

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

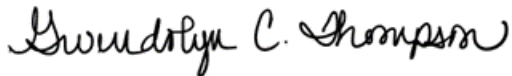
March 9, 2023

- () 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 December 1, 2022, through January 31, 2023.
- III. FACTS:** For the period of December 1, 2022, through January 31, 2023, Healthcare Quality reports 2 Administrative Orders and 2 Consent Orders totaling \$17,250 in assessed monetary penalties.

Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facilities (CRCF)	2	2	\$17,250	\$13,500
TOTAL		2	2	\$17,250	\$13,500

Submitted By:



Gwen C. Thompson
Deputy Director
Healthcare Quality

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

March 9, 2023

Bureau of Community Care

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facilities (CRCF)	471	22,049

1. Bowles Community Care Home 1 (16 beds) – McClellanville

Investigation and Violations: The Department conducted multiple inspections and investigations at the facility and cited numerous and repeated violations.

The Department found the following violations, of which many were repeated:

- Failing to submit to the Department timely acceptable written plans of correction.
- Failing to provide at least one staff member/direct care volunteer for each 8 residents during all periods of peak hours.
- Failing to have documentation of staff in-service training in management/care of persons with contagious and/or communicable disease.
- Failing to have documentation of staff in-service training in medication management.
- Failing to have documentation of staff in-service training in care of persons specific to the physical/mental condition(s) being cared for in the facility.
- Failing to have documentation of staff in-service training in use of restraint techniques.
- Failing to have documentation of staff in-service training in OSHA standards regarding blood-borne pathogens.
- Failing to have documentation of staff in-service training in confidentiality of resident information and records.
- Failing to have documentation of staff in-service training in the Bill of Rights for Residents of Long-Term Care Facilities.
- Failing to have documentation of staff in-service training in fire response.
- Failing to have documentation of staff in-service training in emergency procedures/disaster preparedness.
- Failing to have documentation of a resident’s individual care plan (ICP), by not reviewing and/or revising residents’ ICPs at least semi-annually, and/or by failing to have a resident, sponsor, or responsible party sign the resident’s ICP.
- Failing to initial the medication administration records (MARs) as medications were administered.
- Failing to ensure that all medications were kept in original containers or packaging.
- Failing to secure the medication cart to prevent access by unauthorized persons.
- Failing to maintain records of control substance in sufficient detail to enable an accurate reconciliation.
- Failing to have documented reviews of the control sheets at shift change.
- Failing to maintain its kitchen in compliance with Regulation 61-25.

- Failing to maintain fire protection and suppression systems in accordance with the codes adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshall.
- Failing to maintain all equipment and building components in good repair and operating condition and by failing to comply with codes officially adopted by the South Carolina State Fire Marshall applicable to community residential care facilities.
- Failing to ensure the facility was clean and free from vermin.
- Failing to ensure each specific interior area of the facility is clean.
- Failing to ensure safe storage of chemicals, cleaning materials, and supplies, which are indicated as harmful on the product label.
- Failing to store soiled linen/clothing in enclosed/covered containers.
- Failing to maintain a temperature of between 72 degrees and 78 degrees Fahrenheit in resident areas.
- Failing to provide liquid soap and/or a sanitary individualized method of drying hands at each lavatory used by more than one resident and by allowing communal use of bar soap.
- Failing to ensure resident room doors are rated and provided with closers and latches as required by the South Carolina Building Codes Council and the South Carolina State Fire Marshall.
- Failing to ensure that supplies/equipment were stored off the floor.

Enforcement Action: In addition to the violations listed above, the conditions at the facility presented significant health, safety, and well-being concerns. The continuous presence of bedbug like insects, and the facility's lack of progress to exterminate these insects, the lack of housekeeping, and the presence of food, sanitation, and maintenance issues led the Department to determine enforcement action as appropriate. The facility had continuous housekeeping and maintenance violations that resulted in living conditions that were less than suitable. Additionally, the facility had a history of noncompliance, including a recent consent order within the last year.

Based upon the foregoing and placing particular emphasis upon the specific conditions at the facility and its impact or potential impact on the health, safety, and well-being of residents, as well as the facility's history on noncompliance, the Department determined it appropriate to revoke the license issued to operate the facility as a community residential care facility.

Remedial Action: The residents in the facility were safely relocated.

Prior Orders: The Department and the facility executed a Consent Order in June 2021. The Department had determined that the facility failed to maintain proper documentation of staff training and medication administration records, failed to maintain a clean and sanitary kitchen, and failed to have an annual tuberculosis risk assessment. The facility also failed to perform reviews of the residents' individual care plans, failed to review administration records, and failed to have a pharmacist conduct an on-site review of the medication program. The total assessed amount of the civil monetary penalty was \$20,300.

2. Bowles Community Care Home 2 (5 beds) – McClellanville

Investigation and Violations: The Department conducted multiple inspections and investigations at the facility and cited numerous and repeated violations.

The Department found the following violations, of which many were repeated:

- Failing to submit to the Department timely acceptable written plans of correction.
- Failing to have at least one staff member in each building during peak hours when residents are present to provide supervision, direct care, and basic services.

