



Corrected Audit

Facility Information		Audit Information	
Permit:	UL-0218	Audit Name:	CRC GENERAL ROV 20190924
Facility Name:	ULCRCF243ROMEALLEYSW-ORANGEBURG	Type:	L07 Investigation
Address:	243 ROME ALLEY SW	Start Date:	15 Feb 2024 02:45 PM
City/State/Zip:	ORANGEBURG, SC 29115 Orangeburg	End Date:	15 Feb 2024 04:00 PM
Phone 2:		Inspector:	Perry Davis
Fax:		Score:	0.0%
Email:			

Overall Score
0.0%

Report Notice

Question	Answer	Percent
<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice	
Totals		

Administrator's Signature - Plan of Correction

Question	Answer	Percent

PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:

- (1) the actions taken to correct each cited deficiency,
- (2) the actions taken to prevent similar recurrences, and
- (3) the actual or expected completion dates of those actions.

POC
REQUIRED

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Any violations cited in this report of visit were observed at the time of the inspection.

The Administrator submits an electronic plan of correction by visiting the website <http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/> and following the instructions online.

Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:

SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201

Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:


Comments

- *The Plan of Correction is due 3 days after receipt of this report of visit. The Plan of Correction is due on or before **February 21, 2024**.*

Totals

Inspection Information

Question	Answer	Percent
Inspection Includes Licensing:	NO	
Inspection Includes Food/Sanitation:	NO	
Inspection Includes Fire & Life Safety:	NO	
Is this an On-Site Visit?	YES	
Select the Type of Inspection to be Performed:	CRCF Investigation	
Section Team Log Number:	Section Team Log Number	
Comments <ul style="list-style-type: none">• <i>C02039-24</i>		
Reason for Investigation:	Reason for Investigation:	
Comments <ul style="list-style-type: none">• <i>A complaint (C02039-24) was received by the Department's Bureau of Healthcare Quality on 02/15/2024. The complaint alleged that the residence located at 243 Rome Alley Southwest, Orangeburg, SC 29115 is operating as an unlicensed Community Residential Care Facility and is believed to be providing a degree of activities of daily care living (ADLs) to the residents.</i>		
What is the Source:	Consumer Complaint	
Date Agency (DHEC) Notified:	Date Agency (DHEC) Notified:	
Comments <ul style="list-style-type: none">• <i>02/15/2024</i>		

Detailed Results of this Investigation:	Detailed Results
<p>Comments</p> <ul style="list-style-type: none"> To investigate this complaint an unannounced visit was made to 243 Rome Alley SW, Orangeburg, SC by (2) representatives of the Department. This investigation consisted of the following: <ul style="list-style-type: none"> (1). An interview with the five (5) residents of the residence. (2). A physical walk through of the residence to include but not limited to: living room, 4 bedrooms, 1 bathroom and kitchen. (3). An observation of residents medications in pill blister packets and medication bottles located in the residence kitchen cabinet. <p>As a result of the investigation, the following violation of Standards for Licensing Community Residential Care Facilities: 7 S.C. Code Ann. Regs. 61-84 (Supp.2015) were cited.</p> 	
Is this an Unlicensed Facility/Activity Complaint?	YES
Has the Initial QI Review Been Completed?	NO
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	NO
<p>Comments</p> <ul style="list-style-type: none"> Unlicensed Facility 	
Are there any other individuals accompanying the auditor for this visit?	YES
<p>Comments</p> <ul style="list-style-type: none"> Lorie Sanders, LPN 	
Totals	

CRCF Regulation Sections 100-800 61-84

Question	Answer	Percent
<p>103.A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise/market) as a community residential care facility in S.C. without first obtaining a license from the Department. The facility shall not admit residents prior to the effective date of the license. When it has been determined by the Department that room, board, and a degree of personal care to two or more adults unrelated to the owner is being provided at a location, and the owner has not been issued a license from the Department to provide such care, the owner shall cease operation immediately and ensure the safety, health, and well-being of the occupants. Current/previous violations of the S.C. Code and/or Department regulations may jeopardize the issuance of a license for the facility or the licensing of any other facility, or addition to an existing facility which is owned/operated by the licensee. The facility shall provide only the care/services it is licensed to provide pursuant to the definitions in Sections 101.L and 101.LL of this regulation. (Class I Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise/market) as a community residential care facility in S.C. without first obtaining a license from the Department. <p><i>On Thursday, 2/15/24 at approximately 2:35 pm, 2 investigators arrived to the residence of 243 Rome Alley</i></p>	OUT	

