 1. Toilets shall be provided in ample number to serve the needs of the clients and staff/volunteers. The minimum number shall be one toilet for each six licensed beds or fraction thereof.

 2. All bathtubs, toilets, and showers used by clients shall have approved grab bars securely fastened in a usable fashion.

 3. There shall be one bathtub or shower for each eight 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.

 5. Toilet facilities shall be conveniently located for kitchen employees. The doors of all toilet facilities located in the kitchen shall be self-closing.

 6. Bath towels and washcloths shall be provided to the clients as needed. Bath linens assigned to specific clients may not be stored in centrally-located bathrooms. Provisions shall be made for each client to properly keep bath linens in his/her room, i.e., on a towel hook/bar designated for each client occupying that room, or bath linens to meet client needs shall be distributed as needed, and collected after use and stored properly, per Section 1408.

**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 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 might use to injure him/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. Client Care Unit and Station (Applicable to medical detoxification facilities only) (II)**

 A. Each client care unit shall have a client care station.

 B. A client care unit shall contain not more than 60 licensed beds; and the client care station shall not be more than 150 feet from a client room, and shall be located and arranged to permit visual observation of the unit corridor(s).

 C. Each client 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 care station, a separate medicine preparation room with a cabinet with one or more locked sections for narcotics, 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 preparation is not performed on the client care station; or

 2. A 24-hour pharmacy on the premises; or

 3. Procedures that preclude medication preparaton at the client care station.

**2219. Doors (II)**

 A. All client rooms and bath/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.

 D. Bath/restroom door widths shall be not less than 32 inches.

 E. Doors to client occupied rooms shall be at least 32 inches wide.

 F. Doors that have locks shall be unlockable and openable with one action.

 G. If client 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.

 H. All client 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. Elevators (II)**

 Elevators shall be inspected and tested upon installation prior to first use, and annually thereafter by a certified elevator inspector.

**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. Screens (II)**

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. Janitor’s Closet** **(II)**

There shall be a lockable janitor's closet in 24-hour facilities with 16 or more beds. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

**2228. Storage Areas**

 A. Adequate general storage areas shall be provided for client and staff/volunteers belongings, equipment, and supplies.

 B. Areas used for storage of combustible materials and storage areas exceeding 100 square feet in area shall be provided with an NFPA-approved automatic sprinkler system. (I)

 C. In storage areas provided with a sprinkler system, a minimum vertical distance of 18 inches shall be maintained between the top of stored items and the sprinkler heads. The tops of storagecabinets and shelves attached to or built into the perimeter walls may be closer than 18 inches below the sprinkler heads. In nonsprinklered storage areas, there shallbe at least 24 inches of space from the ceiling. (I)

 D. All ceilings, floor assemblies, and walls enclosing storage areas of 100 square feet or greater shall be of not less than one-hour fire-resistive construction with 3/4-hour fire-rated door(s) and closer(s). (I)

 E. Storage buildings on the premises shall meet the applicable code listed in section 1800 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 shallbe located away from mechanical equipment and shallnot be a type of storage that might create a fire or other hazard. (I)

 G. Supplies/equipment shall not be stored directly on the floor. Supplies/equipment susceptible to water damage/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 shall be a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

**2229. Telephone Service**

 A. Appropriate telephone services shall be made available in the facility to clients and/or visitors.

 B. At least one 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. 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 service.

 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. 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.

 B. Parking. The facility shall have parking space to reasonably satisfy the needs of clients, staff/volunteers, and visitors.

 C. Access to firefighting equipment. Facilities shall maintain adequate access to and around the building (s) for firefighting equipment. (I)

 D. NTP facilities shall not operate within 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;

 5. The property line of a lot devoted to residential use.

**2231. Outdoor Area**

 A. Outdoor areas deemed to be unsafe due to the existence of unprotected physical hazards such as steep grades, cliffs, open pits, high voltage electrical equipment, high speed or heavily traveled roads, and/or roads exceeding two lanes excluding turn lanes, lakes, ponds, or swimming pools, shall be enclosed by a fence or have natural barriers (shall be of size, shape, and density which effectively impedes travel to the hazardous area) to protect the 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)

 C. Mechanical or equipment rooms that open to the outside of the 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. (II)

 E. There shall be sufficient number of outside tables and comfortable chairs to meet the needs of the client.

**Renumber existing Section 2700, Severability, to Section 2300. Renumber subsections accordingly, to read:**

**SECTION 2300 - SEVERABILITY**

**2301. General**

In the event that any portion of these regulations 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, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.

