

**LICENSING STANDARDS**  
**For**  
**CIRS**  
**(Community Inclusive Residential Supports)**

Effective November 2013

Revised April 23, 2014

Revised December 5, 2014

Revised June 30, 2016

Revised June 18, 2020

Note: Standards are numbered to coincide with Residential Habilitation Licensing Standards. Those specific standards not applicable to CIRS settings have been deleted.

	<b>Safety</b>	<b>Guidance</b>
1.0	<p>All sites shall receive a life safety inspection by DDSN or its approved contractor:</p> <p>a) Prior to being inspected by DDSN Licensing Contractor, annually, and following major structural changes to the home.</p> <p>b) Any deficiencies received during the life safety inspection shall be reviewed by SCDDSN prior to the home being licensed.</p>	<p>See Attachment 1: <i>Community Inclusive Residential Supports (CIRS)</i> Licensing Request Cover Sheet which is <b>REQUIRED</b> to be submitted with the Application to Operate. In addition, if the home/apartment does not have a sprinkler system, Attachment 2: <i>CIRS</i> Apartment/House Assessment of Capability to Self-Preserve form must be completed and submitted with the cover sheet. The assessment is also required for any new person moving into an existing licensed <i>CIRS</i> home/apartment.</p> <p>See Attachment 3: <i>CIRS</i> Life Safety Checklist</p> <p>Note: In addition to smoke alarms, the site must also have a carbon monoxide detector when any of the following conditions exist:</p> <ul style="list-style-type: none"> <li>• Fuel burning appliances are used</li> <li>• There is a functional fireplace in the home</li> <li>• The home has an attached garage with a common wall</li> </ul> <p>Should you have questions about placement of carbon monoxide detectors, contact your local Fire Marshal.</p> <p>The Life Safety Inspection report is maintained by the provider.</p> <p>Sites that have fire sprinkler systems must be inspected in accordance with NFPA 25 standards. To maintain certification: monthly, quarterly, semi-annual, annual and five (5) year inspections must be completed. All the inspections can be handled by residential staff or maintenance staff <b>EXCEPT</b> for the annual and five (5) year inspection which must be performed by a certified sprinkler contractor. Documentation of all inspections must be maintained by the provider. Refer to the attachments in DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler Systems for Renewal of Licensure, for sample forms which may be used.</p>
1.1	<p>All sites shall be inspected by a DDSN Licensing Contractor:</p> <p>a) Prior to the initial admission of a person.</p> <p>b) Annually, as required per directive.</p> <p>After structural changes are made to the home.</p>	<p>The license is not transferable from either the address or family specified on the license.</p> <p>Initial inspections must be requested two weeks in advance.</p>

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

1.4	<p>When not on a public water line, all sites shall pass a water quality inspection conducted by DHEC prior to the home being inspected by DHEC to operate; as indicated:</p> <ul style="list-style-type: none"> <li>a) A bacteria, and metal/mineral analysis must be performed prior to being licensed;</li> <li>b) As needed when changes in taste, color or odor are present; and</li> <li>c) A bacteria analysis must be performed annually.</li> </ul>	<p>Providers must request an inspection from their county DHEC Office.</p> <p>The DHEC inspection report is maintained by the Provider.</p> <p>Mixing valves must be inspected routinely with documentation maintained by the provider. See DDSN Directive 300-03-DD: Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler System for Renewal of Licensure, for a mixing valve inspection checklist.</p>
1.7	Firearms are prohibited on all sites.	The presence of firearms with no documented waiver approval will be cited as a deficiency.
1.8	Pets on site shall be current with vaccinations.	<p>Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided and no signs of potential risk are assessed.</p> <p>Documentation of current vaccinations must be available for review.</p>

