

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

December 7, 2017

() ACTION/DECISION

(X) INFORMATION

I. TITLE: Health Regulation Administrative and Consent Orders.

II. SUBJECT: Health Regulation Administrative Orders, Consent Orders, and Emergency Suspension Orders for the period of October 1, 2017, through October 31, 2017.

III. FACTS: For the period of October 1, 2017, through October 31, 2017, Health Regulation reports ten (10) Consent Orders with a total of eighty-one thousand six hundred dollars (\$81,600) in assessed monetary penalties.

Health Regulation Bureau	Health Care Facility, Provider, or Equipment	Administrative Orders	Consent Orders	Emergency Suspension Orders	Assessed Penalties
Health Facilities Licensing	Community Residential Care Facility	0	6	0	\$77,000
	Tattoo Facility	0	1	0	\$2,100
EMS & Trauma	Paramedic	0	1	0	\$0
	EMT	0	2	0	\$2,500
TOTAL		0	10	0	\$81,600

Approved By:

Shelly Bezanson Kelly
Director of Health Regulation

HEALTH REGULATION ENFORCEMENT REPORT
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

December 7, 2017

Bureau of Health Facilities Licensing

Facility Type	Total # of Beds or Participants	Total # of Licensed Facilities in South Carolina
Community Residential Care Facility	19,144	479

1. Reese’s Community Care Home #1 (CRCF) – Columbia, SC

Investigation: The Department visited Reese’s Community Care Home #1 (“Reese’s”) on April 20, 2016, June 28, 2016, and June 1, 2017, to conduct general inspections, June 29, 2016, to conduct a food and sanitation inspection, and January 25, 2017, for a follow-up inspection.

Violations: Based upon the inspections, the Department cited Reese’s for twenty (20) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Reese’s was cited one (1) time for violating Section 202.C, for failing to timely grant Department representatives access to staff records; one (1) time for violating Section 501.A, for failing to perform a criminal background check on a staff member; one (1) time for violating Section 503.B.2, for failing to have a staff member awake, dressed, and able to respond to residents’ needs during non-peak hours; three (3) times for violating Section 504.A, for failing to have required documentation of staff training; one (1) time for violating Section 505.A, for failing to have documentation of a staff member’s health assessment; two (2) times for violating Section 703.A, for failing to review and/or revise residents’ ICPs at least semi-annually; one (1) time for violating Section 901.C, for failing to administer prescribed medications to residents; one (1) time for violating Section 1101.A, for failing to have documentation of current annual physical examinations for residents; two (2) times for violating Section 1201.A, for failing to have residents’ prescribed medications available for administration; two (2) times for violating Section 1203, for failing to follow requirements for medication administration records; one (1) time for violating Section 1206.C.1, for failing to have documented review of medication control sheets; one (1) time for violating Section 1303.F, for failing to ensure menus listed specific times for serving meals; one (1) time for violating Section 1702.D.2.a, for failing to comply with tuberculosis testing requirements; and two (2) times for violating Section 1703, by failing to ensure the facility was kept free of vermin and offensive odors.

Enforcement Action: Pursuant to the Consent Order executed October 25, 2017, the Department assessed a nine thousand six hundred dollar (\$9,600) monetary penalty against Reese’s. The Consent Order required Reese’s to submit four thousand dollars (\$4,000) of the assessed monetary penalty in four (4) consecutive monthly payments of one thousand dollars (\$1,000). The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with the terms of the Consent Order and R.61-84. Additionally, Reese’s agreed to correct the violations that initiated this enforcement action and ensure that all violations of R.61-84 are not repeated. Finally, Reese’s agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order.

Prior Sanctions: On November 26, 2012, the Department executed a Consent Order assessing a monetary penalty of forty-nine thousand dollars (\$49,000) against Reese’s for violations of R.61-84. The November 2012 Consent Order required payment of twelve thousand six hundred dollars (\$12,600) of the assessed

monetary penalty with the remainder held in abeyance. Subsequently, the Department reduced the amount due to nine thousand six hundred dollars (\$9,600) on December 10, 2012.