Southwest, Orangeburg, SC 29115 to conduct an investigation on a residence allegedly operating as an unlicensed community residential care facility (CRCF). Upon arrival, the Investigators were greeted by a caregiver from the residence of 219 Rome Alley Southwest (first home on the street). He stated that he remembered one of the Investigator from previous visits and that they could go inside and interview the caregiver assigned to the residence of 243 Rome Alley SW (third home). The Investigators knocked on the door of the residence and were greeted by the caregiver and a visitor. The Investigators walked into the front entrance of the living room and started interviewing the caregiver. The caregiver stated that he did not want to say much because he did not want his name in anything. The Investigator asked if any residents were in the back and the caregiver stated, "yes and you can go see for yourself." When the Investigator went to open the door, the door was locked from the living room side and the Investigator asked the caregiver why the door was locked? The caregiver stated, "go on in and you'll see why." (Picture 2) The Investigators were able to unlock the door from the living room to walk into bedroom 1. Once in bedroom 1, the Investigators observed that the 4 residents were locked inside of the rooms and unable to exit without assistance due to locks on the living room and kitchen doors. The caregiver was the only person who had access to the unlock the doors at that time. Due to fire safety concerns, the investigators immediately contacted the Department. Upon entry into the first bedroom, it was observed very hot due to the wall furnace burning to bring heat to all of the resident's rooms. Resident A was observed laying in a fetal position on the bed. The Investigators were greeted by Resident B who was walking back and forth into bedrooms 1 and 2 requesting cigarettes and food. She stated that she was hungry, and they haven't fed them since this morning. Resident C came out of his bedroom 3 into bedroom 2 to talk with the Investigator and Resident D came out of his bedroom 4 into bedroom 1 to talk with the other Investigator. Upon observing bedroom 1, a box of soiled disposable pads was located on the floor with a strong urine odor. The caregiver stated that all the residents use the pads and that he has to change the pads and the bed sheets every morning due to being soiled. Across from bedroom 1 was the kitchen that was observed with a padlock on the latched door. The caregiver had to walk out the front door, walk around the residence to the back door to enter the kitchen to unlock the door. (Pictures 3-5) In the kitchen, an abundance of food was observed in the refrigerator. Resident's medications were also observed in a plastic container located near the back door and inside the kitchen cabinets. Residents did not have access to their medications. The caregiver stated that he and the Owner only administers medications to the residents.

Residence Description:

The residence can be described as a concrete block, lavender, 1 story home. The inside of the residence consisted of 4 bedrooms, a living room, 1 bathroom and a kitchen.

Caregiver Interview:

The caregiver of the residence stated that he is the [REDACTED] He has been living there for months and took on the role as caregiver after other residents moved in. The caregiver stated that he used to live in bedroom 1 and now has to sleep in the living room on the couch. He provides three meals a day, administer medications, wash clothes, help dress and sometimes bathe the residents. He stated that the residents use the bathroom on themselves and has to wash the bed linen and change the disposable pads every morning.

Resident's Interviews:

(1). Resident A is male who was not sure how old he was. He stated he was born September 28th and was maybe 44. He stated he arrived at the residence the day before yesterday and then changed to maybe a month. He was unsure of how he arrived there. He stated that he doesn't know how he pays the rent. The caregiver stated that he can eat and walk on his own but has to help dress him. He also administers medications to Resident A. Resident A was observed in a fetal position on the bed in bedroom 1. The caregiver made Resident A get up and told him to go to his bedroom in the other room and that he was laying

in the wrong bed. The following medications were observed in the kitchen cabinet: Olanzapine 2.5mg, Donepezil HCL 10mg and Fereous Sulfate 325mg