	<b>Home Environment</b>	<b>Guidance</b>
2.0	<p>All sites shall have a standard first-aid kit that is:</p> <ul style="list-style-type: none"> <li>a) Readily accessible.</li> <li>b) Well stocked for the number of people who are intended to use it.</li> </ul>	<ul style="list-style-type: none"> <li>• Contents recommended by the American Red Cross for a standard kit: ¾” x 3” standard adhesive bandages; mini bandages; 2” x 2” sterilized gauze pads; 1” x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads;</li> <li>• Items in the kit must not be expired;</li> <li>• Readily accessible means accessible to all staff of the home and any resident assessed as capable of using it safely.</li> </ul>
2.1	<p>The site/home shall afford each person sufficient space for privacy, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• bathing/toileting facilities behind a lockable door,</li> <li>• lockable doors on bedroom/sleeping quarters, and</li> <li>• lockable storage.</li> </ul>	<p>For supervised living sites, this requirement is applicable when the home/unit is occupied by more than one (1) resident.</p> <p>Refer to:</p> <p>42 CFR§441.301(c)(4)(iii) 42 CFR§441.301(c)(4)(vi)(B)</p>
2.2	<p>All sites shall have a flashlight on site for each level of the home.</p>	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>
2.6	<p>Hot water temperature on sites:</p> <ul style="list-style-type: none"> <li>a) Shall be no less than 100 degrees Fahrenheit.</li> <li>b) Shall never be more than 120 degrees Fahrenheit in a home where an individual lives who is incapable of regulating water temperature.</li> <li>c) Shall never be more than 130 degrees Fahrenheit.</li> </ul>	<p>Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented.</p> <p>Documentation of checks and any necessary modifications should be maintained on site.</p> <p>Water temperature shall never be more than 130 degrees Fahrenheit, no matter the skills of the residents living in the home.</p>

2.7	<p>All sites shall be:</p> <ul style="list-style-type: none"> <li>a) Free from obvious hazards.</li> <li>b) Clean.</li> <li>c) Free of litter/rubbish.</li> <li>d) Free of offensive odors.</li> <li>e) Equipment in good working order.</li> </ul>	<p>Litter/rubbish contained in covered cans or tied in garbage bags.</p> <p>Have at least one (1) bed with mattress and clean pillow, sheets and blanket for every resident (unless married couple choose to share a bed).</p> <p>Linens should be clean/sanitary.</p> <p>No evidence of pests/vermin.</p> <p>No offensive odors – smell of urine, rotting food.</p> <p>Household cleaning agents are kept in secure locations away from food and medications.</p> <p>Note: If any individual living in the home is assessed as having the skills/knowledge to safely use cleaning agents, accommodations must be made for them to have free access to the supplies. Site must have lockable exterior doors and windows.</p> <p>All sites must have workable sink, shower/tub and at least one toilet.</p> <p>Equipment may include, but not be limited to: appliances, furniture (including lawn furniture), flooring, walls, plumbing fixtures, fire alarms, fire extinguishers.</p>
2.11	<p>Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.</p>	<p>Available means that staff must be on site or in real-time contact by electronic means or be able to reach the site within 15 minutes.</p>
2.15	<p>The setting is physically accessible.</p>	<p>Refer to:</p> <p>DDSN Directive 700-02-DD: Compliance with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process.</p> <p>42 CFR§441.301(c)(4)(vi)(E).</p>

	<b>Health Services</b>	<b>Guidance</b>
3.0	Medications, including controlled substances and medical supplies shall be managed in accordance with local, state and federal laws and regulations.	In a secure and sanitary area with proper temperature, light, humidity and security.
3.2	<p>Orders for new medications and/or treatments shall be administered by:</p> <p>a) The person for whom the medication is prescribed when he/she is assessed as independent.</p> <p>b) Licensed nurse.</p> <p>c) Unlicensed staff as allowed by law</p>	Unlicensed staff as allowed by law: As a result of a provision contained in the 2002-2003 Budget Bill, H. 4878-Part 1B, 11.10, the General Assembly of the State of South Carolina granted to the Department of Disabilities and Special Needs (DDSN) the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. With regard to injectable medications, this authority only applies to “regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications.”
3.3	At all sites, orders for new medications and/or treatments shall be filled and given within 24 hours unless otherwise specified.	If orders are given as the result of a self-initiated or family initiated physician, PAA or CPN visit, orders must be changed within 24 hours of learning about the visit.
3.4	Medications shall be safely and accurately given.	<p>Medication has not expired.</p> <p>There are no contraindications (i.e., no allergy for the drug).</p> <p>Administered at the proper time, prescribed dosage, and correct route.</p> <p>If a provider has documented all medication errors, and no errors resulted in the need for additional medical treatment as a result of the error, the appropriate remediation for the error was documented AND the monthly medication error rate for that location does not exceed .035, then the provider should not be cited for this indicator. If the monthly error rate is more than .035, even with the documentation of remediation, then the provider will be cited.</p> <p>Medication Records, Medication Error Reports, and the monthly error rate calculation for the location must be available at the inspection site for the three (3) months prior to the review date.</p>