2. Country Comfort Community Home (CRCF) – Blythewood, SC

Investigation: The Department visited Country Comfort Community Home (“Country Comfort”) on April 14, 2016, and June 9, 2017, to general inspections, December 16, 2016, and January 9, 2017, to conduct complaint investigations, and February 3, 2017, to conduct a follow-up inspection.

Violations: Based upon the inspections, the Department cited Country Comfort for twenty-one (21) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Country Comfort was cited one (1) time for violating Section 401, for failing to review policies and procedures annually per facility policy; two (2) times for violating Section 504.A, for failing to maintain required documentation of staff training; one (1) time for violating Section 701.B.6, for failing to document notes of observation on a monthly basis for four (4) residents; one (1) time for violating Section 703.A, for failing to develop a resident’s ICP within seven (7) days of admission; one (1) time for violating Section 704.H, for failing to maintain a resident’s record at the facility; one (1) time for violating Section 801.B, for admitting a resident inappropriate for care in a CRCF; one (1) time for violating Section 1001.A, for failing to comply with requirements for discharge notices; one (1) time for violating Section 1101.B, for failing to have documentation of a two-step tuberculin skin test for a resident; one (1) time for violating Section 1201.A, for failing to have a resident’s medication available for administration; one (1) time for violating Section 1203.F, for failing to have documented reviews of medication administration records; two (2) times for violating Section 1206.C, for failing to comply with requirements for controlled substances; two (2) times for violating Section 1303.E, for failing to ensure the same foods were not served repeatedly during a seven (7) day period; one (1) time for violating Section 1306.A, for failing to document substitutions to the posted menu; one (1) time for violating Section 1403, for failing to have a written plan to ensure the continuation of essential resident support services; three (3) times for violating Section 1703, for failing to ensure the facility was free of vermin; and one (1) time for violating Section 2602.A.1, for failing to ensure mattresses on residents’ beds had moisture-proof covers.

Enforcement Action: Pursuant to the Consent Order executed October 19, 2017, the Department assessed a seven thousand six hundred dollar (\$7,600) monetary penalty against Country Comfort. The Consent Order required Country Comfort to submit one thousand five hundred dollars (\$1,500) of the assessed monetary penalty in four (4) consecutive monthly payments of five hundred dollars (\$500). The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with the terms of the Consent Order and R.61-84. Additionally, Country Comfort agreed to correct the violations that initiated this enforcement action and ensure that all violations of R.61-84 are not repeated. Finally, Country Comfort agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order.

Prior Sanctions: None.

3. Oakridge Community Care Home #1 (CRCF) – Inman, SC

Investigation: The Department visited Oakridge Community Care Home #1 (“Oakridge #1”) on September 21, 2016, and May 24, 2017, to conduct complaint investigations, and March 30, 2017, to conduct a general inspection.

Violations: Based upon the inspections, the Department cited Oakridge #1 for nineteen (19) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Oakridge #1 was cited three (3) times for violating Section 202.D, for failing to submit or failing to timely submit

Plans of Correction; one (1) time for violating Section 501.A, for failing to have documentation of a criminal background check for a staff member available for review; one (1) time for violating Section 501.D.3, for failing to ensure a staff member was able to demonstrate a working knowledge of R.61-84; one (1) time for violating Section 501.F, for failing to have documentation of a staff member's job duties and responsibilities available for review; one (1) time for violating Section 503.B.2, for failing to maintain required staffing levels; one (1) time for violating Section 504.B, for failing to have documentation of a staff member's orientation to the facility; one (1) time for violating Section 505.A, for failing to ensure a staff member's health assessment was completed within twelve (12) months prior to resident contact; one (1) time for violating Section 601.C, for failing to follow reporting requirements for accidents and/or incidents; one (1) time for violating Section 703.A, for failing to develop a resident's ICP within seven (7) days of admission; three (3) times for violating Section 902, for failing to have reports residents' personal monies available for review; two (2) times for violating Section 1101.A, for failing to ensure residents' physical examinations were completed within thirty (30) days prior to admission; and three (3) times for violating Section 1702, for failing to follow Department requirements for tuberculosis testing.

