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By	Date	Action Description	Jt. Res. No.	Expiration Date
-	09/26/2025	Proposed Reg Published in SR		
-	01/13/2026	Received President of the Senate & Speaker		05/03/2026
S	01/13/2026	Referred to Committee		
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H	03/17/2026	Committee Requested Withdrawal 110 Day Period Tolled		
-	03/17/2026	Withdrawn and Resubmitted		05/03/2026
-	05/03/2026	Approved by: Expiration Date		
-	05/22/2026	Effective Date unless otherwise provided for in the Regulation		

Document No. 5407
DEPARTMENT OF PUBLIC HEALTH
CHAPTER 60
Statutory Authority: 1976 Code Sections 44-70-10 et seq.

60-122. Standards for Licensing In-Home Care Providers.

Synopsis:

Pursuant to R.60-122, *Standards for Licensing In-Home Care Providers*, the Department of Public Health (Department) establishes and enforces the standards for the licensure, maintenance, and operation of in-home care providers (IHCPs). The Department proposes amending the regulation to update and revise provisions regarding licensure, to include application procedures, criminal record checks and drug testing of applicants, the manner and method of fee payments, care and services, requirements for reporting and record keeping, emergency procedures and disaster preparedness, and standards for appropriate insurance coverage.

The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of these proposed amendments.

The Department had a Notice of Drafting published in the April 25, 2025, South Carolina State Register.

Changes made at the request of the House Regulations, Admin. Procedures, Artificial Intelligence and Cybersecurity Committee by letter dated March 17, 2026:

Section 205.F – Amended proposed revision to Violation Classifications to clarify that the Department will use the monetary penalty schedule set in regulation when the decision has been made to impose monetary penalties.

Section-by-Section Discussion:

Section	Type of Change	Purpose
Table of Contents	Revision/Reorganization/Technical Correction	Amended language and sections to reflect technical corrections and reorganization proposed in regulation text.
102	Technical Correction	Amended each instance of "these regulations" to "this regulation" for clarity and consistency.
New 102.B	Addition/Deletion	Added definition to clarify the meaning of abuse in the context of this regulation. Deleted definition for blood assay as no longer needed in former 102.B.
102.B.1	Addition	Added definition to clarify the meaning of physical abuse in the context of this regulation.

102B.2	Addition	Added definition to clarify the meaning of psychological abuse in the context of this regulation.
102.C	Addition	Added definition to clarify the meaning of authorized healthcare provider in the context of this regulation.
102.D – 102.E	Reorganization/Deletion	Recodified due to the addition of 102.B and 102.C and to the deletion of former 102.F.
102.F	Addition	Added definition to clarify the meaning of consultation in the context of this regulation.
102.G	Revision/Reorganization	Recodified due to the addition of 102.F. Amended to correct state agency reference.
102.H	Addition	Added definition to clarify the meaning of exploitation in the context of this regulation.
102.I	Addition	Added definition to clarify the meaning of incident in the context of this regulation.
102.J	Addition	Added definition to clarify the meaning of in-home care in the context of this regulation.
102.K	Addition	Added definition to clarify the meaning of in-home care provider (or provider) in the context of this regulation.
102.L	Addition	Added definition to clarify the meaning of inspection in the context of this regulation.
102.M	Addition	Added definition to clarify the meaning of investigation in the context of this regulation.
102.N	Addition	Added definition to clarify the meaning of license in the context of this regulation.
102.O	Addition	Added definition to clarify the meaning of licensee in the context of this regulation.
102.P	Addition	Added definition to clarify the meaning of medication in the context of this regulation.
102.Q	Addition	Added definition to clarify the meaning of multiple location in the context of this regulation.
102.R	Addition	Added definition to clarify the meaning of neglect in the context of this regulation.

102.S	Addition	Added definition to clarify the meaning of primary office in the context of this regulation.
102.T – 102.U	Reorganization	Recodified due to the addition of 102.H – 102.S.
102.V	Addition	Added definition to clarify the meaning of skilled care in the context of this regulation.
102.W	Reorganization	Recodified due to the addition of 102.V.
102.X	Addition	Added definition to clarify the meaning of variance in the context of this regulation.
103.A	Revision	Amended to clarify violation classification.
103.B	Addition	Added language to clarify compliance requirements for licensure.
103.C	Reorganization	Recodified due to the addition of 103.B.
103.C.4	Revision	Amended to clarify specified locations for licensure requirements.
103.C.6	Addition	Added language to clarify separate lines of business.
103.D	Addition	Added language to clarify primary office and multiple location(s) of provider.
103.E	Reorganization	Recodified due to the addition of 103.D.
103.F	Revision/Reorganization	Amended to clarify license application requirements. Recodified due to the addition of 103.D.
103.F.4	Revision	Amended to clarify license application requirements regarding criminal record checks and drug test results.
103.F.5	Revision	Amended language for clarity and consistency with S.C. Code Section 44-70-70.
103.G	Addition	Added to clarify language regarding criminal record checks and reporting requirements for applicants and prospective licensees.
103.H	Addition	Added language to clarify drug testing requirements for applicants and prospective licensees.

