**South Carolina General Assembly**

122nd Session, 2017-2018

**H. 3120**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. Gilliard

Document Path: l:\council\bills\cc\15008vr17.docx

Introduced in the House on January 10, 2017

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Residential care facilities

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/15/2016 House Prefiled

12/15/2016 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/10/2017 House Introduced and read first time ([House Journal‑page 79](file:///h:\hj\20170110.docx))

1/10/2017 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 79](file:///h:\hj\20170110.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=3120&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[12/15/2016](file:///p:\pprever\2017-18\3120_20161215.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 44‑7‑266 SO AS TO ESTABLISH MINIMUM STAFF‑RESIDENT RATIO REQUIREMENTS FOR COMMUNITY RESIDENTIAL CARE FACILITIES AND TO PROVIDE FOR MANDATORY TRAINING OF STAFF AND VOLUNTEERS; BY ADDING SECTION 44‑7‑355 SO AS TO REQUIRE COMMUNITY RESIDENTIAL CARE FACILITIES TO PERFORM A WRITTEN ASSESSMENT ON A RESIDENT AT THE TIME OF ADMISSION, TO DEVELOP AN INDIVIDUAL CARE PLAN FOR A RESIDENT, TO REGULARLY REVIEW THE INDIVIDUAL CARE PLAN AND MAKE REVISIONS BASED ON CHANGES IN THE RESIDENT’S PHYSICAL OR BEHAVIORAL HEALTH, AND TO ENROLL CERTAIN RESIDENTS IN THE ALZHEIMER’S ASSOCIATION SAFE RETURN PROGRAM; BY ADDING SECTION 44‑7‑356 SO AS TO REQUIRE COMMUNITY RESIDENTIAL CARE FACILITIES TO CREATE AND MAINTAIN A PHYSICAL ENVIRONMENT THAT ENSURES THE SAFETY OF RESIDENTS WITH A HISTORY OF UNSAFE WANDERING OR ELOPEMENT AND TO REQUIRE CERTAIN REPORTING; TO AMEND SECTION 44‑7‑350, RELATING TO COMMUNITY RESIDENTIAL CARE FACILITIES, SO AS TO MAKE CONFORMING CHANGES; AND TO AMEND SECTION 44‑7‑370, RELATING IN PART TO THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL’S RESIDENTIAL CARE COMMITTEE, SO AS TO CHANGE THE COMMITTEE’S MEMBERSHIP.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 3, Chapter 7, Title 44 of the 1976 Code is amended by adding:

“Section 44‑7‑266. (A) As a condition of licensure, and in addition to any other personnel staffing requirements of this article, department regulations, or other applicable law, a community residential care facility shall provide a sufficient staff‑resident ratio to provide direct care, supervision, and basic services that is based on the number, condition, and needs of the residents.

(B)(1) During peak hours, there must be at least one staff member or direct care volunteer for each eight residents or fraction thereof on duty in each building of a community residential care facility.

(2) During nonpeak hours, there must be at least one staff member or volunteer for each thirty residents or fraction thereof on duty in each building of a community residential care facility. A staff member or volunteer must be awake and dressed at all times. Staff members and volunteers must be able to respond appropriately to resident needs during nonpeak hours.

(3) A community residential care facility shall ensure that there are sufficient staff present at all hours to provide appropriate supervision to a resident with a diagnosis of Alzheimer’s disease or related dementia. If a resident’s assessment or individual care plan indicates any incidents or a history of unsafe wandering, attempted or successful elopement, or other unsafe behavior, regardless of whether the resident has been diagnosed with Alzheimer’s disease or related dementia, the facility shall ensure that the resident is appropriately supervised by staff at all hours.

(4) For purposes of this subsection, ‘peak hours’ means 7:00 am to 7:00 pm.

(C)(1) A community residential care facility shall provide initial and ongoing training to staff members and volunteers necessary to perform assigned duties and responsibilities in an effective manner and in compliance with this article, department regulations, and other applicable law.

(2) In addition to any other training requirements, a community residential care facility shall provide initial and ongoing training for staff and direct care volunteers that provides instruction on:

(a) dementia, including the progression of the disease, memory loss, and psychiatric and behavioral symptoms;

(b) strategies for providing person‑centered care;

(c) the importance of nutrition, pain management, and social engagement in providing good dementia care;

(d) communicating with the cognitively impaired;

(e) consequences of unsafe wandering;

(f) techniques for understanding and approaching behavioral symptoms, including alternatives to restraints; and

(g) protocols to follow to minimize unsafe wandering and elopement and procedures to follow when a resident is lost.”