Enforcement Action: Pursuant to the Consent Order executed October 12, 2017, the Department assessed a fifteen thousand dollar (\$15,000) monetary penalty against Oakridge #1. The Consent Order required Oakridge #1 to submit seven thousand five hundred dollars (\$7,500) of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with the terms of the Consent Order and R.61-84. Additionally, Oakridge #1 agreed to correct the violations that initiated this enforcement action and ensure that all violations of R.61-84 are not repeated. Finally, Oakridge #1 agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order. The assessed monetary penalty was received October 5, 2017.

Prior Sanctions: On May 21, 2015, the Department executed a Consent Order assessing a monetary penalty of nine thousand five hundred dollars (\$9,500) against Oakridge #1 for violations of R.61-84. The May 2015 Consent Order required payment of three thousand dollars (\$3,000) of the assessed monetary penalty with the remainder held in abeyance. Oakridge #1 paid the penalty May 8, 2015. On June 30, 2016, the Department called in three thousand dollars (\$3,000) of the monetary penalty in abeyance due to Oakridge #1's non-compliance during inspections conducted in the twelve (12) months following execution of the May 2015 Consent Order. Oakridge #1 paid the called-in penalty July 7, 2016.

4. Oakridge Community Care Home #2 (CRCF) – Inman, SC

Investigation: The Department visited Oakridge Community Care Home #2 ("Oakridge #2") on May 6, 2016, and September 21, 2016, to conduct complaint investigations, June 10, 2016, to conduct a follow-up inspection, and March 30, 2017, to conduct a general inspection and food and sanitation inspection.

Violations: Based upon the inspections, the Department cited Oakridge #2 for sixteen (16) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Oakridge #2 was cited four (4) times for violating Section 202.D, for failing to submit or timely submit Plans of Correction; one (1) time for violating Section 401, for failing to ensure its policies and procedures addressed each section of R.61-84; one (1) time for violating Section 501.A, for failing to have documentation of a criminal background check for a staff member available for review; two (2) times for violating Section 504.A, for failing to have documentation of staff training available for review; one (1) time for violating Section 801.B, by admitting or retaining a resident who was inappropriate for placement in a CRCF; two (2) times for violating Section 902, for failing to have reports residents' personal monies available for review; two (2) times for violating Section 1203.A, for failing to document administration of medications to residents on medication administration records; one (1) time for

violating Section 1206.C.1, for failing to ensure control sheets documented the date and time controlled medications were removed from stock; one (1) time for violating Section 1301.A, for failing to ensure the facility's food preparation met the requirements of Regulation 61-25, *Retail Food Establishments*; and one (1) time for violating Section 1702.F.1, for failing to have documentation of a declaration by Adult Protective Services that a resident's admission was an emergency.

Enforcement Action: Pursuant to the Consent Order executed October 12, 2017, the Department assessed a ten thousand dollar (\$10,000) monetary penalty against Oakridge #2. The Consent Order required Oakridge #2 to submit three thousand dollars (\$3,000) of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with the terms of the Consent Order and R.61-84. Additionally, Oakridge #2 agreed to correct the violations that initiated this enforcement action and ensure that all violations of R.61-84 are not repeated. Finally, Oakridge #2 agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order. The assessed monetary penalty was received October 5, 2017.

Prior Sanctions: None.

5. Cabading Homes #1 (CRCF) – Charleston, SC

Investigation: The Department visited Cabading Homes #1 ("Cabading #1") on April 20, 2016, and June 1, 2017, to conduct general inspections, June 28, 2016, to conduct a follow-up inspection and food and sanitation inspection, January 25, 2017, to conduct a follow-up inspection, and June 8, 2017, to conduct a complaint investigation.