103.I	Revision/Reorganization	Amended to clarify language regarding licensing fees. Recodified due to the addition of 103.G and 103.H.
103.J	Revision/Reorganization	Amended to clarify language regarding late fees. Recodified due to the addition of 103.G and 103.H.
103.K	Revision/Reorganization	Amended to clarify language regarding license renewals. Recodified due to the addition of 103.G and 103.H.
103.L, 103.L.1, 103.L.2	Revision/Reorganization/Deletion	Amended to clarify language regarding amended licenses. Renumbered and amended items to clarify prerequisites for amended licenses.
103.M, 103.M.1, 103.M.2	Addition	Added a section to clarify language regarding a change of licensee.
103.N	Revision/Reorganization/Deletion	Amended to clarify language regarding variances to licensing standards. Recodified due to the addition of 103.M and deletion of former 103.J.
202	Addition	Added section to clarify language regarding inspections and investigations.
203	Addition/Deletion	Added section to clarify language regarding consultations. Deleted former 203 and moved language to 205.
204	Revision/Reorganization	Amended language regarding enforcements. Recodified due to the addition of 202 and 203.
205	Addition/Revision	Added section to clarify language regarding violation classifications and amended language regarding monetary penalties for clarity and consistency.
300, 301, 302	Addition	Added sections to clarify language regarding policies and procedures and insurance for clarity and consistency.
400	Reorganization	Recodified section due to the addition of 300.
401	Addition	Added definition to clarify language regarding

		administrator for clarity and consistency.
402	Addition/Revision/Reorganization	Amended section to clarify language regarding background checks and drug testing. Recodified due to the addition of 400. Corrected spacing in regulation text.
403	Addition/Revision/Reorganization	Amended language to clarify requirements for staff records. Recodified due to the addition of 400.
404.A – 404.H	Addition/Revision/Reorganization	Amended language to clarify requirements for in-service training of caregivers. Recodified due to the addition of 400.
405.A – 405.G	Addition/Revision/Reorganization	Amended language to clarify requirements for minimum qualifications of caregivers. Recodified due to the addition of 400.
406	Revision/Reorganization	Amended language to clarify health status requirements for staff members and caregivers. Recodified due to the addition of 400.
501	Technical Correction	Amended for correct punctuation.
501.A – 501.C	Revision	Amended language to clarify requirements for incident reporting.
New 501.D	Deletion/Reorganization	Former 501.D deleted. Contents of five-day report now described in 501.C.
Former 501.E	Reorganization	Renumbered to 501.D as a result of deletion.
502.A – 502.B	Revision	Amended language to clarify requirement for provider closure. Amended to correct state agency reference.
502.C	Addition	Added language to clarify notice requirements regarding closures.
600	Addition	Added section to clarify language regarding client records.
601	Addition	Added language to clarify requirements regarding content of client records.

602	Addition	Added language to clarify requirements regarding record maintenance.
New 700	Addition/Deletion	Added section to clarify language regarding requirements for client care services. Recodified due to the deletion of former 700.
800	Addition	Added section to establish requirements regarding infection control.
900	Addition	Added section to clarify language regarding rights and assurances of clients.
1000	Addition	Added section to clarify language regarding disaster preparedness.
1001	Addition	Added language to clarify requirements for disaster preparedness.
1002	Addition	Added language to clarify requirements for emergency call numbers.
1100	Revision/Reorganization/Technical Correction	Amended each instance of "these regulations" to "this regulation" for clarity and consistency. Amended to correct spacing. Recodified due to the addition of 800 to 1002.
Appendix	Deletion	Deleted section as no longer needed.

Instructions:

Replace R.60-122 in its entirety with this amendment.

Text:

60-122. Standards for Licensing In-Home Care Providers.

Statutory Authority: 1976 Code Sections 44-70-10 et seq.

TABLE OF CONTENTS

SECTION 100. PURPOSE AND SCOPE, DEFINITIONS, AND REQUIREMENTS FOR LICENSURE.

101. Purpose and Scope.

This regulation implements the provisions of the South Carolina In-Home Care Providers Act codified at Section 44-70-10 et seq., S.C. Code of Laws, 1976, as amended. This regulation will apply to all in-home care providers in South Carolina.

102. Definitions.

For the purposes of this regulation the following definitions apply:

A. Administrator. The individual designated by the licensee to have the authority and responsibility to manage the in-home care provider and is in charge of all functions and activities of the provider.

B. Abuse. Physical Abuse or Psychological Abuse.

1. Physical Abuse. Intentionally inflicting or allowing to be inflicted physical injury on a client by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment.

2. Psychological Abuse. Deliberately subjecting a client to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

C. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific treatments, care, or services to clients. Examples of individuals that may be authorized by law to provide the aforementioned treatment or care or services may include, but are not limited to, physicians, advanced practice registered nurses, and physician assistants.

D. Caregiver. Individual employed by, contracted by, referred by, or agent of the in-home care provider who provides services to clients.

