

# **REGULATION 61-17**

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(Refer to: [http://www.cdc.gov/tb/publications/guidelines/AppendixB\\_092706.pdf](http://www.cdc.gov/tb/publications/guidelines/AppendixB_092706.pdf))
  - A. – All facilities shall conduct an annual tuberculosis risk assessment
  
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### **UP-DATES**

- Modified Survey Process (See Attachment #6)
- Electronic Survey Reports
- Survey Cycles – Certified vs. Non Certified Facilities
- Certified Dietary Managers – June 30, 2010

Revised Timeframes For Reportable Incidents  
March 2005

<p><b>REPORTING TIMEFRAMES</b></p>	<p><b>HEALTH LICENSING</b> R61-17, Standards for Licensing Nursing Homes, Section B(7)</p>	<p><b>OMBUDSMAN</b> Section 43-35-5 Omnibus Adult Protection Act (State Statute)</p>	<p><b>CERTIFICATION/FACILITY ADMINISTRATOR</b> 42 CFR (Code of Federal Regulations) 483, Subpart B- Staff Treatment of Residents (483.13(c))</p>	<p><b>LAW ENFORCEMENT</b> Section 43-35-3 Adult Protection Act (State Statute)</p>
<p><b>TYPES OF ACCIDENTS/INCIDENTS TO REPORT</b></p>	<p>10 days - in writing of the occurrence</p> <p><u>Serious Injuries</u> Not limited to:</p> <ul style="list-style-type: none"> <li>- fractures (major limbs or joints)</li> <li>- severe burns</li> <li>- severe lacerations</li> <li>- severe hematoma</li> <li>- suspected abuse</li> </ul> <p><u>Accidents/Incidents Resulting in Death</u> <u>Note:</u> Serious injuries and accidents/incidents resulting in death must be reported whether the cause/source is known or unknown.</p>	<p>24 hours or next business day – in writing or orally</p> <p><u>Abuse</u> - physical - psychological</p> <p><u>Neglect</u></p> <p><u>Exploitation of Adult</u></p> <p><u>Note:</u> Injury of unknown source is not listed. An injury is reported to the Ombudsman when abuse is suspected. Physical abuse does not include altercations or acts of assault between vulnerable adults.</p> <p><u>No</u></p>	<p>Immediately, but not to exceed 24 hours after discovery of the incident.</p> <p><u>Abuse</u> physical, verbal, sexual, mental</p> <p><u>Note:</u> no requirement to report resident-to-resident abuse.</p> <p><u>Neglect</u></p> <p><u>Injury of Unknown Source*</u> *Must report within 24 hours</p> <p><u>Misappropriation of Resident Property</u></p> <p><u>Involuntary Seclusion</u></p> <p><u>Yes</u> <u>Note:</u> Results of thorough investigation are sent within 5 working days of the incident.</p>	<p>Immediately, or in accordance with Section 43-35-5 Omnibus Adult Protection Act (State Statute)</p> <p><u>Deaths</u></p> <p><u>Possible Abuse/Neglect</u></p> <p><u>Sexual Battery</u></p> <p><u>Aggravated Assault</u></p> <p><u>Cases Involving Time-Sensitive Evidence</u></p> <p><u>Note</u> Exploitation, neglect, physical abuse may lead to criminal charges.</p> <p><u>Maybe</u> Local law enforcement SLED</p>
<p><b>FACILITY INVESTIGATION RESULTS SENT?</b></p>	<p><u>Maybe</u> <u>Note:</u> All accidents/incidents shall be reviewed, investigated if necessary and evaluated in accordance with facility policy</p>	<p><u>No</u></p>	<p><u>Yes</u> <u>Note:</u> Results of thorough investigation are sent within 5 working days of the incident.</p>	<p><u>Maybe</u> Local law enforcement SLED</p>