Violations: Based upon the inspections, the Department cited Cabading #1 for forty-one (41) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Cabading #1 was cited two (2) times for violating Section 501.A, for failing to have documentation of criminal background checks for staff members; twelve (12) times for violating Section 504.A, for failing to have documentation of required inservice training for staff members; one (1) time for violating Section 703.A, for failing to revise a resident's ICP as changes in the resident's needs occurred; one (1) time for violating Section 902.G, for failing to have written evidence of purchases by the facility on behalf of the residents; one (1) time for violating Section 1205.C, for failing to attach new labels to a resident's medication when a physician changes the dosage; one (1) time for violating Section 1206.A, for storing expired or discontinued medications with current medications; two (2) times for violating Section 1206.C.2, for failing to have documented reviews of control sheets for controlled substances; one (1) time for violating Section 1301.A, for failing to ensure the facility's food preparation met the requirements for Regulation 61-25, *Retail Food Establishments*; two (2) times for violating Section 1601, for failing to maintain the facility's equipment and building components in good repair and operating condition; two (2) times for violating Section 1702.B, for failing to have current annual risk assessments; one (1) time for violating Section 1702.D.2.a, for failing to follow Department guidelines for tuberculosis testing of a resident; four (4) times for violation Section 1703, for failing to keep the facility free of vermin; three (3) times for violating Section 1703.A.1, for failing to ensure the facility was kept clean and free of vermin and offensive odors; two (2) times for violating Section 1703.A.3, for failing to ensure chemicals indicated as harmful on the product label were safely stored and inaccessible to residents; one (1) time for violating Section 2104.A, for failing to properly secure oxygen canisters in place; two (2) times for violating Section 2301.B, for failing to maintain required temperatures at plumbing fixtures; one (1) time for violating Section 2604.C, for failing to ensure liquid soap and a sanitary method for hand drying was available in public restrooms and bathrooms used by more than one (1) resident; and one (1) time for violating Section 2608, for failing to have insect screens on windows used for ventilation.

Enforcement Action: Pursuant to the Consent Order executed October 4, 2017, the Department assessed a nineteen thousand dollar (\$19,000) monetary penalty against Cabading #1. The Consent Order required Cabading #1 to submit six thousand dollars (\$6,000) of the assessed monetary penalty in four (4) consecutive monthly payments of one thousand five hundred dollars (\$1,500). The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with the terms of the Consent Order and R.61-84. Additionally, Cabading #1 agreed to correct the violations that initiated this enforcement action and ensure that all violations of R.61-84 are not repeated. Finally, Cabading #1 agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order. The Department received the first payment from Cabading #1 on November 9, 2017.

Prior Sanctions: None.

6. Cabading Homes #2 (CRCF) – Charleston, SC

Investigation: The Department visited Cabading Homes #2 (“Cabading #2”) on September 22, 2015, to conduct a fire and life safety inspection, April 20, 2016, and June 1, 2017, to conduct general inspections, June 28, 2016, and January 25, 2017, to conduct follow-up inspections, and August 2, 2016, to conduct complaint investigations.

Violations: Based upon the inspections, the Department cited Cabading #2 for forty-one (41) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Cabading #2 was cited one (1) time for violating Section 103.F, for failing to ensure that only staff members, volunteers, and/or owners of the facility and members of the owner’s immediate family resided in the facility; eleven (11) times for violating Section 504.A, for failing to have documentation of required inservice training for staff members; two (2) times for violating Section 701.B, for failing to have required entries in residents’ records; one (1) time for violating Section 703.A, for failing to ensure a resident’s ICP was signed by the resident, resident’s sponsor, and/or responsible party; one (1) time for violating Section 906.A, for failing to provide a resident a thirty (30) day notice of discharge in accordance with the *Bill of Rights for Residents of Long-Term Care Facilities*; two (2) times for violating Section 1101, for failing to have required documentation of residents’ physical examinations and tuberculin skin tests; one (1) time for violating Section 1203.A, for failing to ensure medication administrations were recorded on medication administration records; two (2) times for violating Section 1206.C.2, for failing to have documented reviewed of control sheets at each shift change; one (1) time for violating Section 1303.E, for repeatedly serving the same foods during a seven (7) day period; three (3) times for violating Section 1601, for failing to maintain the facility’s equipment and building components in good repair and operating condition; three (3) times for violating Section 1702, for failing to follow Department requirements for tuberculin skin testing; seven (7) times for violating Section 1703, for failing to maintain good housekeeping practices; two (2) times for violating Section 1706.B.3, for failing to ensure soiled linen and clothing was kept in enclosed or covered containers; two (2) times for violating Section 2602.A.1, for failing to ensure a resident had a comfortable bed and mattresses on residents’ beds had moisture-proof covers in good repair; and two (2) times for violating Section 2604.C, for failing to ensure bathrooms had a sanitary individualized method of hand drying.

