

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL


September 8, 2022

- () ACTION/DECISION
(X) INFORMATION

- I. TITLE:** Healthcare Quality Administrative and Consent Orders.
- II. SUBJECT:** Healthcare Quality Administrative Orders and Consent Orders for the period of July 1, 2022, through July 31, 2022.
- III. FACTS:** For the period of July 1, 2022, through July 31, 2022, Healthcare Quality reports 2 Administrative Orders and 6 Consent Orders totaling \$31,500 in assessed monetary penalties.

Name of Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Emergency Suspension Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facility (CRCF)	1	1	0	\$20,300	\$15,000
	Residential Treatment Facilities for Children and Adolescents (RTF)	0	1	0	\$3,000	\$3,000
Healthcare Systems and Services	Paramedic	1	0	0	\$800	\$800
Radiological Health	Dental X-ray	0	1	0	\$1,700	\$425
	Chiropractic X-ray	0	3	0	\$5,700	\$1,425
TOTAL		2	6	0	\$31,500	\$20,650

Submitted By:



Gwen C. Thompson
Deputy Director
Healthcare Quality

HEALTHCARE QUALITY ENFORCEMENT REPORT
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

September 8, 2022

Bureau of Community Care

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facility (CRCF)	473	21,577

1. Hannah Residential Manor – Pamplico

Investigation and Violations: The Department conducted investigations on March 1, 2021, March 9, 2021, April 21, 2021, June 23, 2021, September 16, 2021, and October 6, 2021, a routine licensing inspection on May 11, 2021, and follow-up licensing inspections on June 23, 2021 and February 24, 2022. The Department cited the facility for a total of 87 violations during these visits.

More specifically, the Department cited the facility for violating Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, as follows:

- The facility was cited twice for employing a person under the age of 18.
- The facility failed to submit to the Department timely acceptable written plans of correction.
- The facility repeatedly failed to have documentation of initial and/or annual in-service training in the following: basic first aid for staff, management/care of persons with contagious and/or communicable disease, medication management, care of persons specific to the physical/mental condition being care for in the facility, use of physical restraint techniques, OSHA bloodborne pathogens, confidentiality of resident information and records, *Bill of Rights for Residents of Long-Term Care Facilities*, S.C. Code Sections 44-81-10 *et seq.*, fire response, and emergency procedures/disaster preparedness.
- The facility failed to report a serious incident to the Department within 24 hours of the incident.
- The facility twice failed to document resident orders and recommendations for medication, care, services, procedures, and diet from physicians or other authorized healthcare providers.
- The facility repeatedly failed to document notes of observation for residents at least monthly.
- The facility failed to have documentation of a written assessment of a resident no later than 72 hours after admission.
- The facility repeatedly failed to have documentation of a resident's individual care plan.
- The facility repeatedly failed to render care in accordance with physician's orders for administering medications.
- The facility failed to have a current activity schedule posted for residents.
- The facility repeatedly failed to have documentation of residents' physical examinations completed within 30 days prior to admission and at least annually thereafter.
- The facility twice failed to ensure residents had a two-step TST upon admission.
- The facility provided or administered medications ordered for a specific resident to another resident.

- The facility repeatedly failed to initial the medication administration records (MARs) as medications were administered.
- The facility twice failed to have documented reviews of MARs at each shift change by outgoing staff with incoming staff.
- The facility failed to update a medication label after a physician changed the dosage for the medication.
- The facility stored expired and/or discontinued medication with current medications.
- The facility failed to maintain records of receipt, administration, and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation.
- The facility repeatedly failed to have documented reviews of the control sheets at each shift change by outgoing staff with incoming staff.
- The facility left medication unsecured and accessible in resident's room.
- The facility repeatedly failed to ensure the kitchen and food prepared onsite meet the requirements of Regulation 61-25.
- The facility repeatedly failed to maintain all equipment and building components in good repair and operating condition.
- The facility repeatedly failed to promote conditions that prevent the spread of infectious, contagious, and/or communicable diseases in compliance with guidelines from the CDC.
- The facility repeatedly failed to ensure it is free of vermin and/or offensive odors.
- The facility repeatedly failed to ensure that each specific interior area was cleaned.
- The facility failed to ensure harmful chemicals were stored safely and inaccessible to residents.
- The facility failed to keep the grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.
- The facility failed to store clean linen/clothing in a sanitary manner.
- The facility failed to ensure all flooring and finishes were free from hazards.
- The facility repeatedly failed to ensure oxygen cylinders and concentrators are properly secured in place.
- The facility failed to ensure smoking is only allowed in designated area outside of facility.
- The facility failed to provide a sanitary individualized method of drying hands in a shared restroom and by failing to have hand soap in a shared restroom.
- The facility failed to have a supply of toilet tissue in each bathroom.

Enforcement Action: The Department held an enforcement conference with the facility but the parties were unsuccessful in trying to reach an agreement. As a result, the Department issued an Administrative Order revoking the license to operate Hannah Residential Care as a community residential care facility (CRCF) in part due to engaging in conduct or practices detrimental to the health or safety of residents or employees of a facility. The residents of the facility were safely relocated before the facility closed on August 2, 2022.