E. Client. A person that receives services or care from an in-home care provider licensed by the Department.

F. Consultation. A visit to a licensed provider by individuals authorized by the Department to provide information to providers to enable and encourage providers to better comply with Department regulations.

G. Department. The South Carolina Department of Public Health.

H. Exploitation. 1) Causing or requiring a client to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the client; 2) An improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a client by a person for the profit or advantage of that person or another person; or 3) Causing a client to purchase goods or services for the profit or advantage of the seller or another person through: undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the client through cunning arts or devices that delude the client and cause him to lose money or other property.

I. Incident. An unusual, unexpected adverse event that causes harm, injury, or death to clients.

J. In-Home Care. In-home care means care:

1. Primarily intended to assist an individual with an activity of daily living or in meeting a personal rather than a medical need, but not including skilled care or a specific therapy for an illness or injury;

2. Given to assist an individual in an activity of daily living such as walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparing special diets, and supervising self-administered medications; and

3. Personal in nature, but not mandating the continuing attention or supervision from trained and licensed medical personnel.

K. In-Home Care Provider (or Provider). A business entity, corporation, or association, whether operated for profit or not for profit, that for compensation directly provides or makes provision for in-home care services through its own employees or agents or through contractual arrangements with independent contractors or through referral of other persons to render in-home care services when the individual making the referral has a financial interest in the delivery of those services by those other persons who would deliver those services. An in-home care provider does not include:

1. A home health agency or hospice or an entity licensed pursuant to S.C. Code Section 44-7-260; or

2. An individual or agency who provides only a house cleaning service; or

3. A direct care entity defined by S.C. Code Section 44-7-2910(B)(1)(e), a direct caregiver or caregiver defined by S.C. Code Section 44-7-2910(B)(2)(e), or an individual who provides a service or services defined by S.C. Code Section 44-21-60; or

4. An individual hired directly by the person receiving care or hired by his or her family; or

5. A church or another religious institution recognized pursuant to 26 U.S.C. 501(c)(3) by the U.S. Internal Revenue Service that provides in-home care services without compensation or for a nominal fee collected to cover incidental expenses directly related to such care.

L. Inspection. A visit by individuals authorized by the Department to a proposed or licensed in-home care provider for the purpose of determining compliance with this regulation.

M. Investigation. A visit by individuals authorized by the Department to a licensed or unlicensed in-home care provider for the purpose of determining the validity of allegations received by the Department relating to statutory and regulatory compliance.

N. License. The authorization to operate as an in-home care provider, as defined in this regulation, and as evidenced by a current certificate issued by the Department to the provider.

O. Licensee. The individual, corporation, organization, or public entity that has received a license to provide in-home care and with whom rests the ultimate responsibility for compliance with this regulation.

P. Medication. A substance that has therapeutic effect including, but not limited to, legend, non-legend, herbal products, over-the-counter, nonprescription, vitamins, and nutritional supplements.

Q. Multiple Location. A properly registered additional site, other than the licensed primary office, from which an in-home care provider provides in-home care services.

R. Neglect. The failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a client pursuant to the service agreement and the failure or omission has caused, or presents a substantial risk of causing, physical, or mental injury to the client.

S. Primary Office. The main office of an in-home care provider where all records are kept, secured, and accessible, and from which a provider performs oversight, administrative, and coordination of services for any multiple location.

T. Responsible Party. A person who is authorized by law to make decisions on behalf of a client. This includes, but is not limited to, a court-appointed guardian, conservator, or any individual with health care or other durable power of attorney.

U. Revocation of License. An action by the Department to cancel or annul a provider's license by recalling, withdrawing, or rescinding the provider's authority to operate.

V. Skilled Care. A service that:

1. Is ordered by a physician or other authorized healthcare provider;

2. Requires the skills of technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, and speech pathologists or audiologists; and

3. Is furnished directly by, or under, the supervision of such personnel.

W. Suspension of License. An action by the Department requiring a provider to cease operations for a period of time or requiring a provider to cease admitting clients until such time as the Department rescinds the restriction.

X. Variance. An alternative method that ensures the equivalent level of compliance with the standards in this regulation.

103. Requirements for Licensure.

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise and/or market) as an in-home care provider in South Carolina without first obtaining a license from the Department. When it has been determined by the Department that services are being provided and the owner has not been issued a license from the Department to provide such care services, the owner shall cease operation immediately and ensure the safety, health, and well-being of its clients. Current and/or previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the provider or the licensing of any other provider or addition to an existing provider which is owned and/or operated by the licensee. (I)

B. Compliance. An initial license shall not be issued to a proposed provider until the applicant has demonstrated to the Department that the proposed provider is in substantial compliance with the licensing standards. In the event a licensee who already has a facility, activity, or provider licensed by the Department makes application for another provider, the currently licensed facility, activity, or provider shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed provider or amended license to the provider. A copy of the licensing standards shall be maintained at the provider and accessible to all caregivers. Providers shall comply with applicable local, State, and Federal laws, codes, and regulations.