**Renumber existing Section 2800, General, to Section 2400. Renumber subsections accordingly, to read:**

**SECTION 2400 - GENERAL**

**2401. General**

Conditions that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.

**Renumber existing PART II, Section 2900, Program Description, to Section 2500 and renumber subsections accordingly, to read:**

**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)

**Renumber existing PART III, Section 3000 to Section 2600 and renumber subsections accordingly, to read:**

**PART III - RESIDENTIAL TREATMENT PROGRAM FACILITIES**

**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. Familyand 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 there of 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.

**Renumber PART IV, Section 3100, Program Description, to Section 2700 and renumber subsections accordingly. Revise text of existing Section 3101.B (new section 2701.B).**

**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: (II)

 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's 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's 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. (II)

 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 (II)**

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 (II)**

An ITP shall be completed for supervised withdrawalwithin a time-period determined by the facility.

**Revise Part V Section 3200 to 2800 and renumber subsections accordingly. Revise existing section 3208.A.8 (renumbered to 2808.A.8) and existing section 3209.G (renumbered to 2809.G), to read.**

**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 (II)**

 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 clients shall be determined by the needs of the clientand 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 clients 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 clients 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 clients 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;

 c. 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;

 c. Written documentation from a pain management physician attesting to the clients 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 medial 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 (II)**

 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 clients and the amount provided shall be based upon and determined by the reasonable clinical judgement 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 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:**

The regulation will have no substantial fiscal or economic impact on the sale or its political subdivisions. Implementation of this regulation will not require additional resources beyond those allowed. There is no anticipated additional cost by the Department or State government due to any inherent requirements of this regulation.

**Statement of Need and Reasonableness:**

The Department’s Bureau of Health Facilities Licensing formulated this statement determined by analysis pursuant to S.C. Code Ann Section 1-23-115 C(1)-(3) and (9)-(11) (2005).

DESCRIPTION OF REGULATION: R.61-93, *Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence.*

Purpose: The purpose of this amendment is to revise the language regarding urine testing and to remove unduly financial burden on entities involved in licensee change. In addition, stylistic changes were included for corrections for clarity and readability, grammar, references, codification and overall improvement of the text of the regulation.

Legal Authority: 1976 Code Section 44-7-260.

Plan for Implementation: Upon approval from the S.C. General Assembly and publication of this amendment as a final regulation in the South Carolina State Register, a copy of Regulation 61-93, that incorporates these revisions, will be made available electronically on the Department’s regulation development website at <http://www.scdhec.gov/Agency/RegulationsAndUpdates/LawsAndRegulations/> under the Health Regulations category and subsequently on the South Carolina Legislature Online website in the S.C. Code of Regulations. Printed copies will be available for a fee from the Department’s Freedom of Information Office. Staff will educate the regulated community on the provisions of the Act and the requirements of the regulation.

DETERMINATION OF NEED AND REASONABLENESS OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

The Department last amended R.61-93 May 25, 2001. SC Code Section 1-23-120(J) (Supp. 2012) requires state agencies to perform a review of its regulations every five years and update them if necessary.

Statutory mandates, issues found in the review, and necessity for overall updates render this amendment needed and reasonable. This amendment improves the procedures regarding urine testing for clients in the narcotic treatment program. This amendment also improves the construction requirements regarding the licensee. The amendment increases the quality regarding stylistic changes for clarity and readability.

DETERMINATION OF COSTS AND BENEFITS:

Internal Costs: Implementation of this amendment will not require additional resources. There is no anticipated additional cost by the Department or State government due to any inherent requirements of this amendment.

External Costs: There are no external costs anticipated.

External Benefits: The amendments update standards of licensure, procedures, and requirements for facilities that treat individuals for psychoactive substance abuse or dependence while maintaining the interests of patient health and safety and lessening provider burdens. The amendments will reasonably simplify the narcotic treatment program while providing standards in the interest of patient care and safety for the treatment of individuals for psychoactive substance abuse or dependence.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH:

There will be no effect on the environment.

The amendments will reasonably simplify the narcotic treatment programs while providing standards in the interest of patient care and safety for the treatment of individuals for psychoactive substance abuse or dependence.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There would not be a detrimental effect on the environment.

If the revision is not implemented, unnecessary burdens will be placed on facilities that treat individuals for psychoactive substance abuse or dependence.

**Statement of Rationale:**

The Department revised this regulation pursuant to the S.C. Code Ann. Section 1-23-120(J) (Supp. 2012) requirement that state agencies perform a review of its regulations every five years and update them if necessary. The amendments improve the requirements regarding clients granted take-home dosages and random drug testing. The amendments update the references to building codes, constructions requirements, and fire and life safety codes.