**Abbeville Nursing Home, Inc.**

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**ATTACHMENT # 2**

**Re: DHEC Division of Licensure – Ten (10) Day Report**

Date \_\_\_\_\_

Resident Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Room # \_\_\_\_\_

Certified Bed     Yes     No

Type of Reportable Incident

\_\_\_\_\_

Date/Time injury discovered \_\_\_\_\_

Description of injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List witnesses and other relevant staff on duty at time of/or prior to Reportable Incident :

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Any Notable Details of Reportable Incident:

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Characteristics of Injury (location, size, number, pattern, color):

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Interventions in place prior to Reportable Incident:

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Immediate corrective action/assessment following Reportable Incident:

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Physician notified: \_\_\_ Yes \_\_\_ No

Date/Time: \_\_\_\_\_

Responsible Party Notified: \_\_\_ Yes \_\_\_ No

Date/Time: \_\_\_\_\_

Notification of Other Agencies: \_\_\_ Yes \_\_\_ No

- DHEC Certification      Date/Time: \_\_\_\_\_
- Regional Ombudsman      Date/Time: \_\_\_\_\_
- Law Enforcement      Date/Time: \_\_\_\_\_

Interventions by facility to prevent future injury:

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Summary Report of Facility Investigation:

Suspicious in Nature? \_\_\_ Yes \_\_\_ No

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Signature/Title of Reporter \_\_\_\_\_

Date \_\_\_\_\_

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**Re: DHEC Division of Certification – Initial 24 Hour Report**

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Room #: \_\_\_\_\_

Cert Bed: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Type of Reportable Incident**  
(Please Check)

Injury of unknown source  
Date/Time injury discovered \_\_\_\_\_  
Description of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allegation of Abuse  
Date/Time of Allegation \_\_\_\_\_  
Complete description of allegation/injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allegation of Misappropriation of Resident personal property  
Date/Time of Allegation \_\_\_\_\_  
Complete description of allegation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

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**Re: DHEC Division of Certification – Five (5) Day Follow Up Report**

Date \_\_\_\_\_

Resident Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Room # \_\_\_\_\_

Certified Bed \_\_\_\_\_ Yes \_\_\_\_\_ No

**Type of Reportable Incident**  
(Please check)

- Injury-source unknown at this time  
Date/Time injury discovered \_\_\_\_\_

Description of injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Allegation of Misappropriation of Resident personal property  
Date/Time of allegation \_\_\_\_\_

Complete description of allegation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Allegation of: \_\_\_\_\_ Abuse \_\_\_\_\_ Neglect \_\_\_\_\_ Mistreatment  
Date/Time of Allegation \_\_\_\_\_

Complete description of allegation/injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List witnesses and other relevant staff on duty at time of/or prior to Reportable Incident  
(Note: interviews/statements attached):

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Any Notable Details of Reportable Incident:

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Characteristics of Injury (location, size, number, pattern, color):

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Interventions in place prior to Reportable Incident:

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Immediate corrective action/assessment following Reportable Incident:

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Physician notified:  Yes  No

Date/Time: \_\_\_\_\_

Responsible Party Notified:  Yes  No

Date/Time: \_\_\_\_\_

Interventions by facility to prevent future Injury/Alleged Abuse:

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Summary Report of Facility Investigation:

Suspicious in Nature?  Yes  No

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\_\_\_\_\_  
Signature/Title of Reporter

\_\_\_\_\_  
Date

## **DHEC Advisory Committee Up-Date**

**Chairman – Alan L. Hughes**

- 1) A review of the Infection Prevention and Control Program WILL be conducted during the Annual Standard Survey.**

The process used will include the following:

- Program development and oversight.
- Facility policies and procedures: reviewed and revised to conform with current standards of practice.
- Infection Preventionist (program coordinator)-responsibilities.
- Surveillance: on-going systematic collection, analysis, interpretation, and dissemination of data. Program defines how often and by what means data will be collected. Included MDRO's (infection/colonization).
- Documentation-describes types of infection; serves to identify trends
- Monitoring: Facility monitors practices (e.g., dressing changes, isolation procedures, cath care, etc.) to ensure consistent implementation of policies and procedures. All Residents are monitored for current infections/infection risk.
- Data Analysis: Infections are reviewed frequently enough so that trends/concerns can be identified and addressed in a timely manner.
- Communicable disease reporting.
- Education – staff, Residents, visitors – initial, on-going, and task specific.
- Antibiotic review.

