

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

June 8, 2023

- () 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 April 1, 2023, through April 30, 2023.
- III. FACTS:** For the period of April 1, 2023, through April 30, 2023, Healthcare Quality reports 2 Administrative Orders and 6 Consent Orders totaling \$8,350 in assessed monetary penalties.

Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facility (CRCF)	2			
Healthcare Systems and Services	Outpatient Facilities for Chemically Dependent or Addicted Persons (CDAP)		1	\$300	\$300
	Home Health Agency		1	\$300	\$300
	Emergency Medical Services (EMS) Agency		3	\$7,450	\$7,450
	EMT		1	\$300	\$300
TOTAL		2	6	\$8,350	\$8,350

Submitted By:

Gwendolyn C. Thompson

Gwen C. Thompson
Deputy Director
Healthcare Quality

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

June 8, 2023

Bureau of Community Care

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Treatment Facility (CRCF)	466	21,910

1. Reese’s Community Care Home #1 (8 Licensed Beds) – Columbia

Investigation and Violations: On April 9, 2021, December 8, 2022, and December 9, 2022, Department representatives made unannounced visits to the Facility to conduct inspections. During those inspections, the Department found the Facility in violation of Regulation 61-84 as follows:

- The Facility failed to maintain a current copy of the licensing standards, accessible to all staff and volunteers.
- The Facility allowed a staff member to sleep in a resident’s room when s/he was not on shift.
- The Facility failed to post its license in a conspicuous place in a public area.
- The facility failed to submit an amended license to the Department prior to the forfeiture/dissolution of Reese's Community Care Home, Inc.
- The Facility failed to submit timely acceptable written POCs.
- The Facility failed to employ qualified staff that are capable of rendering care/services to the residents.
- The Facility allowed staff to sleep on a couch while on duty during non-peak hours.
- The Facility failed to maintain documentation to ensure the Facility was meeting the staffing ratios.
- The Facility failed to have documentation of current annual staff in-service training in basic first aid.
- The Facility failed to have documentation of current annual staff in-service training in management/care of persons with contagious and/or communicable diseases.
- The Facility failed to have documentation of current annual staff in-service training in medication management.
- The Facility failed to have documentation of current annual staff in-service training in care of persons specific to the physical/mental condition(s) being cared for in the Facility.
- The Facility failed to have documentation of current annual staff in-service training in the use of restraint techniques.
- The Facility failed to have documentation of current annual staff in-service training in OSHA standards regarding blood-borne pathogens.
- The Facility failed to have documentation of current annual staff in-service training in confidentiality of resident information and records.
- The Facility failed to have documentation of 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 failed to have documentation of current annual staff in-service training in fire response.

- The Facility failed to have documentation of current annual staff in-service training in emergency procedures/disaster preparedness.
- The Facility failed to have documentation of a resident's ICP and by not reviewing and/or revising residents' ICPs at least semi-annually.
- The Facility failed to maintain records of current residents at the Facility.
- The Facility failed to render care and services in accordance with orders from physicians or other authorized healthcare providers.
- The Facility failed to have recreational supplies for the residents.
- The Facility failed to post the current month's activity calendar.
- The Facility failed to have documentation of residents' current annual physical examinations.
- The Facility failed to ensure that documented reviews of MARs by outgoing staff members with incoming staff members were signed.
- The Facility failed to have an on-site medication review of the medication program by a pharmacist on a quarterly basis.
- The Facility failed to secure the medication room to prevent access by unauthorized persons.
- The Facility failed to maintain its kitchen in compliance with regulations.
- The Facility failed to ensure that suitable snacks were available and offered to residents.
- The Facility failed to ensure that the current week's menus included any substitutions or changes made.
- The Facility failed to post an emergency evacuation plan in a conspicuous public area in the Facility.
- The Facility failed to maintain all equipment and building components in good repair and operating condition.
- The Facility failed to ensure the Facility and its grounds were maintained clean, and free of vermin and offensive odors.
- The Facility failed to ensure that each specific interior area of the Facility was clean.
- The Facility failed to ensure safe storage of chemicals, cleaning materials, and supplies, which are indicated as harmful on the product label.
- The Facility failed to ensure the exterior area of the Facility was clean.
- The Facility failed to ensure soiled linen/clothing were kept in enclosed/covered containers.
- The Facility failed to ensure that resident rooms had window treatments to provide privacy.
- The Facility failed to ensure plumbing fixtures accessible to residents were maintained between 100 degrees F and 120 degrees F.
- The Facility failed to provide a comfortable single bed for a resident.
- The Facility failed to ensure liquid soap was provided in all public restrooms and/or bathrooms used by more than one resident.

