

SUMMARY SHEET  
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

July 13, 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 May 1, 2023, through May 31, 2023.
- III. FACTS:** For the period of May 1, 2023, through May 31, 2023, Healthcare Quality reports 1 Administrative Orders and 3 Consent Orders totaling \$14,700 in assessed monetary penalties.

Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Community Care	Community Residential Care Facility (CRCF)	1	2	\$14,400	\$12,000
Healthcare Systems and Services	Home Health Agency		1	\$300	\$300
<b>TOTAL</b>		<b>1</b>	<b>3</b>	<b>\$14,700</b>	<b>\$12,300</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

July 13, 2023

**Bureau of Community Care**

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Treatment Facility (CRCF)	470	22,408

**1. Carolina Gardens at York – York (143 beds)**

**Investigation and Violations:** In January 2023, Department representatives made unannounced visits to the Facility to conduct inspections, follow-up inspections and an investigation. During those inspections, the Department found the Facility in violation of Regulation 61-84 as follows:

- The Facility failed to notify the Department within 72 hours via telephone or email immediately following a water leak in the main kitchen.
- The Facility failed to maintain its kitchen and food preparation in compliance with R. 61-25.
- The Facility failed to maintain all equipment and building components in good repair and operating condition.

**Enforcement Action:** The parties agreed to resolve the matter with a Consent Order. The facility paid a \$5,000 civil monetary penalty.

**Remedial Action:** The facility agrees to schedule and attend a compliance assistance meeting.

**Prior Orders:** None in the past 5 years.

**2. Helms-Gordon Residential Care Home – Fort Lawn (32 beds)**

**Investigation and Violations:** On April 19, 2021, and December 13, 2022, Department representatives made unannounced visits to the Facility to conduct inspections. During those inspections, the Department found the Facility in violation of Regulation 61-84 as follows:

- The Facility failed to maintain at least one staff/direct care volunteer for residents during all peak hours.
- The facility failed to report a resident elopement within 24 hours.
- The Facility failed to take precautions to prevent elopement.
- The Facility failed to review a resident’s individual care plan at least semiannually.
- The facility failed to have documentation of resident’s physical examination completed at least annually.

**Enforcement Action:** The parties agreed to resolve the matter with a Consent Order. The Facility agrees to the assessment of a \$9,400 monetary penalty. The facility agrees to pay \$7,000 and the remaining \$2,400 will be held in abeyance.

**Remedial Action:** The Facility met with the Department on June 7, 2023, for a compliance assistance meeting.

**Prior Orders:** None in the past 5 years.

### **3. Daltons CMC Residential Care Facility – Orangeburg (5 beds)**

**Investigation and Violations:** From April 2022 to April 2023, Department staff visited the facility to conduct routine inspections, follow-up inspections and compliant investigations. During those inspections, the Department found the Facility in violation of Regulation 61-84 as follows:

- The Facility failed to grant Department representatives access to the Facility.
- The Facility failed to submit timely POCs.
- The Facility failed to implement the Facility's policy regarding performance of elopement risk assessments on residents.
- The Facility failed to have documentation of a criminal background check for a staff member and failing to perform such background checks prior to employment.
- The Facility failed to have on duty staff members at all times.
- The Facility failed to comply with the staffing ratios during peak hours.
- The Facility failed to have a staff member that is awake and dressed at all times.
- The Facility failed to maintain documentation to ensure the Facility was meeting staff ratios.
- The Facility failed to have documentation of initial and/or basic first-aid training for staff.
- The Facility failed to have documentation of initial and/or annual contagious and/or communicable disease training for staff.
- The Facility failed to have documentation of initial and/or annual medication management training for staff.
- The Facility failed to have documentation of initial and/or annual specific person care training for a staff member.
- The Facility failed to have documentation of initial and/or annual restraint techniques training for a staff member.
- The Facility failed to have documentation of initial and/or annual OSHA standards regarding bloodborne pathogens training for a staff member.
- The Facility failed to have documentation of initial and/or annual training for employees.
- The Facility failed to have documentation of initial and/or annual fire response training for employees.
- The Facility failed to have documentation of initial and/or annual emergency procedures and disaster preparedness training for employees.
- The Facility failed to have a health assessment within 12 months prior to initial resident contact for staff members, including the tuberculin skin testing.
- The Facility failed to maintain orders for all medications from a physician or other authorized healthcare provider for residents.
- The Facility failed to have monthly notes of observation for residents.
- The Facility failed to have photographs of residents.
- The Facility failed to have a resident's 72-hour written assessment that was dated.
- The Facility failed to have documentation of residents' ICPs and failed to review and/or revise ICPs as changes in resident needs occur.
- The Facility failed to render care to residents in accordance with physician orders.
- The Facility failed to initial residents' MARs as medications were administered.
- The Facility failed to have documented reviews of MARs by outgoing staff with incoming staff at shift changes.
- The Facility failed to ensure medications were kept in their original containers.

- The Facility failed to properly store and safeguard residents’ medications to prevent access by unauthorized persons.
- The Facility failed to maintain records of a controlled substance in sufficient detail.
- The Facility failed to have documented reviews of the narcotic control sheets by outgoing staff with incoming staff at shift changes.
- The Facility failed to ensure that upon discharge, residents’ unused medications were properly released with the resident, family member, or responsible party.
- The Facility failed to maintain its kitchen in compliance with regulation.
- The Facility failed to maintain at least a one-week supply of staple food and a two-week supply of perishable foods.
- The Facility failed to provide meals according to the menu posted.
- The Facility failed to ensure that suitable snacks were available and offered to residents.
- The Facility failed to ensure that the current weeks’ menus included any substitutions or changes made.
- The Facility failed to maintain all equipment and building components in good repair and operation condition.
- The facility failed to ensure the facility was clean and free of offensive odors.
- The Facility failed to ensure that each specific interior area of the facility was clean.
- The Facility failed to ensure safe storage of chemical indicated as harmful on the product label.

**Enforcement Action:** Based on the foregoing findings of fact and conclusions of law, the conditions of the facility, the impact or potential impact on the health, safety, and well-being of residents, as well as the Facility’s history of noncompliance, the Department determined it was appropriate to revoke the license issued to operate the Facility.

**Remedial Action:** none

**Prior Orders:** The Department issued an Administrative Order that required the Facility to pay a \$5,000 monetary penalty in June 2022. The Department issued a Consent Order that required the Facility to pay a \$6,000 monetary penalty and attend a compliance assistance meeting in May 2019.

**Bureau of Healthcare Systems and Services**

Facility Type	Total Number of Licensed Facilities
Home Health Agency	96

**1. PruittHealth @ Home - Columbia**

**Investigation and Violations:** The Facility failed to submit a timely renewal application and licensing fees by the license expiration date.

**Enforcement:** The Department and the Facility decided to resolve the matter through a Consent Order. The Facility paid the \$300 monetary penalty.

**Remedial Action:** none

**Prior Orders:** None in the past 5 years.