- Failing to have documentation of staff in-service training in first aid.
- Failing to have documentation of staff in-services training in management/care of persons with contagious and/or communicable disease.
- Failing to have documentation of staff in-service training in medication management.
- Failing to have documentation of staff in-service training in care of persons specific to the physical/mental conditions being cared for in the facility.
- Failing to have documentation of staff in-service training in use of restraint techniques.
- Failing to have documentation of staff in-service training in OSHA standards regarding blood-borne pathogens.
- Failing to have documentation of staff in-service training in confidentiality of resident information and records.
- Failing to have documentation of staff in-service training in the Bill of Rights for Residents of Long-Term Care Facilities, S.C. Code Ann. §§44- 81-10, et. seq.
- Failing to have documentation of staff in-service training in fire response.
- Failing to have documentation of staff in-service training in emergency procedures/disaster preparedness.
- Failing to post a current activity calendar for residents to be aware of activities offered.
- Failing to initial the medication administration records (MARs) as medications were administered.
- Failing to maintain records of control substance in sufficient detail to enable an accurate reconciliation.
- Failing to post menus in one or more conspicuous places in a public area.
- Failing to maintain all equipment and building components in good repair and operating condition.
- Failing to ensure the facility was clean and free from vermin.
- Failing to ensure each specific interior area of the facility is clean.
- Failing to ensure safe storage of chemicals, cleaning materials, and supplies, which are indicated as harmful on the product label.
- Failing to store soiled linen/clothing in enclosed/covered containers.
- Failing to ensure hot water accessible to residents is at least 100 degrees Fahrenheit and not exceed 120 degrees Fahrenheit.
- Failing to ensure liquid soap and an individualize method to dry hands are available in each lavatory.
- Failing to ensure that supplies/equipment were stored off the floor.

Enforcement Action: In addition to the violations listed above, the conditions at the facility presented significant health, safety, and well-being concerns. The continuous presence of bedbug like insects, and the facility's lack of progress to exterminate these insects, the lack of housekeeping, and the presence of food, sanitation, and maintenance issues led the Department to determine enforcement action as appropriate. The facility had continuous housekeeping and maintenance violations that resulted in living conditions that were less than suitable. Additionally, the facility had a history of noncompliance, including a recent consent order within the last year.

Based upon the foregoing and placing particular emphasis upon the specific conditions at the facility and its impact or potential impact on the health, safety, and well-being of residents, as well as the facility's history on noncompliance, the Department determined it appropriate to revoke the license issued to operate the facility as a community residential care facility.

Remedial Action: The residents in the facility were safely relocated.

Prior Orders: The Department and the facility executed a Consent Order in June 2021. The Department had determined that the facility failed to conduct criminal background checks, failed to maintain accurate and current staff documentation, failed to have written documentation of staff members' job duties and responsibilities, and properly document in-service staff training. The facility also failed to maintain health documentation, physicians' orders, monthly resident notes or quarterly financial reports. The facility failed to perform semi-annual individual care plan reviews. The facility also failed to promote conditions that prevent the spread of communicable diseases and maintain the building and equipment. The total assessed amount of the civil monetary penalty was \$21,300.

3. Rosewood Assisted Living (75 beds) – Pauline

Investigation and Violations: The Department visited the on facility multiple times during 2022 to conduct routine general inspections, kitchen and sanitation inspections, fire and life safety inspections, follow-up inspections and investigations. During these visits, the Department cited numerous violations.

The Department cited the facility for the following violations, of which many were repeated:

- Failing to submit written plans of correction when there is noncompliance with licensing standards.
- Failing to maintain sufficient staff members/direct care volunteers during peak hours when residents are present to provide supervision, direct care, and basic services.
- Failing to render care in accordance with physician's orders for administering medications.
- Failing to initial the medication administration records (MARs) as medications were administered.
- Failing to have documented reviews of the MARs at each shift change.
- Storing expired and/or discontinued medication with current medications.
- Failing to maintain records of receipt, administration, and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation.
- Failing to ensure the facility was free of vermin and/or offensive odors.
- Failing to ensure each specific interior area of the facility was cleaned.
- Failing to ensure the facility was free of vermin and/or offensive odors.
- Failing to ensure that each specific interior area of the facility was cleaned.

Enforcement Action: The parties met for an enforcement conference and agreed to resolve the matter with a Consent Order. The facility agreed to an assessed monetary penalty of \$13,750. The facility was required pay \$10,000 to the Department within 30 days of executing the Consent Order with the remaining \$3,750 stayed upon a six-month period of substantial compliance with regulatory requirements and the Consent Order.

Remedial Action: The facility paid the Department the required \$10,000. The facility agreed to initiate action to correct the violations that led to this enforcement action and to ensure regulatory violations are not repeated. The facility also agreed to schedule a compliance assistance meeting with the Department by March 16, 2023.

Prior Orders: In July 2020, the Department and the facility executed a Consent Order totaling \$1,500 in assessed civil monetary penalties. This enforcement action resulted from the Department determining the facility failed to file a timely license renewal application.

4. Rapha Residential Care (92 beds) - Gaston

Investigation and Violations: The Department conducted a complaint investigation at the facility and cited the following violations:

- Failing to submit a written report of its investigation to the Department within 5 days of the serious accident and/or incident.
- Failing to ensure a resident was free from physical abuse in accordance with the Bill of Rights for Residents of Long-Term Care Facilities, S.C. Code Ann. §44-81-40(G).

Enforcement Action: The parties met for an enforcement conference and agreed to resolve the matter with a Consent Order. The facility agreed to an assessed monetary penalty of \$3,500, with payment due within 30 days of executing the Consent Order.

Remedial Action: The facility was required to pay the Department \$3,500 by March 1, 2023. The facility also agreed to initiate action to correct the violations that initiated this enforcement action and to ensure that regulatory violations are not repeated.

Prior Orders: None in the past 5 years.