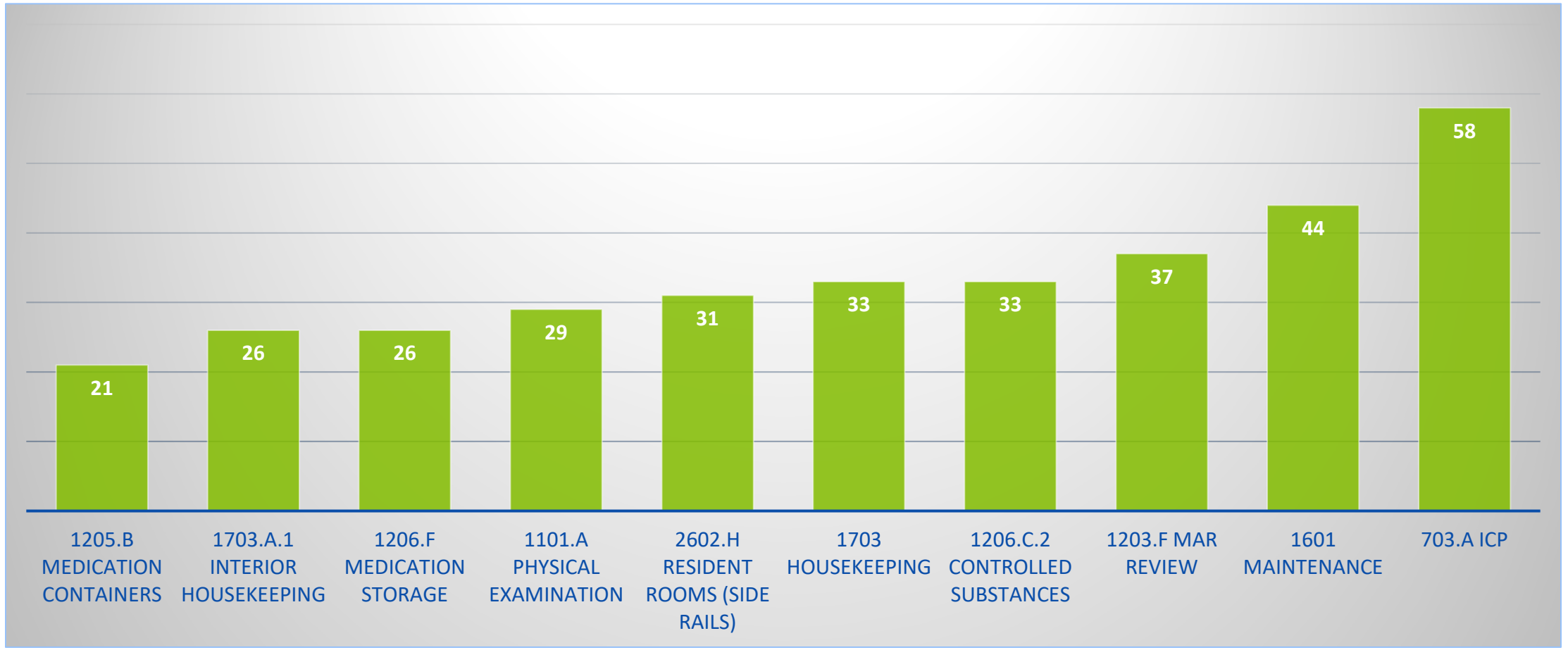
Top Citations in Community Residential Care Facilities

2nd Quarter 2026

These are the top violations cited in Community Residential Care Facilities from April 1- June 30, 2026. The frequency of each cited violation during this timeframe is included. These will be sent out quarterly.

Frequency of Citations for Q2



1205.B Medication Containers

Medications for each resident shall be kept in the original container(s) including unit dose systems; there shall be no transferring between containers (except in instances such as in Section 1203.E above), or opening blister packs to remove medications for destruction or adding new medications for administration, except under the direction of a pharmacist. In addition, for those facilities that utilize the unit dose system or multi-dose system, **an on-site review of the medication program by a pharmacist shall be conducted on at least a quarterly basis to ensure the program has been properly implemented and maintained.** For changes in dosage, the new packaging shall be available in the facility no later than the next administration time subsequent to the order.