Enforcement Action: On February 21, 2023, the Department and the Facility met for an enforcement conference. The Parties discussed the above-mentioned violations. As a result, the Department decided to issue an Administrative Order revoking the license to operate Reese's Community Care Home #1 as a CRCF.

Remedial Action: none

Prior Orders: The Department executed an Emergency Suspension Order on December 9, 2022, due to insect infestation, failing to administer medications to residents and lack of sufficient food in the facility.

2. Reese's Community Care Home #2 (5 Licensed Beds) – Columbia

Investigation and Violations: On April 19, 2021, and December 13, 2022, Department representatives made unannounced visits to the Facility to conduct inspections. During those inspections, the Department found the Facility in violation of Regulation 61-84 as follows:

- The Facility failed to maintain a current copy of the licensing standards, accessible to all staff members/volunteers.
- The Facility failed to submit an amended license to the Department prior to the forfeiture/dissolution of Reese's Community Care Home, Inc.
- The Facility failed to submit timely acceptable written POCs.
- The Facility failed to adhere to its established time period of every two (2) years for review of all policies and procedures.
- The Facility failed to have documentation of current annual staff in-service training in basic first aid.
- The Facility failed to have documentation of current annual staff in-service training in management/care of persons with contagious and/or communicable diseases.
- The Facility failed to have documentation of current annual staff in-service training in medication management.
- The Facility failed to have documentation of current annual staff in-service training in the care of persons specific to the physical/mental condition(s) being care for in the Facility.
- The Facility failed to have documentation of current annual staff in-service training in the use of restraint techniques.
- The Facility failed to have documentation of current annual staff in-service training in OSHA standards regarding blood-borne pathogens.
- The Facility failed to have documentation of current annual staff in-service training in confidentiality of resident information and records.
- The Facility failed to have documentation of 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 failed to have documentation of staff current annual in-service training in emergency procedures/disaster preparedness.
- The Facility failed to maintain on site an organized record for a resident.
- The Facility failed to maintain orders for all medications from a physician or other authorized healthcare provider for a resident.
- The Facility failed to review and/or revise resident's ICPs at least semi-annually.
- The Facility failed to maintain records of current residents at the Facility.
- The Facility failed to comply with all current Federal, State, and local laws and regulations concerning a resident's care.
- The Facility failed to have documentation of a resident's current annual physical examination.
- The Facility failed to maintain current applicable reference material at the Facility.
- The Facility failed to have an on- site medication review of the medication program by a pharmacist on a quarterly basis.
- The Facility stored expired medication with current medications.
- The Facility failed to maintain its kitchen in compliance with regulations.
- The Facility failed to post the current week's menu in one or more conspicuous places in a public area of the Facility.
- The Facility failed to maintain records of menus as served for at least thirty (30) days.

- The Facility failed to have a written plan for the continuation of essential resident support services.
- The Facility failed to keep all equipment and building components in good repair and operating condition.
- The Facility failed to have documentation of a current annual tuberculosis risk assessment.
- The Facility failed to ensure that each specific interior area of the Facility is clean.
- The Facility failed to keep the Facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin.
- The Facility failed to have documentation of current inoculation records for a pet observed at the Facility.
- The Facility failed to maintain plumbing fixtures accessible to residents at a temperature of at least 100 degrees F and 120 degrees F.
- The Facility stored supplies directly on the floor.