Remedial Action: N/A.

Prior Orders: None in the past five years.

2. Harmony House Residential Care – Calhoun Falls

Investigation and Violations: The Department conducted routine licensing inspections, kitchen and sanitation inspections, fire and life safety inspections, investigations, and follow-up inspections in February 2021, June 2021, August 2021, September 2021, November 2021, and December 2021.

As a result of these visits, the Department found the facility in violation of Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, as follows:

- The facility repeatedly failed to submit to the Department written plans of correction when there was noncompliance with the licensing standards.
- The facility failed to demonstrate a working knowledge of applicable regulations.
- The facility failed to have at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during periods of peak hours.
- The facility twice failed to have documentation of initial and/or annual staff in-service training in medication management.
- The facility twice failed to have documentation of initial and/or current annual staff in-service training in the *Bill of Rights for Residents of Long-Term Care Facilities*, S.C. Code Sections 44-81-10 *et seq.*
- The facility twice failed to post a current monthly activity schedule.
- The facility twice failed to have residents' physician-ordered medications available for administration.
- The facility twice failed to initial the medication administration records (MARs) as medications were administered.
- The facility twice failed to have documented reviews of the control sheets at each shift change by outgoing staff with incoming staff.
- The facility twice failed to ensure that the facility's kitchen and the food prepared onsite meet the requirements of Regulation 61-25.
- The facility failed to maintain and test fire protection and suppression systems in accordance with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.
- The facility failed to ensure unannounced fire drills are conducted at least quarterly and records of fire drills are maintained in the facility.
- The facility failed to ensure that all drills were designed to ensure that residents attain the experience of exiting through all exits.
- The facility repeatedly failed to maintain all equipment and building components in good repair and operating condition.
- The facility repeatedly failed to promote conditions that prevent the spread of infectious, contagious, and/or communicable diseases in compliance with guidelines from the CDC.
- The facility repeatedly failed to ensure the facility was free of vermin.
- The facility repeatedly failed to provide a sanitary individualized method of drying hands in shared restroom and failed to have liquid soap available in a shared resident restroom.

Enforcement Action: The parties agreed to resolve this matter by Consent Order. The Department imposed a civil monetary penalty totaling \$20,300 against the facility. The facility is required to pay \$15,000 in five monthly installments of \$3,000 each, and the remaining \$5,300 will be stayed upon a six-month period of substantial compliance with Regulation 61-84 and this Consent Order. The facility agreed to initiate action to correct the violations that initiated the enforcement action and attend a compliance assistance meeting with the Department within 45 days of the Consent Order.

Remedial Action: The facility has made the first payment of \$3,000. The facility attended a compliance assistance meeting with the Department on August 2, 2022.

Prior Orders: None in the past five years.

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Residential Treatment Facilities for Children and Adolescents	8	518

3. Riverside Behavioral Health Services at Windwood Farm – Awendaw

Investigation and Violations: On March 8, 2022, the Department conducted an investigation. As a result of the investigation, the Department found the facility in violation of Regulation 61-103, *Residential Treatment Facilities for Children and Adolescents*. More specifically, the Department found the facility failed to ensure that residents were free from harm, abuse, or neglect as outlined in the “Statement of Rights of Residents.”

Enforcement Action: After meeting for an enforcement conference, the parties agreed to resolve this matter with a Consent Order. The facility agreed to pay a \$3,000 monetary penalty. The facility further agreed to initiate action to correct the violations that prompted the enforcement action and ensure violations are not repeated.

Remedial Action: The facility has paid the \$3,000 monetary penalty. The facility terminated the staff member involved.

Prior Orders: None in the past five years.

Bureau of Healthcare Systems and Services

Level of Certification	Total Number of Certified Paramedics
Paramedic	4,207

4. Jason Ramsey – Paramedic

Investigation and Violations: The Department conducted a compliance inspection and investigation into Mr. Ramsey and found that Mr. Ramsey had been providing patient care with an expired certification between August 2021 and October 2021. During that time, Mr. Ramsey was the primary attendant for 87 patient encounters with Dorchester County EMS. The Department determined Mr. Ramsey violated the EMS Act and Regulation 61-7, *Emergency Medical Services*, by performing patient care within the scope of a paramedic for 87 ambulance runs without obtaining proper certification from the Department. The Department sent Mr. Ramsey a Notice of Alleged Violation on May 3, 2022, requesting Mr. Ramsey submit a written corrective action plan demonstrating how he intended to prevent recurrences of the alleged violation.

Enforcement Action: The Department notified Mr. Ramsey that enforcement action was being considered and invited him to attend an enforcement conference. Mr. Ramsey was notified that failure to attend the

scheduled enforcement conference may result in an enforcement action by issuance of an Administrative Order without his consent. Mr. Ramsey did not attend the enforcement conference. The Department therefore issued an Administrative Order imposing a civil monetary penalty of \$800 against Mr. Ramsey.