C. Issuance and Terms of License.

1. The license issued by the Department shall be posted in a conspicuous place in a public area of the provider's business office or readily available to the public.

2. The issuance of a license does not guarantee adequacy or quality of individual services, personal safety, fire safety, or the well-being of any client of the provider.

3. A license is not assignable or transferable and is subject to suspension or 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 provider at specific locations, to include the primary office and multiple location(s), if applicable. A license shall be valid for a period of time specified by the Department.

5. The issuance of a license under this chapter does not guarantee provision of care by the licensee that meets or exceeds applicable standards of care. The Department is not liable to any party for acts or omissions of a licensee involving or relating to provision of care.

6. If the provider provides services or care other than in-home care services, the provider must maintain separate lines of business regarding such other services or care. This includes, but is not limited to, maintenance of separate representations to the public regarding these businesses, separate maintenance of caregiver records, and separate maintenance of client records.

D. Primary Office and Multiple Location(s).

1. An applicant or licensee must maintain at least one in-state office location that is its primary office. The primary office must be in an office that is in a commercially zoned or unzoned area. For the primary office, the applicant must obtain a county or municipal zoning permit to operate the provider. If the primary office is located in an unzoned area, the applicant must obtain a letter from the county or municipality indicating that a provider may be operated from the location.

2. A provider shall not establish, operate, or maintain a multiple location or represent itself as such without first registering the multiple location by application to the Department and receiving approval of the registration from the Department.

3. A provider desiring to obtain approval for the registration of a multiple location shall file with the Department an application on a form prescribed, prepared, and furnished by the Department.

4. A multiple location registration shall be effective until the expiration of the license of the provider in effect at the time of the initial approval of the multiple location.

E. Provider Name. No proposed provider shall be named, nor shall any existing provider have its name changed to, the same or similar name as any other provider licensed in South Carolina. The Department shall determine if names are similar. If a provider is part of a franchise with multiple locations, the provider must include the geographic area in which it is located as part of its name.

F. Application. Applicants for a license shall submit to the Department a complete and accurate application on a form or by electronic means, as prescribed by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application includes both the applicant's oath assuring that the contents of the application are accurate and true and the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; in the case of a corporation, by two of its officers. The application shall set forth the full name and address of the provider for which the license is sought, the owner in the event the owner's name and address is different from that of the provider, and the names of the persons in control of the provider. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Applicants shall make payment of all outstanding fees (initial licensure fees, annual licensure fees, and inspection fees) and finally assessed monetary penalties prior to the Department's

issuance of a license. When submitting an application for an initial license, the provider shall include evidence of:

1. Either liability insurance coverage or, in lieu of liability insurance coverage, a surety bond. The provider shall maintain such coverage for the duration of the license period. The minimum amount of coverage is one hundred thousand dollars ($100,000) per occurrence and three hundred thousand dollars ($300,000) aggregate;

2. Indemnity coverage to compensate clients for injuries and losses resulting from services provided; and

3. Workers compensation insurance in accordance with S.C. Code Section 42-5-10 et seq.;

4. Criminal record checks and drug test results for the prospective licensee as described in Sections 103.G and 103.H, respectively; and

5. The policies and procedures for the provider's random drug testing program, pursuant to S.C. Code Section 44-70-70.

G. Criminal record checks for applicant/prospective licensee. To obtain an initial license to operate an in-home care provider, the person, or persons, required to sign the licensure application pursuant to Section 103.F shall undergo a State Law Enforcement Division (SLED) name-based criminal records check. Evidence of this records check must be submitted to the Department by the applicant and the record check must not be older than ninety (90) calendar days upon receipt by the Department.

1. An in-home care provider license must not be issued to the applicant, and if issued, may be revoked, if the person(s) is required to register under the sex offender registry pursuant to S.C. Code Section 23-3-430 or has been convicted of or pled guilty or pled no contest (nolo contendere) to:

a. Abuse, neglect, or exploitation of a vulnerable adult, as defined in the Omnibus Adult Protection Act;

b. Unlawful conduct toward a child or cruelty to children, as defined in the South Carolina Children's Code;

c. Any violent crime, as defined in S.C. Code Section 16-1-60;

d. Any other drug related felony; or

e. Forgery, embezzlement or breach of trust with fraudulent intent, as classified in S.C. Code Section 16-1-90(E).

2. Person(s) signing the licensure application must immediately report to the Department any convictions for the above-referenced offenses.