Enforcement Action: Pursuant to the Consent Order executed October 4, 2017, the Department assessed a fifteen thousand eight hundred dollar (\$15,800) monetary penalty against Cabading #2. The Consent Order required Cabading #2 to submit four thousand dollars (\$4,000) of the assessed monetary penalty in four (4) consecutive monthly payments of one thousand dollars (\$1,000). The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with the terms of the Consent Order and R.61-84. Additionally, Cabading #2 agreed to correct the violations that initiated this enforcement action and ensure that all violations of R.61-84 are not repeated. Finally, Cabading #2 agreed to schedule and attend a compliance assistance meeting with Department representatives within

forty-five (45) days of execution of the Consent Order. The Department received the first payment from Cabading #2 on November 9, 2017.

Prior Sanctions: None.

Facility Type	Total # of Licensed Stations	Total # of Licensed Facilities in South Carolina
Tattoo Facilities	423	118

7. Porkchop’s Tattoo Studio (Tattoo Facility) – Florence, SC

Investigation: The Department visited Porkchop’s Tattoo Studio (“Porkchop’s”) on August 16, 2016, to conduct a follow-up inspection.

Violations: Based upon the inspections, the Department cited Porkchop’s for six (6) violations of Regulation 61-111, Standards for Licensing Tattoo Facilities. Specifically, Porkchop’s was cited two (2) times for violating Section 302.D, for failing to timely submit Plans of Correction for cited violations; one (1) time for violating Section 601.D, for failing to have documentation of assigned duties and responsibilities for staff members available for review; one (1) time for violating Section 801.B.2, for failing to ensure client records documented a written explanation of client rights in accordance with the regulation; one (1) time for violating Section 900.D, for tattooing a client who indicated he or she was impaired by drugs or alcohol; and one (1) time for violating Section 900.G, for failing to obtain documentation from a physician or authorized healthcare provider that tattoo procedures were not contraindicated after clients indicated the presence of a condition that could affect the healing process.

Enforcement Action: Pursuant to the Consent Order executed October 12, 2017, the Department assessed a two thousand one hundred dollar (\$2,100) monetary penalty against Porkchop’s, due within thirty (30) days of execution of the Consent Order. Additionally, Porkchop’s agreed to correct the violations that initiated this enforcement action. The Department received the assessed monetary penalty from Porkchop’s on October 5, 2017.

Prior Sanctions: None.

Bureau of EMS & Trauma

EMS Provider Type	Total # of Providers in South Carolina
EMT	7,223
Advanced EMT	490
Paramedic	4,040
Athletic Trainers	1,029
Ambulance Services Provider	281
First Responder Services Provider	2

8. Katrina L. Salley (EMT)

Investigation: Katrina Salley is a certified South Carolina EMT. Ms. Salley's certification expired September 15, 2016. The Department received Ms. Salley's application for recertification on March 31, 2017. On April 6, 2017, the Department mailed Ms. Salley's certification, effective from April 6, 2017, to April 15, 2021. However, the certification was returned to the Department by the postal service as undeliverable. On April 27, 2017, a Department representative hand-delivered Ms. Salley's certification to her employer, Extreme Medical Transport of the Carolinas ("Extreme"). After delivering the certification, the Department became aware of possible regulatory violations by Ms. Salley. The Department initiated an investigation and determined Ms. Salley performed patient care within the scope of an EMT on six (6) ambulance runs from March 25, 2017, to April 4, 2017, a time in which Ms. Salley's certification was expired. The Department further determined that Ms. Salley rendered patient care without possessing her certification pocket card on thirty-eight (38) ambulance runs between April 6, 2017, and April 27, 2017, while working for Extreme or National Transport Ambulance ("National").