Interview Infection Preventionist if concerns are identified during the survey process.

Review surveillance data specific to individual Resident reviews.

Staff with communicable diseases are prohibited from direct Resident contact.

**INTERVIEW: Three direct care staff (different shifts) to determine the following:**

- Is staff aware of signs and symptoms of infection to report?
- If any Residents are on isolation precautions, has staff been instructed on procedures?
- Is staff familiar with when hand hygiene is to be performed?
- How does staff know if a Resident is on transmission-based precautions?
- Is staff aware of what actions are required for each type of precaution?

Transmission-based precautions are in place and followed by staff/visitors.

Appropriate room accommodations are made for Residents with MDRO infection/colonization.

Staff involved in care of Residents with special needs/devices follow accepted IC standards and practices: care of urinary catheters, wound care, respiratory treatments/ventilators, IV's, central lines, tracheostomies, ostomies.

Observe equipment to determine if:

- Isolation room equipment is properly cleaned.
- High touch surfaces in the environment are not visibly soiled.
- Small, non-disposable equipment is clean and properly disinfected after each use (e.g., glucometers, scissors, podiatry equipment)
- Single use items (e.g., basins, bedpans) are maintained visibly clean and disposed of after use by a single Resident.
- Dressings and supplies are properly stored.
- Multiple use items (e.g., shower chairs, bed scales, lifts, whirlpools/tubs) are properly cleaned/disinfected between each Resident use.

Hand hygiene and use of gloves is in accordance with current standards during med pass, Resident care, dressing changes, Resident dining.

## **2) Laundry and Linen Services – (Cleaning, Handling, and Storage)**

Soiled linen is:

- Handled with minimum agitation.
- Bagged or contained at point of use.
- Not sorted or pre-rinsed in Resident care areas.

Laundry area has hand-washing facilities and products available as well as appropriate PPE (gloves, gowns) available for workers to wear while sorting soiled linen.

Staff are wearing appropriate PPE when sorting soiled linen.

Damp linen is not left in machines overnight.

The facility assures that laundry is hygienically cleaned by one of two methods:

- Hot water temp > 160 degrees for 25 minutes (and/or)
- Low water temp 71-77 degrees +125 PPM chlorine bleach rinse

If laundry chutes are used, no loose items are noted in the chute and bags are closed before tossing into the chute.

If laundry is done off-site, agreement addresses hygienic cleaning and prevention of contamination during loading and transport.

Mattresses are not patched/torn.

Mattresses are cleaned between Residents with EPA approved germicide.

Fabric mattress covers, pillows, and pillow covers are laundered on a hot water laundry cycle with EPA approved germicidal detergent.

Handwashing facilities and appropriate PPE are available for staff to remove feces, emesis, etc. from linen before transporting to laundry.

There are no fans in laundry blowing from dirty to clean area.

**3) Facility Water Supply – Including Emergency Water**

The facility maintains a safe and sanitary water supply. If well is used, there is evidence of routine water sample evaluation by an approved source.

## **Documentation needed from facility**

\_\_\_\_\_ **Personal Files (Need 4 records, hired within the last 6 (six) months to 1 (one) year**

\_\_\_\_\_ **Need 2 (two) Private Sitter records if facility has Private Sitters**

\_\_\_\_\_ **TB Risk Assessment**

\_\_\_\_\_ **Individual appointed in the absence of the Administrator (in writing)**

\_\_\_\_\_ **RN Designated to act in the absence of the DON (in writing)**

\_\_\_\_\_ **Alzheimer's Policies and Procedures**