H. Drug testing of applicant/prospective licensee. To obtain an initial license to operate an in-home care provider, the person, or persons, required to sign the licensure application pursuant to Section 103.F shall undergo a five (5) panel urine, hair, saliva, or blood drug screen that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine and provide documentation of such. Test results shall be received and reviewed by a person other than the person being tested and who is not related to the person being tested by blood or marriage. Applicants with a positive test shall be denied, unless accompanied by a

statement from a physician indicating the positive test was a result of a prescribed medication. The test must be taken not earlier than thirty (30) days before the Department's receipt of the licensure application. If taken by an external or third-party laboratory, documentation shall include the test results from the laboratory. If taken internally by the provider, documentation shall include:

1. Name, date, time, and signature of the individual being tested;

2. Name, date, time, and signature of person attesting to contemporaneously receiving and reviewing the test results with the performance of the test and attesting that he/she is not related to the person being tested by blood or marriage;

3. The type of the drug screening performed, including the manufacturer and model of the screening kit;

4. Date, time, and results of the screening; and

5. Lot number and expiration date, as displayed on the original screening kit.

I. Licensing Fees. The initial license fee shall be one thousand dollars ($1,000). The fee for annual license renewal shall be eight hundred dollars ($800). All fees, including late fees, shall be made payable to the Department via a secured portal or specific website and are not refundable. If the application is denied, a portion of the fee may be refunded based upon the remaining months of the licensure year.

J. Late Fee. Failure to submit a renewal application or fee by the license expiration date shall result in a late fee of two hundred dollars ($200), in addition to the licensing fee. Failure to submit the renewal application, licensing fee, and late fee within thirty (30) days of the license expiration date shall render the provider unlicensed.

K. License Renewal. For a license to be renewed, applicants shall file an application with the Department, including any required documentation to evidence compliance with the regulation and pay a license fee of eight hundred dollars ($800).

1. Prior to reinstatement of a suspended license, the licensee shall submit a reinstatement fee of four hundred dollars ($400).

2. Prior to reinstatement of a revoked license, the licensee must apply for a license as provided for in Section 103 of this regulation along with the initial licensing fee. Any time remaining from the revoked license is forfeited.

L. Amended License. A provider shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

1. Change of provider location from one geographic site to another; or

2. Changes in provider name or address (as notified by the post office).

3. An amendment fee of fifty dollars ($50) is required for each amendment.

M. Change of Licensee. A provider shall request issuance of a new license by application to the Department prior to any of the following circumstances:

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

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

N. Variance. The provider may request a variance to this regulation in a format as determined by the Department. Variances will be considered on a case-by-case basis by the Department. The Department may revoke issued variances as it determines appropriate.

SECTION 200. ENFORCEMENT.

201. General.

The Department shall utilize inspections, investigations, applications, and other pertinent documentation regarding a proposed or licensed provider in order to enforce this regulation.

202. Inspections and Investigations. (I)

A. All providers are subject to inspection and/or investigation without prior notice. When staff members are not present, the provider shall provide information as to the expected return of staff.

B. Individuals authorized by South Carolina law shall be granted access to all properties and areas, objects, and records in a timely manner in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identify of individuals in enforcement action proceedings.

C. When there is noncompliance with licensing standards, the provider shall submit an acceptable written plan of correction to the Department that shall be signed by the administrator and returned by the date specified on the report of inspection or investigation. The provider shall describe the following in the plan of correction: (II)

1. The actions taken to correct each cited deficiency;

2. The actions taken to prevent recurrences (actual and similar); and

3. The actual or expected completion dates of those actions.

203. Consultations.

Consultations may be provided by the Department as requested by the provider or as deemed appropriate by the Department.

204. Enforcement.

When the Department determines that an in-home care provider is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such provider, the Department, upon proper notice to the licensee, may impose a monetary penalty, deny, suspend, or revoke licenses.

205. Violation Classifications.

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the clients of the provider or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods, or operations in use by a provider may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety, or well-being of the clients of the provider. The citation of a Class II violation shall specify the time within which the violation is required to be corrected.

C. Class III violations are those that are not classified as Class I or II in this regulation or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected.

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

E. In determining an enforcement action, the Department shall consider the following factors:

1. Specific conditions and their impact or potential impact on the health, safety or well-being of the client(s) including, but not limited to: evidence that services contracted for are not provided; or direct evidence of abuse, neglect, or exploitation;

2. Efforts by the provider to correct cited violations;

3. History of compliance; and

4. Any other pertinent conditions that may be applicable to current statutes or regulations.

F. Monetary penalties assessed by the Department must be not less than one hundred dollars ($100) nor more than five thousand dollars ($5,000) for each violation of any of the provisions of this regulation. When a decision is made to impose monetary penalties, the following schedule will be used to determine the amount:

FREQUENCY	CLASS I	CLASS II	CLASS III
1st	$500-1,500	$300-800	$100-300
2nd	1,000-3,000	500-1,500	300-800
3rd	2,000-5,000	1,000-3,000	500-1,500
4th	5,000	2,000-5,000	1,000-3,000
5th	5,000	5,000	2,000-5,000
6th	5,000	5,000	5,000

SECTION 300. POLICIES AND PROCEDURES, AND INSURANCE.

301. Policies and Procedures. (II)

A. Written policies and procedures addressing each section of this regulation regarding client care and operation of the provider shall be developed. The provider shall be in compliance with these policies and procedures. These policies and procedures shall be accessible to provider staff, in print or electronically, at all times.

