

SUMMARY SHEET  
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

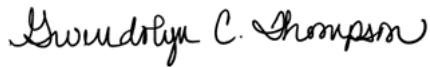
May 5, 2022

- ( ) 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 March 1, 2022, through March 31, 2022.
- III. FACTS:** For the period of March 1, 2022, through March 31, 2022, Healthcare Quality reports five (5) Consent Orders totaling \$61,400 in assessed monetary penalties.

Name of Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facility (CRCF)	0	5	\$61,400	\$38,000
<b>TOTAL</b>		<b>0</b>	<b>5</b>	<b>\$61,400</b>	<b>\$38,000</b>

Submitted By:



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Gwen C. Thompson  
Deputy Director  
Healthcare Quality

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

May 5, 2022

**Bureau of Community Care**

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facility (CRCF)	475	21,698

**1. Pacifica Senior Living Skylyn – Spartanburg, SC**

Inspections and Investigations: The Department conducted complaint investigations in February 2021, March 2021, April 2021, three investigations in October 2021, a routine inspection in November 2021; and a fire and life safety inspection in November 2021, and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by failing to have documented monthly resident notes of observation. The Department further found the facility failed to:

- Properly initial medication administration records (“MARs”) as medications were administered, a repeat violation.
- Ensure all medications were kept in the original containers or packaging.
- Ensure medications were secure and inaccessible in a resident’s room, a repeat violation.
- Supply a written fire plan and evacuation plan.
- 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 Marshal.
- Maintain records of fire drills at the facility.
- Evacuate residents to the outside of the building to a selected assembly point during fire drills.
- Maintain all equipment and building components in good repair and operating condition and by failing to comply with codes adopted by the Building Codes Council and the South Carolina State Fire Marshal applicable to CRCFs, for a third occurrence.
- Ensure that the facility was free from vermin, a fifth occurrence.
- Ensure each specific interior area of the facility was clean, a repeat violation.
- Ensure that soiled linen/clothing were kept in enclosed/covered containers.
- Ensure that safety precautions are taken against fire and other hazards when oxygen is dispensed, administered, or stored.
- Ensure that portable electric or unvented fuel heaters were not permitted in the facility and by failing to comply with codes officially adopted by the Building Codes Council and the South Carolina State Fire Marshal applicable to CRCFs, a repeat violation.
- Ensure that all emergency electrical services were properly illuminated and by failing to comply with codes officially adopted by the South Carolina State Fire Marshal applicable to CRCFs.

Moreover, the facility failed to ensure that the HVAC system was inspected at least once a year by a certified/licensed technician.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of \$14,000 against the facility. The facility was required to pay \$10,000 of the assessed monetary penalty within thirty (30) days after the execution of the Consent Order. The remaining \$4,000 will be held in abeyance upon a six-month substantial compliance period. The facility also agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The facility has made the required payment, in full, totaling \$10,000. The compliance assistance meeting was held April 12, 2022.

Prior Actions: None in the last five (5) years.

## **2. J&T Residential Care Facility – Hampton, SC**

Inspections and Investigations: The Department conducted a fire and life safety investigation in March 2022 and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by failing to comply with the codes adopted by the SC Building Codes Council and State Fire Marshal. Specifically, there were multiple electrical hazards in the wiring of the breaker panel, and the electrical wiring was modified and constituted an electrical shock or fire hazard. The facility was acquiring power from a source away from the building.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order agreeing to an immediate suspension of the facility's license. The facility's license will be suspended until the following conditions are met:

- The facility will have an licensed electrician inspect its electrical system and issue an written report that details any necessary repairs to ensure a safe electrical system.
- The facility will send the report from the electrician, as well as the electrician's credentials, to the Department.
- The facility will complete the necessary repairs, as described in the reports, if any. To the extent repairs are required, the facility understands and agrees to notify and coordinate with the Department, as required by statute and regulation.

Upon completion of the repairs and any construction requirements, the Department will conduct an inspection. When the Department determines the facility is in substantial compliance with the regulation, the Department will issue a letter lifting the suspension. The facility is also required to provide the Department with weekly e-mail updates until the Department determines that the updates are no longer required.

Remedial Action: The six (6) residents were relocated on March 17, 2022. The facility has been sending the required weekly updates. The facility submitted reports from the electrician to the Department. The Department conducted a fire and life safety inspection on April 20, 2022, and a construction project inspection on April 20, 2022. The facility has not completed all required repairs.

Prior Actions: None in the last five (5) years.

### **3. Midway Residential Care Facility #4 – Moore, SC**

Inspections and Investigations: The Department conducted an investigation and routine inspection in March 2021 and routine follow-up inspections in October 2021 and November 2021, and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by failing to ensure the facility was free of vermin.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of \$3,000 against the facility. The facility was required to pay the \$3,000 assessed monetary penalty within thirty (30) days after the execution of the Consent Order. The facility also agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Action: The facility has made the required payment, in full, totaling \$3,000. The compliance assistance meeting is scheduled April 26, 2022.

Prior Actions: None in the past five (5) years.

