

DDSN Interim Procedure for *Annual* Residential Licensing Reviews

In order to ensure facilities maintain current licensure during the COVID-19 Emergency:

This is **WHAT** needs to be done:

- On-site licensing reviews will cease during COVID-19 State of Emergency.
- Residential Providers must complete the "Provider Self-Assessment Tool for DDSN Licensure during COVID-19 State of Emergency" and submit to DDSN prior to the expiration of the current license.
- DDSN will issue a provisional license.
- Once the COVID-19 State of Emergency has been lifted on-site reviews will resume starting with facilities which are due for a licensing review.
- The Provisional License will remain in effect for the licensing year.
- DDSN reserves the right to complete an on-site review if deemed necessary during the time the provisional license is in effect.

This is **HOW** it will get done:

1. DDSN Quality Management staff will send each provider a listing of their agency's' licenses that are set to expire at the end of the next calendar month.
2. Provider staff will need to access the [Provider Self-Assessment Tool for DDSN \(Click Here to view Self-Assessment Tool\)](#) and complete the Assessment for each location. The tool will be available in Business Tools.
3. **PLEASE NOTE:** For SLP-II complexes of multiple apartments, the provider may utilize one form for those licenses due in the same month in that complex; **but must inspect each apartment.** If a problem occurs in "Apt. 2E" that should be noted on the form along with the necessary plan to address the issue.
4. For any indicators that are "Not Met," the provider will document corrective action on the Assessment tool, with the targeted date to complete the corrective action.
5. The Executive Director/President/CEO of the Provider Agency will sign the Self-Assessment for each setting and scan/return the signed document via email to license@ddsn.sc.gov by the 25th of each month, prior to the license expiration date.
6. DDSN will update the licensing information in the Service Provider Management (SPM) Module and issue a provisional license.
7. The provider will be able to review/print the updated license on the first day of the following month.
8. Provider needs to retain the original document.

DDSN Policy for *New* Residential Licenses

This policy remains unchanged at this time

- Providers may continue to submit initial licensing requests to license@ddsn.sc.gov
- Complete the Application to Operate.
- DDSN QM staff will work with the State Fire Marshal's Office and Alliant to coordinate initial licensing requests as needed.

DDSN Interim Procedure for *Follow-up Residential* Licensing Reviews:

All licensing reviews with a pending follow-up review will be have their follow-up review considered completed upon Alliant approving their Plan of Correction with two exceptions, which are:

1. Alliant will conduct a desk review specific to all Class II citations (failure of organizational safeguards which could put the individual's physical, emotional, and financial well-being in jeopardy).
2. Alliant will conduct a desk review if DDSN Quality Management identifies a pattern of significant deficiencies in Class III citations impacting the overall operation of the setting.

South Carolina Department of Disabilities & Special Needs

Provider Licensing Self-Assessment Tool for Interim DDSN Licensure during COVID-19 State of Emergency

In order to ensure facilities maintain current licensure during the COVID-19 Emergency the licensing self-assessment will be used.

The assessment may be completed by a coordinator level staff member and will require the review and approval of the Executive Director/Pres/CEO.

Any item unmet at the time of the assessment requires an explanation and detailed description of the plan to address the issue.

Upon completion of the Self-Assessment, the provider should submit a scanned copy to License@ddsn.sc.gov The original document must be maintained with provider files.

Provider: _____ Date of Assessment: _____ Completed by: _____

Setting Type: CTH I _____
(Name/Address)

CTH II _____
(Name/Address)

SLP II* _____
(Name/Address – can put multiple addresses if in the same complex and due for licensure during the same month)

Other Purpose: _____

For SLP-II complexes of multiple apartments, the provider may utilize one form for those licenses due in the same month in that complex; but must inspect each apartment. If a problem occurs in "Apt. 2E" that should be noted on the form along with the necessary plan to address the issue.

#	Requirement	Met	Not Met	Comments	Plan to Address Issue	Completion Date
1	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
2	Fire extinguishers and smoke detectors are available and have been inspected to be in good working order.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
3	Carbon monoxide detectors are available, if conditions warrant.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
4	Monthly, quarterly, semi-annual fire sprinkler inspections are current.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
5	Well stocked first aid kit is readily accessible.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
6	Water temperature is no less than 100°, no more than 120°, if anyone is unable to self-regulate. Never over 130°	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
7	The bedrooms shall have operable window(s), with clear egress.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			

8	Bathrooms (toilets/showers) are clean and in good working order, with lockable doors, unless justified.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
9	Setting is clean, free of obvious hazards with equipment in good working order. Sanitizing agents are available and staff know when/how to use.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
10	Flashlight on each level.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
11	Medications stored safely on site (unless justified), in secure, sanitary area with no expired medications.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
12	Medication logs are being reviewed monthly to ensure errors/events are documented and each location has a monthly medication error rate.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
13	Emergency food stores are present and in sufficient quantities. (At least one week's worth)	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			
14	Personal protective equipment is available.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>			

I hereby attest that the information provided in this document is true and accurate.

Executive Director/Pres/CEO

DDSN Use:
Date entered into SPM: _____