B. The provider shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the administrator.

302. Insurance. (II)

A. The provider shall maintain either liability insurance coverage or, in lieu of liability insurance coverage, a surety bond. The minimum amount of coverage is one hundred thousand dollars ($100,000) per occurrence and three hundred thousand dollars ($300,000) aggregate.

B. The provider shall maintain indemnity coverage to compensate clients for injuries and losses resulting from services provided.

C. The provider shall maintain workers compensation insurance in accordance with S.C. Code Sections 42-5-10, et seq.

SECTION 400. STAFF, CAREGIVERS, AND TRAINING REQUIREMENTS.

401. Administrator. (II)

Each provider shall have an administrator who is responsible for the overall management and operation of the provider.

402. Background Checks and Drug Testing.

A. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall undergo a criminal background check as provided by S.C. Code Sections 44-70-60(B) and 44-7-2910.

B. Pre-employment caregiver drug screening. Before being employed as an in-home caregiver by a licensed in-home care provider, a person shall submit to a drug test pursuant to S.C. Code Section 44-70-60(B). The drug screening shall be a five (5) panel urine, hair, saliva, or blood drug screen that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine. Test results shall be received and reviewed by a nurse, the administrator, or human resources/hiring personnel. Persons shall not be eligible for employment as a caregiver unless and until they have a negative test. Persons with a positive test shall not be eligible for employment, unless accompanied by a statement from a physician indicating the positive test was a result of a prescribed medication. The test must not be taken earlier than thirty (30) days before the provider's offer of employment as a caregiver to the person. If taken by an external or third-party laboratory, the provider shall maintain documentation from the laboratory of the test results. If taken internally by the provider, the following documentation concerning the pre-employment drug screening shall be maintained: (I)

1. Name, date, time, and signature of the individual being tested;

2. Name, date, time, and signature of the nurse, administrator, or human resources/hiring personnel attesting to contemporaneously receiving and reviewing the test results with the performance of the test;

3. The type of drug screening performed, including the manufacturer and model of the screening kit;

4. Date, time, and results of the screening; and

5. Lot number and expiration date, as displayed on the original screening kit.

C. Random Drug Screening. Person(s) signing the licensure applications on behalf of the provider and individuals employed as in-home caregivers by licensed in-home care providers are subject to random drug testing as provided for in S.C. Code Section 44-70-70. The provider may choose the method of random testing that most suitably meets the provider's needs. The provider's policies and procedures must address random drug testing and describe the procedure chosen. At a minimum, a five (5) panel urine, hair, saliva, or blood drug screen will be utilized that tests for cannabis, cocaine, amphetamines, opiates, and phencyclidine. Test results shall be received and reviewed by a nurse, the administrator, or human resources/hiring personnel. Positive tests of caregivers as a result of the random drug testing shall be not be eligible for caregiver responsibilities unless accompanied by a statement from a physician indicating the positive test was a result of a prescribed medication or until the person obtains a subsequent negative test. If taken by an external or third-party laboratory, the provider shall maintain documentation from the laboratory of the test results. If taken internally by the provider, the following documentation concerning any random drug screening shall be maintained:

1. Name, date, time, and signature of the individual being tested;

2. Name, date, time, and signature of the nurse, administrator, or human resources/hiring personnel attesting to contemporaneously receiving and reviewing the test results with the performance of the test;

3. The type of drug screening performed, including the manufacturer and model of the screening kit;

4. Date, time, and results of the screening; and

5. Lot number and expiration date, as displayed on the original screening kit.

403. Staff Records.

The provider shall maintain accurate information on all staff members including, but not limited to, current address, phone number, training, all drug test results, criminal background checks, and self-assessments.

404. Training. (I)

Caregivers shall receive or independently obtain necessary training to perform the duties for which they are responsible. Documentation of all in-service training shall be signed and dated by both the individual providing the training and the individual receiving the training. A signature for the individual providing the training may be omitted for computer-based training. The following training shall be provided by appropriate resources (e.g., licensed/registered/certified persons, books, electronic media, etc.) prior to client contact and at least annually thereafter unless otherwise specified by certificate:

A. Basic first aid;

B. Depending on the type of clients, care services for persons specific to the physical and/or mental condition of the individual, for example, Alzheimer's disease, other dementias, cognitive disabilities, or similar disabilities;

C. Confidentiality of client information and records;

D. Documentation and recordkeeping procedures;

E. Ethics and interpersonal relationships;

F. Proper lifting and transfer techniques, if applicable;

G. Infection control techniques; and

H. Prevention of client abuse, neglect, and exploitation.

405. Caregiver Minimum Qualifications. (II)

A caregiver must:

A. Be able to read, write, and communicate effectively with client and supervisor;

B. Be capable of completing assigned job duties;

C. Be capable of providing care as provided in the care services plan with minimal supervision, if applicable;

D. Have a valid driver's license and proof of insurance if transportation is a part of the caregiver's duties. The provider must ensure the caregiver's license is valid while transporting any client of the provider by verifying the official highway department driving record of the employed individual. A copy of the driving record must be maintained in the caregiver's file;

E. Be at least eighteen (18) years of age, as evidenced by a government-issued identification card or other valid documentation;

