

SUMMARY SHEET  
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

April 7, 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 February 1, 2022, through February 28, 2022.
- III. FACTS:** For the period of February 1, 2022, through February 28, 2022, Healthcare Quality reports one (1) Emergency Suspension Order and two (2) Consent Orders totaling \$37,000 in assessed monetary penalties.

Name of Bureau	Facility, Service, Provider, or Equipment Type	Emergency Suspension Orders	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facility (CRCF)	1	0	0	N/A	N/A
Radiological Health	Radioactive Material Industrial Licensee	0	0	1	\$12,000	\$5,000
	Mammography	0	0	1	\$25,000	\$25,000
<b>TOTAL</b>		<b>1</b>	<b>0</b>	<b>2</b>	<b>\$37,000</b>	<b>\$30,000</b>

Submitted By:

*Gwendolyn C. Thompson*

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Gwen C. Thompson  
Deputy Director  
Healthcare Quality

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

April 7, 2022

**Bureau of Community Care**

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facility (CRCF)	481	22,112

**1. Oakridge Community Care Home #1 – Inman, SC**

Inspections and Investigations: On February 14, 2022, the Department was notified of the arrest of the facility administrator for multiple counts of committing neglect and exploitation of vulnerable adults as well as breach of trust with fraudulent intent. The Department conducted an inspection of the facility on February 14, 2022.

Violations: Pursuant to S.C. Code Section 44-7-320(A)(1)(a) and (c) and Regulation 61-84, Standards for Licensing Community Residential Care Facilities, the Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for engaging in conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. The Department may immediately suspend the facility’s license and shall contact the appropriate agencies for placement of the residents pursuant to S.C. Code Section 44-7-320(A)(3), if in the Department’s judgment, conditions or practices exist in a facility that pose an immediate threat to the health, safety, and welfare of the residents. The Department is further authorized pursuant to S.C. Code Section 44-1-140 to issue orders whenever it finds that an emergency requires immediate action to protect the public life and health.

The Department concluded that as a result of the arrest of the administrator, observations made during the inspection, and the uncertainties concerning the continued operation of the facility, there were multiple conditions and practices at the facility that posed an immediate threat to the health, safety, and welfare of residents, including:

- Insufficient staffing which may hinder or prevent residents from receiving required care and services. According to staff schedules received from the facility, there was not sufficient staff to provide the required care needed by the residents.
- Not having a plan for continued financing of the facility. According to information obtained by the Department, the administrator does not have access to any of the financials associated with the facility. There was no plan in place for the facility to be able to buy food, purchase medication, pay for the utilities to continue services needed for the residents care and services. The uncertainty concerning the finances of the facility jeopardize whether staff will be paid, resident food and medication will be purchased, and essential utilities will be paid and provided.
- Unavailability of physician-ordered medications for residents, the bond conditions placed on the administrator who also operates the pharmacy utilized by the facility, and the lack of a plan for

continued provision of pharmaceutical services posed serious health threats to the residents of the facility. The administrator is a licensed pharmacist who owns a pharmacy located next to the facility. According to the conditions ordered by the courts, the administrator is restricted from physically entering properties or being on the property or premises of the facility. The facility did not have a plan to provide the residents with their medications. Physician-ordered medications were not available in the facility. There was no confirmation that medications would be in the facility for the next scheduled administration.

**Enforcement Action:** The Department determined that emergency action was required to suspend the facility’s license and issued an Emergency Suspension Order, immediately suspending the facility’s license. When the Department immediately suspends a facility’s license, a preliminary hearing must be held within five (5) calendar days to determine if the immediate threatening conditions or practices continue to exist.

**Remedial Action:** All thirty-seven (37) residents were relocated as of February 17, 2022. When the Department immediately suspends a facility’s license, a preliminary hearing must be held within five (5) calendar days to determine if the immediate threatening conditions or practices continue to exist. The preliminary hearing was held in the S.C. Administrative Law Court (ALC) on February 18, 2022. By order on March 1, 2022, the ALC judge upheld the Department’s Emergency Suspension Order.

**Prior Actions:** The Department took enforcement action against the facility in October 2017. The parties agreed to resolve the matter with a consent order imposing a monetary penalty of \$15,000. The facility agreed to pay \$7,500 of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remaining \$4,500 was held in abeyance upon a six-month substantial compliance period. The facility attended a compliance assistance meeting with the Department.

**Bureau of Radiological Health**

Licensee Type	Total Number of Licensees
Radioactive Material Industrial Licensee	136

**2. GS2 Engineering, Inc – Columbia, SC**

**Inspections and Investigations:** The Department conducted a routine inspection of the licensee in June 2021.

**Violations:** The Department found the licensee in violation of Regulation 61-63, *Radioactive Material (Title A)*, and license conditions pursuant to S.C. Code Section 13-7-40(I). The licensee failed to ensure that no other individual, other than its designated Radiation Safety Officer, perform the duties and responsibilities of the Radiation Safety Officer. The licensee failed to have ten (10) portable gauging devices tested for leakage and/or contamination at intervals exceeding twelve (12) months, a repeat violation. Moreover, the licensee failed to conduct a physical inventory every six (6) months to account for all sources and/or devices received and possessed under its license, a repeat violation.

**Enforcement Action:** The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty totaling \$12,000 against the licensee. The licensee was

required to pay \$5,000 of the assessed penalty within thirty (30) days of executing the Consent Order. The remaining balance of \$7,000 is stayed pending timely payment of the \$5000.

Remedial Action: The licensee has made the required payment, in full, totaling \$5,000.

Prior Actions: None in the past five years.

<b>Registrant Type</b>	<b>Total Number of Registered Mammography Facilities</b>
Mammography Facility	106

### **3. RHS-Clyburn Center for Primary Care – Aiken, SC**

Inspections and Investigations: The Department conducted an onsite inspection in April 2021. As a result of the Department’s findings and at the Department’s request, the accrediting body, the American College of Radiology (ACR), performed a Limited Additional Mammography Review (LAMR) in May 2021. On May 26, 2021, ACR notified the Department that the registrant was found to be deficient because it did not meet the ACR’s criteria for clinical image quality. The Department then investigated the ACR’s additional findings.

Violations: The Department found the registrant failed to comply with Regulation 61-64, X-Rays, which requires the registrant to correct violations within sixty (60) calendar days from the date of citation and provide written notification of all corrective action. The registrant failed to register a mammography unit within thirty (30) days of the date of installation. The registrant failed to ensure that a shielding plan, or a written request by a registered vendor to perform a post-install survey in lieu of a shielding plan, was submitted for Department review and acceptance prior to installation of a mammography unit. The registrant failed to ensure the required Department-issued certificate was current and valid to ensure lawful operation, and that each mammography report contains the appropriate overall final assessment of findings. The registrant failed to ensure its quality assurance program was substantially the same as the program recommended by the image receptor manufacturer. Moreover, the registrant was found deficient for two (2) of six (6) cases that did not meet the ACR’s criteria for clinical image quality.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a civil monetary penalty of \$25,000. The registrant is required to pay the full amount of the civil monetary penalty within thirty (30) days of the execution of the consent order.

Remedial Action: The facility made the required payment, in full, totaling \$25,000.

Prior Actions: None in the past five years.