Violations: Ms. Salley violated S.C. Code Section 44-61-80(A) and Section 901.A of Regulation 61-7, by providing patient care within the scope of an EMT without obtaining proper certification from the Department. Additionally, Ms. Salley committed misconduct, as defined by S.C. Code Section 44-61-80(F)(17) and Section 1100(B)(17) of R.61-7, by rendering patient care without a valid pocket card in her possession, a violation of Section 901.E of R.61-7.

Enforcement Action: Pursuant to the terms of the Consent Order executed October 26, 2017, Ms. Salley agreed to the assessment of a two thousand five hundred dollar (\$2,500) monetary penalty. The Consent Order requires Ms. Salley to pay five hundred dollars (\$500) of the assessed monetary penalty within ninety (90) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be held in abeyance for one (1) year following execution of the Consent Order. If at any time during the one (1) year period the Department finds Ms. Salley violated the EMS Act or Regulation 61-7, the Department may call in all or part of the assessed monetary penalty.

Prior Sanctions: None.

9. Todd LeJeune (EMT)

Investigation: On May 30, 2017, the Department was notified of alleged misconduct by Mr. LeJeune. The Department initiated an investigation and found that Mr. LeJeune was careless, reckless, and irresponsible in the operation of an emergency vehicle on May 10, 2017, while working for Medshore Ambulance. Specifically, Mr. LeJeune disregarded the posted speed limit, at times exceeding eighty (80) miles per hour on rural roads. Mr. LeJeune also followed vehicles in front of him too closely and misused the emergency warning system by activating it to get around slower vehicles while he was neither traveling to a patient nor transporting a patient.

Violations: As a result of its investigation, the Department found Mr. LeJeune committed misconduct, as defined by S.C. Code Section 44-61-80(F)(11) and Section 1100(B)(11) of Regulation 61-7, by being careless, reckless, and irresponsible in the operation of an emergency vehicle.

Enforcement Action: Pursuant to the Consent Order executed October 17, 2017, Mr. LeJeune agreed to a one (1) year suspension of his EMT certificate. The suspension will be held in abeyance for one (1) year. Should Mr. LeJeune fail to comply with the EMS Act, Regulation 61-7, or the terms of the Consent Order, the Department may call in all or a portion of the agreed upon suspension. Mr. LeJeune further agreed to successfully complete a National Association of Emergency Medical Technicians Principles of Ethics and Personal Leadership course within six (6) months of execution of the Consent Order and provide proof of completion to the Department. Finally, Mr. LeJeune agreed to successfully complete a

national recognized emergency vehicle drivers training program within six (6) months of execution of the Consent Order and provide proof of completion to the Department.

Prior Sanctions: None.

10. Stephen E. Buffkin (Paramedic)

Summary: On July 5, 2017, the Department received notification of alleged misconduct by Mr. Buffkin. The Department initiated an investigation and found that Mr. Buffkin was addicted to drugs to such a degree to render him unfit to practice as a paramedic. Mr. Buffkin was been forthcoming in discussing his condition with the Department and has actively taken steps to rehabilitate and treat his condition.

Violations: As a result of its investigation, the Department found Mr. Buffkin committed misconduct, as defined by S.C. Code Section 44-61-80(F)(3) and Section 1100(B)(3) of Regulation 61-7, by being addicted to drugs to such a degree as to render him unfit to perform his job duties.

Enforcement Action: Pursuant to the Consent Order executed October 9, 2017, Mr. Buffkin agreed to immediately surrender his paramedic certificate to the Department. Upon receipt of Mr. Buffkin's paramedic certificate, the Department will issue Mr. Buffkin an EMT certification valid for one (1) year from execution of the Consent Order. Mr. Buffkin further agreed to enroll in, within two (2) months of execution of the Consent Order, and successfully complete an intensive outpatient program for the treatment of drug addiction. While enrolled in the program, Mr. Buffkin shall not have any positive drug test results. Mr. Buffkin agreed to successfully complete the program within one (1) year of execution of the Consent Order and provide the Department with documentation of completion. Upon completion of the program, but not less than six (6) months following execution of the Consent Order, the Department will reissue a paramedic certification to Mr. Buffkin.

Prior Sanctions: None.