SECTION 2. Article 3, Chapter 7, Title 44 of the 1976 Code is amended by adding:

“Section 44‑7‑355. (A) An individual seeking admission to a community residential care facility must be identified by the facility as appropriate for the level of care, services, or assistance offered. A community residential care facility shall admit or retain only those persons appropriate for placement in the facility in compliance with this article, department regulations, and other applicable law.

(B)(1) A direct care staff member of a community residential care facility shall conduct an assessment of a resident no later than seventy‑two hours after admission. The assessment must be in writing and must be used when developing the resident’s individual care plan.

(2) Using the written assessment, the facility shall develop within seven days of admission, an individual care plan for the resident with the participation of the resident, the administrator or designee of the facility, and the sponsor or responsible party of the resident as evidenced by their signatures and date.

(3) An agency placing a client in a community residential care facility shall develop an individual care plan in cooperation with the provider. The placing agency shall monitor the plan to the extent considered appropriate by the placement agency.

(C) The individual care plan must be person‑focused and describe, at a minimum:

(1) the needs of the resident, including the activities of daily living for which the resident requires assistance;

(2) requirements and arrangements for visits by or to physicians or other authorized health care providers;

(3) advance directives or health care power of attorney, as applicable;

(4) recreational and social activities which are suitable, desirable, and important to the well‑being of the resident;

(5) nutritional needs;

(6) specific behavioral needs including, but not limited to, specialized supervision for a resident with a history of unsafe wandering or elopement and any strategies the family has used to prevent the behavior; and

(7) any other requirements of the department or other applicable law.

(D) The individual care plan must be reviewed and revised as changes in the resident’s needs occur, but not less than semiannually, with the participation of the resident, the administrator or designee of the facility, and the sponsor or responsible party as evidenced by their signatures and date. The reviews of and revisions to the individual care plan must document any changes in the resident’s physical or behavioral health and the revisions necessary due to these changes.

(E) When a community residential care facility admits a resident to a program or unit for individuals with Alzheimer’s disease or related dementia, or when a resident of a community residential care facility is diagnosed with Alzheimer’s disease or a related dementia, the facility immediately shall enroll the resident in the Alzheimer’s Association Safe Return Program.”

SECTION 3. Article 3, Chapter 7, Title 44 of the 1976 Code is amended by adding:

“Section 44‑7‑356. (A) A community residential care facility shall create and maintain a physical environment that ensures the safety of residents with a history of unsafe wandering or elopement. To the extent allowed by law, the facility shall create and maintain indoor and outdoor pathways with interesting, safe places to explore and comfortable places to rest, activity zones with multisensory recreational opportunities, low‑stimulus settings for rest breaks with relaxing music, less obvious exits with reduced visual clues, visual orienting cues for residences and bathrooms, and a nonintrusive alarm system to alert staff to resident exiting.

(B) As part of its incident and accident reporting processes and in addition to any other reporting requirements of the department, a community residential care facility immediately shall notify local law enforcement and the sponsor or responsible party by telephone when a cognitively impaired resident leaves the premises of the facility for any amount of time without notice to direct care staff.”

SECTION 4. Section 44‑7‑350 of the 1976 Code is amended to read:

“Section 44‑7‑350. ~~The agency placing a client in a community residential care facility shall develop an individual plan of care in cooperation with the provider. The placing agency shall monitor the plan to the extent considered appropriate by the placement agency. Prior to~~ Before a community residential care facility ~~being~~ is licensed for operation in an area which is outside incorporated areas of a county, the ~~following conditions must be met~~ department shall:

(1) provide notice to the governing body for the area ~~must be given notice~~ of the proposed location~~.~~; and

(2) ~~where the governing body objects to the proposed site for the facility,~~ facilitate the arbitration procedures set forth in Act 449 of 1978 ~~must be employed~~ where the governing body of the area objects to the proposed site for the facility.”

SECTION 5. Section 44‑7‑370(A) of the 1976 Code is amended to read:

“(A) The South Carolina Department of Health and Environmental Control shall establish a Residential Care Committee to advise the department regarding licensing, operation, and inspection of community residential care facilities.

(1) The committee consists of the Long Term Care Ombudsman, the Director of the Alzheimer’s Disease and Related Disorders Resource Coordination Center of the Office of the Lieutenant Governor, three operators of ~~homes~~ a facility with ten beds or less appointed by the commissioner for terms of four years, four operators of ~~homes~~ a facility with eleven beds or more appointed by the commissioner for terms of four years, and three members to represent the department appointed by the commissioner for terms of four years.

(2) The terms must be staggered and no member representing an operator of a facility or the department may serve more than two consecutive terms. Any person may submit names to the commissioner for consideration. The advisory committee shall meet at least once annually with representatives of the department to evaluate current licensing regulations and operation and inspection practices. Members shall serve without compensation.”

SECTION 6. This act takes effect upon approval by the Governor.

‑‑‑‑XX‑‑‑‑