Remedial Action: The Department has not received Mr. Ramsey’s payment.

Prior Orders: None in the past five years.

Bureau of Radiological Health

X-Ray Facility Registrant Type	Total Number of Registrants
Dental Facility	1,802

5. Aiken Augusta Oral & Facial Surgery – Aiken

Investigation and Violations: In September 2021, the Department conducted a routine inspection of the registrant. The Department determined the registrant failed to conduct equipment performance testing within 30 days of installation for its dental computed tomography and dental handheld x-ray systems. Additionally, the Department determined the registrant failed to conduct annual equipment performance testing in 2020 for the dental computed tomography x-ray system. The Department had previously cited the registrant for these violations of Regulation 61-64, *X-Rays (Title B)*, in September 2012 and June 2017.

Enforcement Action: The parties agreed to resolve this matter with a Consent Order. The Department imposed a civil monetary penalty totaling \$1,700 against the registrant. The registrant is required to pay \$425 within 30 days of executing the Consent Order with the remaining \$1,275 stayed for 36 months.

Remedial Action: Prior to the execution of the Consent Order, the registrant provided a detailed plan of correction to prevent recurrence of the violation. The Department has received the registrant’s payment.

Prior Orders: None in the past five years.

X-Ray Facility Registrant Type	Total Number of Registrants
Chiropractic Facility	497

6. Total Healthcare Chiropractic Clinic, LLC – Piedmont

Investigation and Violations: On May 19, 2021, the Department conducted a routine inspection of the registrant. During the inspection, the registrant provided the Department with records indicating the last equipment performance tests on its medical radiographic x-ray systems occurred in April 2019. After the inspection, the registrant emailed records to the Department indicating additional equipment performance tests were completed on May 24, 2021. As a result, the Department found the registrant failed to conduct

equipment performance testing for 2020. The Department had previously cited the registrant for this violation of Regulation 61-64, *X-Rays (Title B)*, in August 2012, August 2015, and March 2018.

Enforcement Action: The parties agreed to resolve this matter with a Consent Order. The Department imposed a civil monetary penalty totaling \$1,900 against the registrant. The registrant is required to pay \$475 within 30 days of executing the Consent Order with the remaining \$1,425 stayed for 24 months.

Remedial Action: Prior to the execution of the Consent Order, the registrant provided a detailed plan of correction to avoid future violation. The Department has received the registrant's payment.

Prior Orders: None in the past five years.

7. Set Apart Health, LLC – Mauldin

Investigation and Violations: On August 12, 2021, the Department conducted a routine inspection of the registrant. During the inspection, the Department was provided with records indicating the last equipment performance test on its medical radiographic x-ray systems occurred on March 15, 2019. Following the inspection, the registrant provided documentation of equipment performance testing conducted on August 16, 2021, by a Department registered vendor and a corrective action plan to prevent recurrence of the violation. As a result, the Department found the registrant failed to conduct equipment performance testing for 2020 and timely conduct equipment performance testing for 2021. The Department had previously cited the registrant for this violation of Regulation 61-64, *X-Rays (Title B)*, in December 2015, December 2016, and September 2018.

Enforcement Action: The parties agreed to resolve this matter with a Consent Order. The Department imposed a civil monetary penalty totaling \$1,900 against the registrant. The registrant is required to pay \$475 within 30 days of executing the Consent Order with the remaining \$1,425 stayed for 24 months.

Remedial Action: The Department has received the registrant's payment.

Prior Orders: None in the past five years.

8. Carolina Chiropractic Center – Florence

Investigation and Violations: On June 2, 2021, the Department conducted a routine inspection of the registrant. During the inspection, the registrant provided the Department with records indicating the last equipment performance tests on its medical radiographic x-ray system occurred on March 29, 2018. As a result, the Department found the registrant failed to conduct equipment performance testing for 2019, 2020, and 2021. The Department had previously cited the registrant for this violation of Regulation 61-64, *X-Rays (Title B)*, in March 2018.

In addition, the Department requested the registrant's corrective action plan for the June 2, 2021, violation on June 16, 2021, September 10, 2021, November 9, 2021, and December 7, 2021. As a result, the Department cited the registrant's failure to provide documentation of corrective action for violations alleged during the June 2, 2021, inspection within 60 days of the citation.

Enforcement Action: The parties agreed to resolve the matter with a Consent Order. The Department imposed a civil monetary penalty totaling \$1,900 against the registrant. The registrant is required to pay \$475 within 30 days of executing the Consent Order with the remaining \$1,425 stayed for 24 months.

Remedial Action: Prior to executing the Consent Order, the registrant provided a detailed plan of correction describing steps to be taken to ensure future compliance with the cited violations. The registrant further provided documentation of equipment performance testing conducted by a Department registered vendor on June 7, 2022. The Department has received the registrant's payment.

Prior Orders: None in the past five years.