South Carolina Board of Health and Environmental Control
March 27, 2018

Call to Order – 10:00 a.m., Board Room (#3420)
South Carolina Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C.

1. Minutes of the January 30, 2018 conference call meeting and February 8, 2018 meeting

2. Administrative Orders, Consent Orders and Sanction Letters issued by Health Regulation

3. Administrative and Consent Orders issued by Environmental Affairs

4. Public Hearing for Notice of Final Regulation for Regulation 61-125, Standards for Licensing Crisis Stabilization Unit Facilities, State Register Document No. 4809, General Assembly review is required

5. Public Hearing for Notice of Final Regulation amending R.30-14, Administrative Procedures, State Register Document No. 4810, General Assembly review is required

6. Agency Affairs

Executive Session (if needed)

Adjournment

Notes: The next scheduled meeting April 12, 2018.
SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
March 27, 2018

( X ) INFORMATION

I. TITLE: Health Regulation Administrative and Consent Orders.


III. FACTS: For the period of January 1, 2018, through January 31, 2018, Health Regulation reports one (1) Administrative Order, four (4) Consent Orders, and two (2) Emergency Suspension Orders with a total of sixty-three thousand six hundred dollars ($63,600) in assessed monetary penalties.

<table>
<thead>
<tr>
<th>Health Regulation Bureau</th>
<th>Health Care Facility, Provider, or Equipment</th>
<th>Administrative Orders</th>
<th>Consent Orders</th>
<th>Emergency Suspension Orders</th>
<th>Assessed Penalties</th>
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<tr>
<td>Health Facilities Licensing</td>
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<td>1</td>
<td>0</td>
<td>$19,700</td>
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<tr>
<td></td>
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<td>TOTAL</td>
<td></td>
<td>1</td>
<td>4</td>
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Approved By:

Shelly Benson Kelly
Director of Health Regulation
HEALTH REGULATION ENFORCEMENT REPORT  
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL  
March 27, 2018

Bureau of Health Facilities Licensing

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Total # of Beds</th>
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<tbody>
<tr>
<td>Residential Treatment Facility for Children and Adolescents</td>
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1. Palmetto Pee Dee Residential Treatment Center (RTF) – Florence, SC

Investigation: The Department visited Palmetto Pee Dee Residential Treatment Facility (“Palmetto”) on September 12, 2016, December 13, 2016, and January 5, 2017, to investigate complaints, December 28, 2016, to conduct a general inspection and complaint investigation, and January 31, 2017, for a follow-up inspection and complaint investigation.

Violations: Based upon the inspections and investigations, the Department cited Palmetto for fifty-one (51) violations of Regulation 61-103, Residential Treatment Facilities for Children and Adolescents. Specifically, Palmetto was cited three (3) times for violating Section 400.A, for failing to follow policies and procedures for diet orders and staffing; one (1) time for violating Section 501.A, for failing to have documentation of a criminal background check for staff members available for review; two (2) times for violating Section 504, for failing to maintain required staffing; sixteen (16) times for violating Section 506.A, for failing to maintain required documentation of in-service training; one (1) time for violating Section 601.B.2, for failing to report an incident of resident abuse to the Department within twenty-four (24) hours; five (5) times for violating Section 704, for failing to update and maintain residents’ Individual Treatment Plans as required by regulation; one (1) time for violating Section 902.F.1, for failing to maintain documentation of the facility’s policy regarding living group size, composition, and staff involvement; three (3) times for violating Section 1002.A.6, for failing to include certain requirements in the rights of residents; four (4) times for violating Section 1100.A, for failing to have documentation of required physical examinations, screenings, and immunization statuses for residents; four (4) times for violating Section 1303, for failing to ensure meals were not repeated within a week and failing to ensure meal times were documented on a posted menu; one (1) time for violating Section 1304.B, for failing to ensure meal service staff were properly trained in their duties; one (1) time for violating Section 1305.A, for failing to have documentation of special diets approved for residents available for review; two (2) times for violating Section 1306.A, for failing to ensure that menus were dated as served and posted in conspicuous areas of the facility; one (1) times for violating Section 1600, for failing to keep all equipment and building components in good repair and operating condition; one (1) time for violating Section 1702.C.2, for failing to have documentation of a staff member’s tuberculin skin test available for review; two (2) times for violating Section 1703.B.1, for failing to clean each specific area of the facility; one (1) time for violating Section 2500.B, for failing to maintain the required ambient temperatures in resident areas; one (1) time for violating Section 2602.G, for failing to maintain required spacing between residents’ beds; and one (1) time for violating Section 2604.E, for failing to ensure that approved grab bars were securely fastened and usable in a resident’s shower.

Enforcement Action: Pursuant to the Consent Order executed January 11, 2018, the Department assessed a nineteen thousand seven hundred dollar ($19,700) monetary penalty against Palmetto, due within thirty (30) days of execution of the Consent Order. Additionally, Palmetto agreed to continue to implement the actions set forth in its Plans of Correction and ensure that all violations of R.61-103 are not repeated. Finally, Palmetto agreed to schedule and attend a compliance assistance meeting with Department
representatives within forty-five (45) days of execution of the Consent Order. The Department received Palmetto’s assessed monetary penalty on January 16, 2018.

