

SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

January 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 November 1, 2021, through November 30, 2021.
- III. FACTS:** For the period of November 1, 2021, through November 30, 2021, Healthcare Quality reports seven (7) Consent Orders totaling \$99,950 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)		1	\$5,100	\$5,100
	Intermediate Care Facilities for Individuals with Intellectual Disabilities		2	\$23,000	\$23,000
Healthcare Systems and Services	EMS Agency		1	\$650	\$650
	Paramedic		2	\$1,200	\$1,200
Radiological Health	Mammography		1	\$70,000	\$70,000
TOTAL			7	\$99,950	\$99,950

Submitted By:

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

January 5, 2022

Bureau of Community Care

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Community Residential Care Facility (CRCF)	481	22,029

1. Blake at Woodcreek Farms – Elgin, SC

Inspections and Investigations: The Department conducted a routine inspection and several complaint investigations in March 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 retaining residents needing treatment for stage 2, 3, or 4 decubitus ulcers or multiple pressure sores or other widespread skin disorder. The Department further found the facility failed to maintain a record of each incident and submit a written report of its investigation of every serious incident to the Department within five (5) days. Moreover, the facility failed to ensure that residents were protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities; this was 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 of five thousand one hundred dollars (\$5,100) against the facility. The facility was required to pay the full amount of the assessed monetary penalty within thirty (30) days of 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 paid the full amount of the assessed monetary penalty. The compliance assistance meeting has been scheduled for January 12, 2022.

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

Facility Type	Total Number of Licensed Facilities	Total Number of Licensed Beds
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID)	66	1,629

2. Pecan Lane – Florence, SC

Inspections and Investigations: The Department conducted three (3) complaint investigations in June 2021 and three (3) complaint investigations in July 2021, and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-13, *Standards for Licensing Intermediate Care Facilities for Individuals with Intellectual Disabilities*, by failing to report incidents to the Department within twenty-four (24) hours. Moreover, the facility repeatedly failed to ensure that residents were protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities.

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 fifteen thousand dollars (\$15,000) against the facility. The facility was required to pay the full amount of the assessed monetary penalty within thirty (30) days of 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 made the required payment, in full, totaling \$15,000. The compliance assistance meeting was held on December 15, 2021.

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

3. Mulberry Park – Florence, SC

Inspections and Investigations: The Department conducted complaint investigations in April 2021 and June 2021, and found the facility violated regulatory requirements.

Violations: The Department found the facility violated Regulation 61-13, *Standards for Licensing Intermediate Care Facilities for Individuals with Intellectual Disabilities*, by failing to ensure the safety and the supervision of clients were in accordance with their individual program plans. Moreover, the facility repeatedly failed to ensure that residents were protected from physical abuse as outlined in the Bill of Rights for Residents of Long-Term Care Facilities

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 eight thousand dollars (\$8,000) against the facility. The facility was required to pay the full amount of the assessed monetary penalty within thirty (30) days of 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 made the required payment, in full, totaling \$8,000. The compliance assistance meeting was held on December 15, 2021.

Prior Actions: In April 2021, the parties executed a consent order imposing a civil monetary penalty of \$1,500 against the facility. The facility was required to pay the full amount of the penalty within 30 days of executing the Consent Order. The facility agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of executing the Consent Order. The facility made the required payment. The compliance assistance meeting took place on June 2, 2021.

Bureau of Healthcare Systems and Services

License Type	Total Number of EMS Agencies
Emergency Medical Services (EMS) Agency	271

4. Kershaw County EMS – Camden, SC

Inspections and Investigations: The Department conducted an investigation beginning in May 2021, and found the agency was in violation of a regulatory requirement.