F. Not have adverse findings on the Sex Offender Registry or Nurse Aide Registry; and (I)

G. Not have prior convictions or have pled no contest (nolo contendere) to: (I)

1. Criminal offenses involving forgery, larceny, embezzlement, false pretenses and cheats, as described in Title 16, Chapter 13 of the S.C. Code of Laws, within ten (10) years of providing in-home care to clients;

2. Criminal offenses involving drugs within ten (10) years of providing in-home care to clients;

3. Abuse, neglect, or exploitation of a vulnerable adult, as defined in the Omnibus Adult Protection Act, S.C. Code Ann. Sections 43-35-5, et seq.; and

4. Any violent crime, as defined in S.C. Code Ann. Section 16-1-60.

406. Health Status. (I)

A. All staff members and caregivers who have contact with clients shall complete a self-assessment prior to initial client contact. The self-assessment shall be reviewed and signed by a nurse, the administrator, or human resources/hiring personnel prior to the staff member or caregiver's initial client contact.

B. The self-assessment shall, at a minimum, include the disclosure of communicable diseases such as, but not limited to, influenza, measles, mumps, chicken pox, strep throat, tuberculosis (TB), HIV/AIDs, and hepatitis.

C. The provider shall develop policies and procedures for caregivers' reporting to the administrator information about their health and activities as they relate to diseases that are communicable while providing care and services. The policies and procedures shall further include provisions for excluding and/or restricting caregivers with communicable diseases or symptoms of such diseases.

SECTION 500. REPORTING.

501. Incidents.

A. The provider shall document every incident, and include an incident review, investigation, and evaluation as well as a corrective action taken, if any. The provider shall retain all documented incidents reported pursuant to this section for five (5) years after the client stops receiving services from the provider.

B. The provider shall report the following types of incidents to the client's responsible party within twenty-four (24) hours or the next business day from the incident. The provider shall also notify the Department within twenty-four (24) hours or the next business day from the incident, via the Department's electronic reporting system or as otherwise determined by the Department. The initial report is intended to collect basic information as may be known at the time about the incident to include, at a minimum, the type of incident and a brief description of it, the date the incident is believed to have occurred, any witnesses, and the contact information for the individual making the report. Incidents requiring reporting include, but are not limited to:

1. Bone or joint fracture while in the care of a caregiver;

2. Hospital admission or death resulting from an incident while in the care of a caregiver;

3. Confirmed or suspected crimes against a client by a caregiver; and/or

4. Confirmed or suspected client abuse, neglect, or exploitation by a caregiver.

C. The provider shall submit a separate written investigation report within five (5) calendar days of every incident required to be reported to the Department pursuant to Section 501 via the Department's electronic reporting system or as otherwise determined by the Department. The provider shall ensure investigation reports submitted to the Department contain: the provider name, license number, the date the incident occurred, the client age and sex, witness names, extent and type of injury and how treated, cause of incident, internal investigation results, the identity of other agencies notified, and the contact information for the individual making the report.

D. The provider shall report any allegation of abuse, neglect, or exploitation of clients to the Adult Protective Services Program in the Department of Social Services in accordance with S.C. Code Section 43-35-25, or Child Protective Services, as appropriate.

502. Provider Closure.

A. Prior to the temporary closure of a provider, the Department shall be notified, in writing, of the intent to close and the effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Department of provisions for the maintenance of records, identification of clients that will require

transfer to another provider, and date of anticipated reopening. If the provider closes for a period longer than one year and there is a desire to reopen, the provider shall contact the Department which will determine the necessity of an inspection prior to the provider's re-opening.

B. Prior to permanent closure of a provider, the Department shall be notified, in writing, of the intent to close and effective closure date. Within ten (10) business days prior to the closure, the provider shall notify the Department of provisions for maintenance of the records, identification of clients that will require transfer to another provider, and dates and amounts of client refunds. On the date of closure, the provider shall return the license to the Department.

C. Prior to permanent or temporary closure, the provider shall provide all clients written notice of the closure at least ten (10) business days prior to the closure.

SECTION 600. CLIENT RECORDS.

601. Content. (II)

A. The provider shall initiate and maintain an organized record for each client. The record shall contain sufficient documented information to identify the client and the provider and/or person responsible for the client's care services.

1. Records may be maintained on paper or electronically. All entries must be legible and complete. Records shall be separately signed and dated promptly by the individual responsible for providing the care service furnished. Records may be signed electronically. If an entry is signed on a date other than the date it was made, the date of the signature shall be entered.

2. All records must be readily accessible, in a timely manner, for inspections and investigations by the Department.

3. Providers that use electronic systems must provide for data backup and retrieval in the event of a system shutdown or power outage.

B. Specific entries and documentation shall include at a minimum:

1. Documentation of care services provided. Each visit by a caregiver to a client's residence shall be documented. Documentation of visits shall include what care services were provided, any significant changes to the client's physical or behavioral condition as observed by the caregiver, the name of the caregiver providing the care services, the caregiver's signature or electronic signature/verification, and date of care services provided. Documentation shall be maintained or updated on a weekly basis.