<p>3.5</p>	<p>For persons not independent in taking their own medication/treatments, a log shall be maintained to denote:</p> <ul style="list-style-type: none"> <li>a) The name of medication or type of treatment given.</li> <li>b) The current physician's order (and purpose) for the medication and/or treatment.</li> <li>c) The name of the person giving the medication.</li> <li>d) Time given.</li> <li>e) Dosage given.</li> </ul>	<p>Entries must be made at the time the medication/treatment was given. This includes all oral medications, injections, topical, drops, and breathing treatments.</p> <p>Medication includes over-the-counter medications.</p> <p>The provider will not be cited if there are no more than three (3) medication passes per person, with blanks on the medication record in any of the prior three (3) months and the provider has met the following criteria:</p> <ul style="list-style-type: none"> <li>a) The reasons for blanks were documented on the back of the log.</li> <li>b) The documentation error did not result in the need for any additional medical intervention.</li> </ul> <p>The Medication Record should be coded if the medication is not given at regular intervals or if there is any variation in scheduling. This should not create opportunities for blanks.</p> <p>As clarification, the medication pass may include multiple prescriptions and over the counter (OTC) medications/treatments that are given at the same time.</p>
<p>3.6</p>	<p>Provider shall have a policy regarding disposition of medication when:</p> <ul style="list-style-type: none"> <li>a) Medication is outdated.</li> <li>b) Person moves.</li> <li>c) Medication is discontinued.</li> <li>d) Person is deceased.</li> </ul>	
<p>3.7</p>	<p>Medication logs shall be reviewed monthly, at a minimum to ensure medication errors/events are documented appropriately.</p>	<p>Reviewer will examine data:</p> <p>To ensure medication errors/events are documented appropriately.</p> <p>Actions are taken to alleviate future errors.</p> <p>The review should include evidence for the three (3) months prior to the Licensing Inspection. The review for the current month must be documented and available by the last day of the following month. If the review for the prior month has not been documented, the Licensing review may include the prior four (4) months.</p> <p>Review must be completed by a person who does not normally give medication in the site being reviewed.</p>



3.8	People shall be encouraged to plan, purchase and prepare nourishing and satisfying food.	In some cases, there may be a need to provide special supports to those who have assessed medical conditions to adhere to a special diet to address such issues as chewing and swallowing difficulties, diabetes, high cholesterol, high blood pressure, obesity or other issues that the person and his/her interdisciplinary team deem to be appropriate for the person's nutritional health.
-----	--	---

### DDSN CIRS Licensing Request Cover Sheet

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

1) Location to be licensed: \_\_\_\_\_  
(complete physical street address)

2) Was/ were the consumer(s) involved in the selection of this location?  Yes  No

3) Location is (check one):  Apartment  Duplex  Single Family Home  
Other: \_\_\_\_\_

4) Foundation:  Concrete Slab  Crawl Space

5) Construction:  Wood Frame  Metal Frame

6) Roof:  Fiberglass Shingles  Metal  
 Other: \_\_\_\_\_

7) Approximate Sq. Footage of home: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

8) Are all bedrooms on ground level?  Yes  No  
If no, are there any concerns with egress? \_\_\_\_\_

9) Do all bedroom windows meet the following requirements?

- a) Window sill height must be less than 44"  Yes  No
- b) Window opening clear width must be a minimum of 20"  Yes  No
- c) Window opening clear height must be a minimum of 24"  Yes  No
- d) Window opening must be a minimum of 5 sq. ft. on grade level and 5.7 sq. ft. if 6 ft. above grade level  Yes  No

If any responses are "no," please explain: \_\_\_\_\_

10) Are smoke detectors hard wired with battery back-up?  Yes  No  
If no, explain: \_\_\_\_\_

11) Are there fuel burning appliances?  Yes  No

12) Is there a usable fireplace?  Yes  No If usable, is fireplace:  Wood or  Propane

13) Is there an attached garage or car port?  Yes  No

14) Are there keyed deadbolt locks on exterior doors?  Yes  No

15) What is the distance to closest Fire Dept.? \_\_\_\_\_

16) Will there be any special technology in this home?  Yes  No  
If yes, explain: \_\_\_\_\_

**CIRS Apartment/House: Assessment of Capability to Self-Preserve**  
**Must be completed when apartment/home does not have a sprinkler system**

Individual's Name: \_\_\_\_\_

**Section I: Information In Individual's Record**

Has this individual made the choice to live in the proposed apartment/house? Yes No

If no, please explain: \_\_\_\_\_

Does the individual understand that the apartment/house does not have an active sprinkler system?