Examples of Noncompliance

- Several loose pills found on at the bottom of the medication cart
  - Could be a result of the cart being packed too tight
- Loose pills found on the floor throughout the facility
  - Residents not being properly monitored to confirmed the medication has been taken at the time of administration
- Pharmacist not conducting quarterly onsite reviews
  - Administrators not aware of this requirement if they utilize a unit or multi dose system
  - Quarterly reports not available

Optional Ideas for Compliance Improvement

- ❑ Maintain medications in original containers
- ❑ Schedule quarterly pharmacist onsite review
- ❑ Develop standard forms and audit tools
- ❑ Train staff or provide refresher courses throughout the year
- ❑ Develop a QA/QI monitoring process

1206.F Medication Storage

No medication shall be left in a resident's room unless the facility provides an individual cabinet/compartment which is kept locked in the room of each resident who has been authorized in writing to self-administer by a physician or other authorized healthcare provider. In lieu of a locked cabinet/ compartment, storage of medications shall be **permitted in a resident room which can be locked, provided the room is licensed for one bed; medications are not accessible by unauthorized persons**; the room is kept locked when the resident is not in the room; the medications are **not controlled substances** and all other requirements of this section are met.

Examples of Noncompliance

- Controlled substances in resident's rooms
- Medications in shared rooms but not properly stored if only one resident is authorized to self-administer
  - Includes couples
- Medications, including OTCs, found in resident's rooms without an order from a physician or authorized healthcare providers
  - Families taking their loved ones on outings and returning with OTCs

Optional Ideas for Compliance Improvement

- ❑Develop a process to obtain written self-administration authorization
- ❑Provide proper locked storage compartments
- ❑Strictly prohibit storage of controlled substances in rooms
- ❑Implement staff monitoring & documentation
- ❑Educate residents on their responsibilities
- ❑Add monthly/quarterly QA reviews

1101.A Physical Exams

A physical examination shall be **completed for residents within thirty (30) days prior to admission and at least annually thereafter.**

Physical examinations conducted within thirty (30) days prior to admission by physicians licensed in states other than South Carolina are permitted for new admissions under the condition that residents obtain an attending physician licensed in South Carolina within thirty (30) days of admission to the facility and undergo a second (2nd) physical examination by that physician within thirty (30) days of admission to the facility. The physical examination shall be updated to include new medical information if the resident's condition has changed since the last physical examination was completed.

1101.A Physical Exams (cont.)

The physical examination shall address:

1. The appropriateness of placement in a CRCF;
2. Medications/treatments ordered;
3. Self-administration status;
4. Identification of special conditions/care required;
5. The need of (or lack thereof) for the continuous daily attention of a licensed nurse.

Examples of Noncompliance

- Not completed within the specified timeframe
- Documentation does not address the required criteria
- Documentation not available at the time of the inspection
- Not signed and/or dated by a physician
- Physical indicates the resident requires a higher level of care

Optional Ideas for Compliance Improvement

- ❑ Ensure timely pre-admission physicals completed
- ❑ Verify physicians to meet requirements
- ❑ Track and schedule annual exams
- ❑ Ensure all required components are addressed
- ❑ Train and educate staff on requirements
- ❑ Maintain thorough documentation
- ❑ Develop a QA/QI monitoring process

2602.H Resident Rooms

Side rails may be utilized when required for safety and when ordered by a physician or other authorized healthcare provider. When there are special concerns, e.g., residents with dementia, side rail usage shall be monitored by staff members as per facility policies and procedures.

Examples of Noncompliance

- Side rails observed on resident's beds without an order from a physician or authorized healthcare provider
- Safety concerns that have led to injuries and death
- No monitoring procedures

Optional Ideas for Compliance Improvement

- ❑ Ensure proper authorizations are obtained
- ❑ Create an assessment
- ❑ Select and install rails safely
- ❑ Create a monitoring process
- ❑ Document
- ❑ Train staff on requirements and safety
- ❑ Review and reassess regularly

1703 & 1703.A.1 Housekeeping

The facility and its grounds shall be **clean**, and **free of vermin and offensive odors**.

A. Interior housekeeping shall **at a minimum** include:

1. **Cleaning each specific area of the facility**;

Examples of Noncompliance

- Live bed bugs and roaches throughout the facility
  - No treatment performed or attempts to eradicate the issue

- Vermin (*i.e., ants/bugs*) crawling on the walls, mattresses and in the kitchen
  - Flying insects throughout the facility

- Offensive odors such as urine, feces, mildew and sewage

Examples of Noncompliance

- Stains of various colors and possible mold in the showers, on the floors, toilets, walls and sinks
- Overflowing trash
- Floors not properly cleaned
  - Staff using dirty mop water or no chemicals in the water
- Accumulation of dust on the ceiling, vents, fans, walls, etc.
- Lack of cleaning by housekeeping staff

Optional Ideas for Compliance Improvement

- ❑ Create area specific cleaning protocols
- ❑ Prioritize which areas required daily or frequently
- ❑Combat vermin and odors
- ❑Develop and utilize structured checklists and schedules
- ❑Deep clean common areas at night
- ❑Train and monitor staff
- ❑Ensure documentation integrity for inspections and readily available

1206.C.2 Control Sheet Review

At each shift change, there shall be a documented review of the control sheets by outgoing staff members with incoming staff members that shall include verification by outgoing staff members that they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider and have documented the administrations. Errors/omissions indicated on the MAR's shall be addressed and corrective action taken at that time.

Examples of Noncompliance

- Administrators not aware of this regulatory requirement
- Staff not completing the documented review at the end of their shift
  - Blanks on the document
- Staff pre-signing the document prior to the end of their shift

1203.F Documented MAR Review

At each shift change, **there shall be a documented review of the MAR's by outgoing staff members with incoming staff members that shall include verification by outgoing staff members that they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider, and have documented the administrations.** Errors/omissions indicated on the MAR's shall be addressed and corrective action taken at that time.

Examples of Noncompliance

- Administrators not aware of this regulatory requirement
- Staff not completing the documented review at the end of their shift
  - Blanks on the document
- Staff pre-signing the document prior to the end of their shift

Optional Ideas for Compliance Improvement

- ❑ Create a structured handoff process and protocol
  - ❑Encourage communication
- ❑Verify medication administration
- ❑Document in real time
- ❑Train and audit regularly
- ❑Ensure documentation integrity for inspections and readily available

1601 Maintenance

The facility shall keep **all equipment and building components (e.g., doors, windows, lighting fixtures, plumbing fixtures) in good repair and operating condition.** The facility shall **document preventive maintenance.**

The facility shall comply with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to community residential care facilities.

Examples of Noncompliance

- Common maintenance issues:
  - Equipment not working ***(e.g., HVAC, water heater, lights, doors)***
  - Holes of various sizes and shapes in the ceiling, walls, floors and doors
  - Damage to the walls ***(e.g., paint peeling, scuff marks, baseboards, exposed insulation)***
  - Clogged drains, toilets, leaking faucets
  - Cracked and inoperable windows

Optional Ideas for Compliance Improvement

- ❑ Maintain equipment and building components
  - ❑Develop asset inventory
  - ❑Schedule inspections and maintenance tasks
  - ❑Act promptly on identified issues

- ❑Document preventive maintenance
  - ❑Use standardized logs/templates
  - ❑Track required inspections and services
  - ❑Maintain repair documentation and invoices

- ❑Comply with codes
  - ❑Stay current and up to date on all required codes

- ❑Ensure documentation integrity for inspections and readily available

703.A Individual Care Plans

Using the written assessment, **the facility shall develop within seven (7) days of admission an ICP with participation of the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, as evidenced by their signatures and date**.

The ICP shall be **reviewed and/or revised as changes in resident needs occur, but not less than semi-annually** with the resident, administrator (or designee), and/or the sponsor or responsible party as evidenced by their signatures and date.

703.A
Individual Care Plans (cont.)

The ICP shall describe:

1. The needs of the resident, including the activities of daily living for which the resident requires assistance, i.e., what assistance, how much, who will provide the assistance, how often, and when;
2. Requirements and arrangements for visits by or to physicians or other authorized healthcare providers;
3. Advance directives/healthcare power of attorney, as applicable;
4. Recreational and social activities which are suitable, desirable, and important to the well- being of the resident;
5. Nutritional needs.

Examples of Noncompliance

- ICPs not completed for new admissions
- ICPs not completed and reviewed within designated timeframes
- ICPs not revised when needed
  - *Changes in ADLs, type of care, behavior, diets, etc.*
- Blanks on the ICPs.
- Not signed or dated by appropriate person(s)

Optional Ideas for Compliance Improvement

- ❑ Use sample forms created by the Department (not required but suggested)
- ❑Conduct staff training
- ❑Develop a system that will remind of upcoming due dates
- ❑Audit regularly
- ❑Develop a QA/QI monitoring process
- ❑Ensure documentation integrity for inspections and readily available

Checklist for ICPs

Step	Action
1. Assessment	Complete within 72 hrs; document comprehensively
2. ICP Development	Within 7 days; involve resident/rep; use templates
3. Goal Writing	SMART objectives, assign responsibilities
4. Signature Collection	Resident, admin/designee, and sponsor/rep sign and date
5. Ongoing Monitoring	Track changes; adjust ICP promptly
6. Semi-Annual Review	Review every 6 months; re-sign and re-date
7. Audit & Document	Ensure records are accurate and survey-ready

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Fire Life & Safety Top Violations

First Quarter 2026


First Quarter Fire & Life Safety 2026
18
16
14
12
10
8
6
4
2
0
1601. The facility shall keep all equipment and building components in good repair and operating condition. SC Codes
1502. Fire protection and suppression systems shall be maintained
2105.B. No portable electric or unvented fuel heaters
2501.A. The HVAC system shall be inspection
2201.A. The facility shall maintain halls, corridors means of egress
2605.G. All resident room doors shall be solid-core.
2105.A. The facility shall maintain the physical plant
2104.A. Safety precautions shall be taken against fire
2404.B. Emergency electric services
1504.A. An unannounced fire drills

#10
1504.A Fire Drills

An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member/ volunteer shall participate in a **fire drill at least once each year. Records of drills shall be maintained at the facility**, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members/volunteers and residents directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1504

Examples of Noncompliance

- Shifts not completing drills quarterly.
- Staff not participating in a least one drill annually.
- Drill not properly documented.

#9
2404.B Emergency Electric Service

Emergency electric services shall be provided as follows:

B. Exit access corridor lighting;

Examples of Noncompliance

- Does not activate when tested
- Does remain active for 30 seconds during test
- Does not provide sufficient illumination
- Documentation on testing is not available

#8
2104.A Gases

Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or **stored**. **“No Smoking” signs shall be posted** conspicuously, and cylinders shall be properly secured in place.

Examples of Noncompliance

- Oxygen signage not posted anywhere near the room or in the facility

- Oxygen cylinders not properly secured
  - Not stored in desginated racks
  - Laying on the floor

#7
2105.A Physical Plant

The facility shall maintain the **physical plant to be free of fire hazards or impediments** to fire prevention.

Examples of Noncompliance

- Evidence of smoking in resident rooms.
- Clogged dryer lint filters.
- Waste baskets that are not fire resistant.
- A fire occurs at the facility.

#6
2605.G Doors

All resident room doors shall be solid-core. Resident room doors shall be **rated and provided with closers and latches** as required by the codes referenced in Section 1902.

Examples of Noncompliance

- Resident room doors are rated fire doors and must have closures installed in six bed or more.
- Fire Rated doors that do not close and achieve a positive latch.
- Fire Rated doors that are blocked open.

#5
2201.A Number and Locations of Exits

The facility shall maintain halls, corridors and all other means of egress from the building to be **free of obstructions**.

Examples of Noncompliance

- Doors that will not open or need excessive force to open.
- Items such as furniture, in the path of egress.
- Special locking arrangements such as delayed egress that do not operate properly.

#4
2501.A HEATING, VENTILATION, AND AIR CONDITIONING

The HVAC system shall be **inspected at least once a year by a certified/licensed technician**.

Examples of Noncompliance

- HVAC Inspection documentation not available.
- HVAC Inspection past due for inspection
- Inspections not completed by a friend/family member who is not a certified licensed technician

#3
2105.B. Furnishings and Equipment

No portable electric or unvented fuel heaters shall be permitted in the facility.

Examples of Noncompliance

- Portable Space Heaters in use without authorization.
- *During an emergency, the administrator may request temporarily use with approval from Fire Life and Safety section.*

#2
1502 Tests and Inspections

Fire protection and suppression systems shall be maintained and tested in accordance with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to community residential care facilities.

Examples of Noncompliance

- Systems that are past due for inspection, has deficiencies or indicating trouble.
- Hood Suppression system tagged non-compliant or past due for inspection.
- Inspections not documented for fire rated doors, smoke & fire dampers.

#1
1601 General Maintenance

A facility shall **keep the structure, component parts, amenities and equipment in good repair, operating condition, and documented**. A facility shall comply with provisions of the codes officially adopted by the **South Carolina Building Codes Council and the South Carolina State Fire Marshal**.

Examples of Noncompliance

- Light bulbs, missing or burned out, light covers missing.
- Windows that do not open.
- Building upkeep such as rotted wood, peeling paint.
- Loose handrails, flooring, carpeting.

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