Enforcement Action: On February 21, 2023, the Department and the Facility met for an enforcement conference. The Parties discussed the above-mentioned violations. As a result, the Department decided to issue an Administrative Order revoking the license to operate Reese's Community Care Home #2 as a CRCF.

Remedial Action: none

Prior Orders: The Department executed an Emergency Suspension Order on December 15, 2022, due to an insect infestation, neglecting to provide care to a resident and unsanitary conditions.

Bureau of Healthcare Systems and Services

Facility Type	Total Number of Licensed Facilities
Outpatient Facilities for Chemically Dependent or Addicted Persons	89

1. Greenville Transitions Recovery Center LLC – Greenville

Investigation and Violations: The Facility failed to submit a timely renewal application and licensing fees by the license expiration date.

Enforcement: The Department and the Facility decided to resolve the matter through a Consent Order. The Facility agreed to pay a \$300 monetary penalty.

Remedial Action: The Facility has paid the required \$300.

Prior Orders: None in the past five years.

Facility Type	Total Number of Licensed Facilities
Home Health Agency	97

1. Methodist Manor Home Health – Florence

Investigation and Violations: The Facility failed to submit a timely renewal application and licensing fees by the license expiration date.

Enforcement: The Department and the Facility decided to resolve the matter through a Consent Order. The Facility agreed to pay a \$300 monetary penalty.

Remedial Action: The Facility has paid the required \$300.

Prior Orders: None in the past five years.

Provider Type	Total Number of Licensed EMS Agencies
Emergency Medical Services (EMS) Agency	266

1. Family Medical Transport, LLC

Investigation and Violations: The Department received a report that Family Medical Transport, LLC allowed two employees to provide primary care for 96 calls with an expired certification.

Enforcement Action: Based on the foregoing, the Department and the EMS agency met for an enforcement conference and agreed to resolve this matter with a consent order. The EMS agency agreed to the imposition of a \$6,000 monetary penalty and was required to pay the full amount.

Remedial Action: A payment plan is arranged. The Facility will make three equal payments on June 3, 2023, July 3, 2023, and August 3, 2023.

Prior Orders: None in the past five years.

2. MedTrust Medical Transport, LLC

Investigation and Violations: The Department received a report that MedTrust Medical Transport allowed uncertified personnel to attend five calls to provide primary care.

Enforcement Action: Based on the foregoing, the Department and the EMS agency met for an enforcement conference and agreed to resolve this matter with a consent order. The EMS agency agreed to the imposition of a \$750 monetary penalty and was required to pay the full amount.

Remedial Action: The EMS agency has paid the required \$750.

Prior Orders: None in the past five years.

3. Lakeside Medical Response

Investigation and Violations: The Department received a report that Lakeside Medical Response allowed uncertified personnel to attend twelve calls to provide primary care.

Enforcement Action: Based on the foregoing, the Department and the EMS agency met for an enforcement conference and agreed to resolve this matter with a consent order. The EMS agency agreed to the imposition of a \$700 monetary penalty and was required to pay the full amount.

Remedial Action: The EMS agency has paid the required \$700.

Prior Orders: None in the past five years.

Emergency Medical Technician (EMT) Certification Level	Total Number of Certified EMTs
EMT	8,344

1. Jenna Sotomayor - EMT

Investigation and Violations: Laurens County EMS self-reported that Ms. Sotomayor provided patient care on eleven patient transports while her certificate was expired.

Enforcement Action: The Department and Ms. Sotomayor agreed to resolve the matter through a Consent Order. The parties agreed to the assessment of a \$300 monetary penalty.

Remedial Action: Ms. Sotomayor has paid the required \$300.

Prior Orders: None in the past 5 years.