Violations: The Department found the agency was in violation of Regulation 61-7, *Emergency Medical Services*, because the agency allowed an unlicensed emergency medical technician to provide patient care for 11 patient encounters. The Department concluded that the agency violation S.C. Code Section 44-61-50 and Regulation 61-7 because they require all ambulance attendants to have a valid emergency medical technician certificate, and require all persons providing patient care within the scope of an emergency medical technician to have the proper South Carolina certification from the Department.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of six hundred fifty dollars (\$650) against the agency. The agency is required to pay the assessed monetary penalty within thirty (30) days of the execution of the Consent Order. The agency is required to submit a written plan of correction within forty-five (45) days of execution of the Consent Order. The Department will conduct a follow-up inspection within sixty (60) days of execution of the Consent Order.

Remedial Action: The agency made the required payment, in full, totaling \$650. The agency submitted a written plan of correction. The Department is scheduling the follow-up inspection.

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

Level of Certification	Total Number of Certified Paramedics
Paramedic	4,071

5. Brian Craton – Paramedic

Inspections and Investigations: The Department received a complaint in March 2021, and after conducting an investigation, found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in S.C. Code Section 44-61-80(F) by taking pictures of identifiable deceased subjects and sharing them with others via social media.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of nine hundred dollars (\$900) against the paramedic. The paramedic is required to pay the full amount of the assessed monetary penalty in three (3) equal payments. The paramedic agrees to a three (3) year suspension of his paramedic certificate.

Remedial Action: The paramedic has not made the required payment. The paramedic’s certificate has been suspended.

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

6. Justin Truluck – Paramedic

Inspections and Investigations: The Department received a complaint in March 2021, and after conducting an investigation, found that the Paramedic was in violation of regulatory requirements.

Violations: The Department determined that the Paramedic was in violation of Regulation 61-7, *Emergency Medical Services*, for committing misconduct as defined in S.C. Code Section 44-61-80(F)(13) and R.61-7, Section 1100.B.13 by observing another paramedic leave a patient unattended after administering Narcan and failing to document and notify a supervisor.

Enforcement Action: The parties agreed to resolve the matter with a consent order. The parties executed a consent order assessing a monetary penalty of three hundred dollars (\$300) against the paramedic. The paramedic is required to pay the full amount of the assessed monetary penalty within thirty (30) days of execution of the Consent Order.

Remedial Action: The paramedic has not made the required payment.

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

Bureau of Radiological Health

Registrant Type	Total Number of Registered Mammography Facilities
Mammography Facility	106

7. MUSC - Hollings Cancer Center Mobile Mammography – Charleston, SC

Inspections and Investigations: The Department conducted an annual Mammography Quality Standards (MQSA) and state inspection in September 2020. As a result of the Department’s findings and at the Department’s request, the accrediting body, the American College of Radiology (ACR), performed additional reviews in November 2020 and January 2021. The Department then investigated the ACR’s additional findings. On January 20, 2021, ACR notified the Department that the registrant’s accreditation was revoked.

Violations: The Department found the registrant failed to comply with Regulation 61-64, *X-Rays*, which requires the leading interpreting physician to ensure the quality assurance program meets all requirements. The registrant also failed to confirm the quality assurance records were maintained and updated. Moreover, the registrant failed the Additional Mammography Review by the ACR.

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 seventy thousand dollars (\$70,000). 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. The Department will conduct a follow-up inspection after execution of the consent order which will include a five hundred dollar (\$500) follow-up inspection fee. The registrant will provide the Department with documentation of all quality control tests for the unit monthly and provide meeting minutes from the registrant’s Quality Control and Quality Assurance teams quarterly for twelve (12) months.

Remedial Action: The facility made the required payment, in full, totaling \$70,000. The facility was reaccredited by the ACR and provisionally certified by the Department.

Prior Actions: Following the Department’s investigation into reasons for the ACR’s revocation of accreditation, the Department, via an administrative order, suspended the facility’s certificate effective February 24, 2021. The facility was suspended from performing mammography services and was no longer allowed to display the “SC DHEC Mammography Certificate” until the Department determined the emergency situation was no longer present and the facility had taken necessary action to obtain accreditation and compliance with applicable law. Based on the serious risk to human health and pursuant to Regulation 61-64, the Department directed the registrant to initiate the Patient and Provider Notification (PPN) process. The Department determined the registrant made reasonable effort to contact all affected patients and referring healthcare providers.