2. A service agreement to include:

a. The care services for which the provider has agreed to provide to the client;

b. Disclosure of fees for all care services provided to include advance notice requirements to changes in fee amounts;

c. Refund policy to include when monies are to be forwarded to client upon termination of care services; and

d. Provisions regarding termination of the service agreement to include conditions under which the client may be refused further care services.

The service agreement shall be signed and dated by the provider and the client and/or the client's responsible party prior to the provider's provision of in-home care. Subsequent revisions to the initial service agreement may be handled by the provider documenting in the client's record the specific changes in care services that will occur and that the change was discussed with and agreed to by the client and/or responsible party, as appropriate, who signed the initial agreement prior to the change in care services occurring.

For clients receiving care services pursuant to a Medicaid program, a service agreement is not required.

3. A care services plan to include:

a. Types of care services provided;

b. Expected times and frequency of care services delivery in the client's residence;

c. Expected duration of care services that will be provided; and

d. Goals and objectives of the care services.

The care services plan shall be completed by the provider within seven business days after care services are initially provided. The plan shall be revised whenever there are changes listed in Section 601.C.3.a through d.

602. Record Maintenance.

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the protection and storage of client records.

B. Upon termination of care services to a client, the record shall be completed within thirty (30) calendar days, and filed in an active or closed file maintained by the licensee. Prior to closing of a provider for any reason, the licensee shall arrange for preservation of records to ensure compliance with this regulation. The licensee shall notify the Department, in writing, describing these arrangements and the location of records.

C. Records of clients shall be maintained for at least five (5) years following the cessation of services to the client.

SECTION 700. CLIENT CARE SERVICES. (I)

A. Care services shall be rendered effectively and safely in accordance with provider policies and procedures. Assistance shall be provided to clients, as needed. Each provider is required to provide at a minimum those services that are designated in the service agreement or care services plan.

B. Care services provided by caregivers are strictly limited to non-medical tasks. Care services may include the following:

1. Meal planning, preparation, and limited assistance in eating.

2. Bathing, grooming, and personal hygiene, including toileting.

3. Dressing.

4. Assisting clients in and out of bed, chairs, or vehicles, and repositioning them when required.

5. Assistance with walking, including the use of walkers, rollators, canes, and crutches.

6. Cleaning the client's home.

7. Laundry care.

8. Shopping for the client. For any shopping on behalf of a client, receipts must be provided to the client and client funds for such shopping must be accounted for in writing.

9. Running errands.

10. Providing transportation to appointments, shopping, etc.

11. Addressing safety hazards found in clients' homes.

12. Assisting with communication.

13. Medication reminders.

C. In the event of the closure of a provider for any reason, the provider shall ensure continuity of care services by promptly notifying the client and/or the client's responsible party and providing a listing of licensed providers for continued care.

SECTION 800. INFECTION CONTROL. (I)

The provider shall maintain and implement staff practices that prevent the spread of infectious, contagious, and communicable diseases, including but not limited to, screening, standard precautions, and transmission-based precautions.

SECTION 900. RIGHTS AND ASSURANCES. (I)

A. The provider shall ensure all clients of the following rights and assurances:

1. The care services to be provided pursuant to the service agreement or care services plan;

2. Respect for the client's property;

3. Freedom from abuse, neglect, and exploitation;

4. Respect and dignity in receiving care services; and

5. Confidentiality of client records, to include privacy and disclosure requirements.

B. The provider shall inform clients in writing of the rights and assurances in Section 900.A prior to the provider's provision of in-home care. The documentation of informed rights and assurances shall be signed and dated by the provider and the client and/or client's responsible party.

SECTION 1000. DISASTER PREPAREDNESS.

1001. Disaster Preparedness. (II)

The provider shall develop a disaster plan that identifies the care services obligations, if any, of the provider to be provided to the client during a disaster event. The disaster plan will outline the processes for notifying clients and/or responsible parties, in the event provider staff cannot provide care services to the client due to a disaster event. In the event of a disaster where a provider cannot provide services, the provider's notification (or attempted notification) to the client and/or responsible party shall be documented. The provider shall provide its disaster plan to the client and/or responsible party.

1002. Emergency Call Numbers.

Emergency call data, including telephone numbers of fire and police departments, ambulance service, and poison control center, shall be readily available to the caregiver. Other emergency call information to be available to the caregiver shall include the names and telephone numbers of staff members to be notified in case of an emergency.

SECTION 1100. SEVERABILITY.

In the event that any portion of this regulation is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of this regulation, and they shall remain in effect as if such invalid portions were not originally a part of this regulation.

Fiscal Impact Statement:

Implementation of this regulation will not require additional resources. There is no anticipated additional cost by the Department or state government due to any requirements of this regulation.

Statement of Rationale:

The proposed amendments are necessary to update provisions in accordance with current practices and to enforce the standards for the licensure, maintenance, and operation of in-home care providers (IHCPs) to better ensure the safety and wellbeing of clients of IHCPs.