### **4. Carriage House Senior Living of Sumter – Sumter, SC**

Inspections and Investigations: The Department conducted an investigation and routine inspection in February 2021, an investigation in September 2021, and a routine follow-up inspection in October 2021, and found the facility in violation of regulatory requirements.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by failing to:

- Have documentation of a resident's individual care plan (ICP), by not developing and signing the ICP within seven (7) days of admission, not reviewing and/or revising the ICP at least semi-annually, and not dating the ICP.
- Maintain all equipment and building components in good repair and operating condition.
- Promote conditions that prevent the spread of infections, contagious and/or communicable diseases in compliance with guidelines from the Centers for Disease Control and Prevention.
- Ensure the facility was free of vermin and/or offensive odors.
- Ensure that each specific area of the facility was cleaned.

Moreover, the facility failed to ensure that harmful chemicals in the interior of the facility are stored safely and inaccessible to residents and to keep the facility grounds free of rubbish.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of \$5,000 against the facility. The facility was required to pay the \$5,000 assessed monetary penalty within forty-five (45) days after the execution of the Consent Order. The facility also agreed to schedule and attend a compliance assistance meeting with the Department within forty-five (45) days of executing the Consent Order.

Remedial Actions: The facility has made the required payment, in full, totaling \$5,000. The compliance assistance meeting was held March 30, 2022.

Prior Actions: None in the past five (5) years.

## **5. Carriage House Senior Living of Florence – Florence, SC**

Inspections and Investigations: The Department conducted a fire and life safety inspection in January 2021, complaint investigations in April 2021, May 2021, June 2021, July 2021, and October 2021, routine inspections in February 2021 and August 2021, and follow-up inspections in June 2021, July 2021, August 2021, and September 2021, and found the facility in violation of regulatory requirements.

Violations: The Department found the facility violated Regulation 61-84, *Standards for Licensing Community Residential Care Facilities*, by:

- Failing to allow individuals authorized by S.C. Code of Laws access to all areas and records in a timely manner.
- Failing to have a licensed administrator.
- Failing to have sufficient staff members/direct care volunteers on duty during peak hours.
- Failing to notify the department within seventy-two (72) hours of a change in its administrator status.
- Failing to have monthly notes of observation for residents.
- Failing to have Individual Care Plan (IPC) for a resident and by failing to ensure a resident's ICP was reviewed and/or revised at least semi-annually.
- Failing to maintain resident financial records at the facility.
- Failing to complete a physical examination on residents prior to admission and annually thereafter.
- Failing to ensure there were documented reviews of Medication Administration Records (MARs) at each shift change by outgoing staff with incoming staff.
- Failing to keep medications in their original containers.
- Failing to ensure there were documented reviews of control sheets at each shift change by outgoing staff with incoming staff.
- Storing medications in residents' rooms without authorization in writing to self-administer by a physician or other authorized healthcare provider.
- Failing to maintain its kitchen in compliance with Regulation 61-25, *Retail Food Establishment*.
- Failing to keep all equipment and building components in good repair and operating condition and failing to comply with to comply with the codes adopted by the Building Codes Council and the State Fire Marshal applicable to CRCFs.
- Failing to promote conditions that prevent the spread of infectious, contagious, and/or communicable diseases in compliance with guidelines from the Centers for Disease Control and Prevention (CDC).
- Failing to ensure the facility was free of vermin and/or offensive odors.
- Failing to ensure each specific interior area of the facility was clean.
- Failing to ensure safe storage of chemicals, cleaning materials, and supplies, which are indicated as harmful on the product label.
- Failing to take safety precautions where oxygen and concentrators are stored by not posting "No Smoking" signs conspicuously.
- Allowing smoking in a resident's room.

Moreover, the facility failed to maintain hot water temperature accessible to residents to at least 100°F in residents' bathrooms and failed to have covered receptacles in the women's bathroom.

**Enforcement Action:** The parties agreed to resolve the matter with a consent order. The parties executed a consent order imposing a civil monetary penalty of \$39,400 against the facility. The facility was required to pay the \$20,000 of assessed monetary penalty in four installments of \$5,000. The first payment will be due 45 days, the second payment will be due 90 days, the third payment will be due 135 days, and the fourth payment will be due 180 days after execution of this Consent Order. The remaining \$19,400 of the assessed monetary penalty will be stayed upon a six-month period of substantial compliance. The facility agreed to a suspension of admission of new residents. The suspension of admission of new residents will be held in abeyance for a six-month period of substantial compliance as determined by the Department. If during the six-month period the Department finds the facility to be in substantial non-compliance the Consent Order, the Department may call-in all or a portion of the remaining balance of the \$39,400 civil penalty. If during the six-month period after the Department finds the facility to be in substantial non-compliance, the Department may call-in the suspension of admission of new residents. The suspension will be immediately implemented by the facility upon receipt of written notice of the Department's call-in. Further, the suspension will remain in effect until the Department determines the facility has remedied the violations and provides written notice of such determination. The facility agrees to schedule and attend a compliance assistance meeting with representatives of the Department within 45 days of the execution of this Consent Order.

**Remedial Actions:** The facility made the first required payment, totaling \$5,000. The compliance assistance meeting was held March 31, 2022.

**Prior Actions:** In November 2020, the parties executed an expedited consent order imposing a civil monetary penalty of \$5,000 for failing to promote conditions to promote conditions that prevent the spread of infectious, contagious, and/or communicable diseases in compliance with guidelines from the Centers for Disease Control and Prevention (CDC) and provide for the proper disposal of toxic and hazardous substances. The facility made the required payment, in full, totaling \$5,000.