(2). Resident B is a 64-year-old male was ambulating without assistance. He approached the Investigator from bedroom 4 into bedroom 1 to be interviewed. He did not appear well kept. His hair and beard had not been cut in a while and he smelled of urine. Resident B stated that he has been there for 3 years and came from Orangeburg Mental Health hospital. He receives 3 meals a day but hasn't received any lunch for today. He pays \$700-\$900 a month and that the Owner is his payee and has all his money. He stated he has not received a rental agreement. He stated that he needs assistance with showers and medication management. The following medications were observed in the kitchen cabinet: Atorvastatin 40mg, Jardiance 10mg, Furosemide 40mg, Potassium CL ER 10 MEQ, Aripiprazole 5mg, Amiodarone 200mg, Carvedilol 3.125 and Aspirin 81mg.

(3). Resident C is a female who was unable to give her age and has been living at the residence for 5 months. She was ambulating around the rooms without assistance. She stated she arrived to the residence after a mental health hearing. She stated that she receives Social Security from the state and that the Owner is her payee that handle all her finances. She stated that she did not sign or receive a rental agreement. She states that she has mental health appointments but is unsure of who transports her to them. She states that the caregiver prepares 3 meals a day and is hungry right now because she hasn't received any lunch yet. The caregiver does all the cleaning, laundry and assists her with dressing and medication management. The following medications for Resident C were stored in a storage bin next to the back door: Benztropine Mesylate 1mg, Simvastatin 10mg, Metformin HCL 500mg, Melatonin 10mg, Haloperidol 10mg, Geri-Kot 8.6mg, Benztropin Mesylate 1mg, Iron 45mg, Furosemide 20mg and Docusate Sod 100mg.

(4). Resident D is a 72-year-old male who was ambulating without assistance. His beard had not been shaven in a while. He stated that he was walking down the road, and a person brought him here to the residence. He is unsure how long he has been here. He states that the Owner is his payee and does not know how much he pays to stay there. He did not sign any agreements to live here, and the Owner gets all of his money. He has not had any medical appointments. He does not use any transportation system but walks to where he needs to go. He states that he does not take any medications. The caregiver prepares meals and does the laundry for him. He is independent in ADL care needs. The following medications were observed in the kitchen cabinet: Memantine 5mg, Sulfamethoxazole-TMP (Bactrim), Vitamin D2 1.25mg, Quetiapine Fumarate 25mg, Docusate Sod 100mg and Trazodone 100mg.

As a result of this investigation, the Department determined Ms. Estelle Hutchinson [(the Owner/operator)] established, operated, maintained, and/or represented itself as a CRCF at 243 Rome Alley Southwest, Orangeburg, SC 29115 without first obtaining a license from the Department, in violation of S.C. Code Ann. Section 44-7-260(A)(6) and Regulation 61-84 Section 103.A. A CRCF is a facility which offers room and board and which, unlike a boarding house, provides/coordinates a degree of personal care in excess of 24 consecutive hours for two or more persons, 18 years or older, not related to the owner/operator within the third degree of consanguinity. See 7 S.C. Code Ann. Regs. 61-84 101.L. Personal care includes assisting and/or directing residents with activities of daily living (bathing, dressing, toileting, medication administration, financial management, and transportation assistance); being aware of resident's general whereabouts, although residents may travel independently in the community; and monitoring of the activities of residents while on the premises of the residence to ensure his/her health, safety, and well-being. See id.101.MM.

Regulation 61-84 Section 103.A provides in part, "When it has been determined by the Department that room, board, and a degree of personal care to two or more adults unrelated to the owner is being provided at a location and the owner has not been issued a license from the Department to provide such care, the owner shall cease operation immediately and ensure the safety, health, and well-being of the occupants".