Not Applicable - apartment/house has an active sprinkler system

Yes No If no, please explain: \_\_\_\_\_

Has training on self-preservation taken place as a result of the individual's participation in the CIRS project?

Yes - Date: \_\_\_\_\_ No If no, please explain: \_\_\_\_\_

Does the individual understand how to remain in a designated area until safety has been established?

Yes No If no, please explain: \_\_\_\_\_

**Section II: Individual's Demonstration of Self Preservation Skills – Pre-Move to CIRS apartment/home**

Has the individual demonstrated his/her ability to self-preserve in other apartments/homes licensed by DDSN in the event of a fire?

Yes Documented fire drills are in individual's records. The last three (3) recorded dates that this has been demonstrated are: \_\_\_\_\_

No If no, please explain: \_\_\_\_\_

Not applicable = first DDSN operated home individual has lived in

Does the individual understand how to use an alternate exit and is able to demonstrate?

Yes No If no, please explain: \_\_\_\_\_

Does the individual react independently to an alarm when it is sounded without staff assistance?

Yes No If no, please explain: \_\_\_\_\_

Pre-Move Assessment completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III: Individual's Demonstration of Self Preservation Skills – Post Move to CIRS apartment/home (Individual must have staff in home until he/she is able to self-preserve independently as indicated below):**

Has the individual demonstrated his/her ability to self-preserve in CIRS apartment/house?

Yes Documented fire drills are in individual's records. The last three (3) recorded dates that this has been demonstrated are: \_\_\_\_\_

No If no, please explain: \_\_\_\_\_

Post-Move Assessment completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**South Carolina Department of Disabilities and Special Needs  
CIRS Life Safety Checklist**

Completed by:		Residence Address:			
Date:					
Item#	Checklist Item	Yes	No	N/A	Comments
1.	Listed smoke alarms shall be installed on the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Listed smoke alarms shall be installed in each room used for sleeping purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Listed smoke alarms shall be installed in each habitable story within a dwelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Listed smoke alarms shall be powered from the electrical system of the dwelling as the primary power source and a battery as a secondary power source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Listed smoke alarms shall be interconnected in such a manner that the activation of one alarm will activate all of the alarms in the dwelling unit. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	At least one (1) portable fire extinguisher with a minimum classification of 2A:10BC shall be installed near cooking areas. The fire extinguishers shall be installed and maintained in accordance with the manufacturer's instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item#	Checklist Item	Yes	No	N/A	Comments
7.	Each residence shall maintain means of egress as required by original construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	All sleeping rooms below the fourth story shall have emergency escape and rescue openings that open from the inside and are sized to permit the egress of the occupants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear Opening Height (inches): _____ Clear Opening Width (inches): _____ Sill Height (Inches): _____
9.	All heating devices must be selected, used, and installed per the manufacturer's recommendations and the listing conditions set by an approved testing laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Unvented gas heaters shall have an operating oxygen depletion device, an operating safety shutoff device, and shall be located or guarded to prevent burn injuries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Portable unvented fuel-fired heating equipment shall be prohibited in all residences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Fireplaces shall be equipped with fire screens, partitions, or other means to protect clients from burns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	A fire escape plan describing what actions are to be taken by the family in the event of a fire must be developed and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	An approved carbon monoxide alarm shall be installed and maintained outside of each separate sleeping area in the immediate vicinity of the bedroom in dwelling units within which fuel fired appliances are installed and in dwelling units that have attached garages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Each sleeping room must have an operable door that closes and latches to provide compartmentation that protects occupants in case of a fire event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item#	Checklist Item	Yes	No	N/A	Comments
16.	The residence shall be free of dangers that constitute an obvious fire hazard, such as faulty electrical cords, overloaded electrical sockets, or an accumulation of papers, paint, or other flammable material stored in the dwelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Residence shall have approved address numbers placed in a position that is plainly legible and visible from the street.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	GFCI outlets located within 6 ft. of all sinks and wet locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Does the residence have a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a sprinkler system required in this residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Has a sprinkler inspection been done on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What organization conducted the inspection?:
21.	Has an electrical inspection been done on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What organization conducted the inspection?:
22.	Has an HVAC inspection been done on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What organization conducted the inspection?:
23.	Has the CIRS assessment of the capability to self-preserve form been completed by the provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: