

## ATTACHMENT A



### South Carolina Requirements for Paid Feeding Assistant (PFA) Programs

1. PFA Program must be State-approved.
2. PFA Program must be a minimum of eight (8) hours.
3. Each nursing facility must maintain a record of all individuals used as PFAs, and who have successfully completed a State-approved program.
4. PFA Program must be coordinated, performed by and under the general supervision of a registered nurse (RN) or licensed practical nurse (LPN).
5. PFAs must work under the supervision of an RN or LPN who is readily available.
6. A nursing facility must ensure PFAs feed only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.
7. The nursing facility must base resident selection on the charge nurse's assessment and the resident's latest individualized assessment and plan of care.

### State Approval Guidelines

State approval is initiated by requesting the following documents: South Carolina Core Curriculum Outline and Requirements for Paid Feeding Assistants. In addition, the agreement below must be read, signed, and maintained on record by the administrator/program coordinator of the program and the SCDHHS, Department of Facility Services representative. **This agreement shall remain in effect for two (2) years from the date of receipt by SCDHHS; however, the program may be removed at the discretion of SCDHHS.**

By signature of the authorized individual below, \_\_\_\_\_  
(name of facility/program) agrees to follow the South Carolina PFA Core Curriculum Outline and Requirements. \_\_\_\_\_ (name of facility/program) understands and agrees that SCDHHS reserves the right to conduct announced or unannounced evaluations of the program at anytime.

\_\_\_\_\_  
Administrator/Program Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SCDHHS Representative  
Acknowledging Receipt of Agreement

\_\_\_\_\_  
Date

### PROVIDER CONTACT INFORMATION

\_\_\_\_\_  
Print - Name of Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

Department of Facility Services  
P. O. Box 8206 Columbia South Carolina 29202-8206  
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