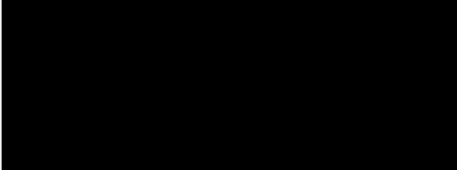
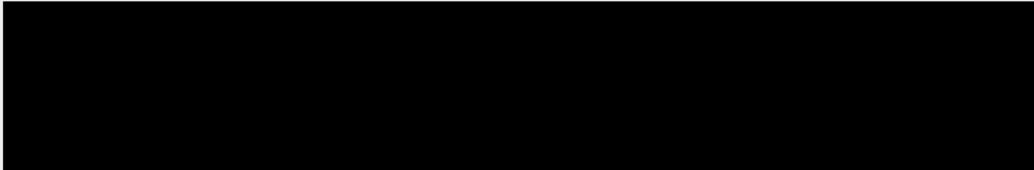
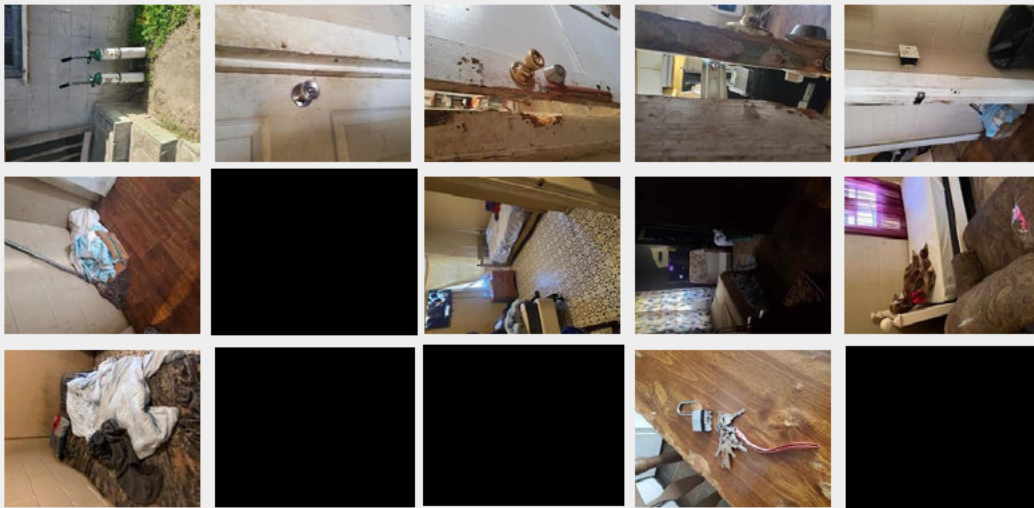
Further, in light of this alleged violation, please submit an acceptable written plan of correction (POC) to the

Department that is signed by the owner(s)/Operator(s) by February 21, 2024 which describes (1) the actions taken to correct each cited deficiency; (2) the actions taken to prevent reoccurrences (actual and similar); (3) the actual or expected completion dates of those actions. See *id.* Section 202.D.

The POC must be sent to: Bureau of Healthcare Quality (Complaint Department) S.C. Department of Health and Environmental Control 2600 Bull Street Columbia, S.C. 29201

Please note the Department has authority to assess a monetary penalty against a person or facility for violating S.C. Code Ann. Section 44-7-260(A)(6) and Regulation 61-84 Section 103.A. See S.C. Code Ann. Section 44-7-320(A)(1)(a) and 7 S.C. Code Ann. Regs. 61-84 Section 301. Additionally, S.C. Code Ann. 44-7-340 provides:

Any person or facility violating any of the provisions of [the State Health Facility Licensure Act, S.C. Code Ann. Sections 44-7-110, et seq.] or a regulation under [the State Health Facility Licensure Act] is guilty of a misdemeanor and, upon conviction, must be fined not more than one hundred dollars for the first offense and not more than five thousand dollars for a subsequent offense. Each day's violation after a first conviction constitutes a subsequent offense.



Totals

Record Retention

Question	Answer	Percent
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention	
Totals		

Protected Information

Question	Answer	Percent
<p>Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.)</p> <p>Comments</p> <p>• Residents: A= [REDACTED] B= [REDACTED] C= [REDACTED] D= [REDACTED]</p>	YES	
Totals		

Auditor Signature: Perry Davis



Account Signature: ESTELLE HUTCHINSON