Prior Sanctions: None.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Total # of Units</th>
<th>Total # of Licensed Facilities in South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Facility</td>
<td>74</td>
<td>289</td>
</tr>
</tbody>
</table>

2. Carolina Colonoscopy Center (ASF) – Columbia, SC

Investigation: The Department visited Carolina Colonoscopy Center ("Carolina") on July 11, 2017, to conduct a general inspection and complaint investigations, and August 17, 2017, for a follow-up inspection.

Violations: Based upon the inspections, the Department cited Heath Springs for twenty-eight (28) violations of Regulation 61-91, Standards for Licensing Ambulatory Surgical Facilities. Specifically, Carolina was cited one (1) time for violating Section 202.C, for failing to grant Department representatives access to all areas, objects, and records of the facility; two (2) times for violating Section 501, for failing to maintain required documentation for staff members; one (1) time for violating Section 504.C, for failing to have a roster of medical staff and their associated privileges; seven (7) times for violating Section 507, for failing to have required documentation for in-service training; one (1) time for violating Section 701.B.13, for failing to have an operative report dictated following a procedure; one (1) time for violating Section 805.C, for having expired laboratory supplies; five (5) times for violating Section 808, for failing to provide patients with required discharge instructions; two (2) times for violating Section 1001.D.5, for failing to maintain required documentation for emergency kits/carts; two (2) times for violating Section 1001.E, for having expired medications; one (1) time for violating Section 1003.A, for failing to document administration of medications to a patient on the MAR; one (1) time for violating Section 1304.A, for failing to have documentation of fire drills conducted at least quarterly for all shifts; one (1) time for violating Section 1502.B, for failing to maintain required documentation regarding staff members’ influenza vaccinations; one (1) time for violating Section 1505.A, for failing to conduct an annual tuberculosis risk assessment; one (1) time for violating Section 1506.B.1, for failing to ensure four (4) staff members received the second step of two-step TSTs; and one (1) time for violating Section 1601.A, for failing to have a written, implemented quality improvement program.

Enforcement Action: Pursuant to the Consent Order executed January 26, 2018, the Department assessed a twenty thousand dollar ($20,000) monetary penalty against Carolina. The Consent Order required Carolina to make payment of ten thousand dollars ($10,000) of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance. Additionally, Carolina agreed to submit to the Department within fifteen (15) days of execution of the Consent Order a description of the facility’s plan for the utilization of an external physician to address the facility’s efforts in obtaining and maintaining compliance with R.61-91. The Department received Carolina’s assessed monetary penalty on February 26, 2018.

Prior Sanctions: By Consent Order executed September 3, 2015, the Department assessed a ten thousand dollar ($10,000) monetary penalty against Carolina for violations of R.61-91, which was paid September 16, 2015.

3. West Ashley Colonoscopy Center, LLC (ASF) – Charleston, SC
Investigation: On December 8, 2016, the Department issued an Administrative Order imposing a ten thousand dollar ($10,000) monetary penalty against West Ashley Colonoscopy Center, LLC ("WACC") for establishing a new healthcare facility without obtaining a Certificate of Need ("CON") and for operating an unlicensed Ambulatory Surgical Facility ("ASF").

Violations: The Administrative Order was issued for WACC’s violations of S.C. Code Sections 44-7-160(1) and 260(A)(4), Section 102.1.a of Regulation 61-15, Certificate of Need for Health Facilities and Services, and Section 103.A of Regulation 61-91, Standards for Licensing Ambulatory Surgical Facilities. On February 24, 2017, Dr. Stephen Lloyd and WACC filed with the Department a Request for Final Review ("RFR") and Motion for Reconsideration regarding the December 2016 Administrative Order. On March 3, 2017, the Clerk of the Board of Health and Environmental Control ("the Board") returned the untimely RFR to WACC. The Department did not receive WACC’s payment of the assessed monetary penalty. On November 7, 2017, the Department denied South Carolina Medical Endoscopy Center’s ("SCME") application for license renewal to operate Carolina Colonoscopy Center based upon WACC’s failure to pay the monetary penalty imposed by the December 2016 Administrative Order, as well as an indirect and partial common ownership between WACC and SCME. On November 21, 2017, SCME filed an RFR with the Board contesting the Department’s denial of licensure. On December 27, 2017, the Clerk of the Board mailed notice of the decision not to conduct a final review conference concerning the denial of licensure. WACC did not file a contested case hearing with the Administrative Law Court.

 Enforcement Action: Pursuant to the Consent Order executed January 26, 2018, the Department assessed a ten thousand dollar ($10,000) monetary penalty against WACC for its violations of the South Carolina Code of Laws, R.61-15, and R.61-91. Pursuant to the terms of the Consent Order, WACC agreed to pay the assessed monetary penalty in two (2) installments of five thousand dollars ($5,000). The Department received WACC’s first installment payment January 16, 2018. The second installment is due within sixty (60) days of execution of the Consent Order.

Prior Sanctions: None.

### Bureau of Radiological Health

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Total # of Registered Facilities in South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Facilities</td>
<td>1,700</td>
</tr>
</tbody>
</table>

4. Andrews Family Dental Practice (Dental Facility) – Andrews, SC

Investigation: The Department visited Andrews Family Dental Practice ("Registrant") on May 4, 2017, to conduct a routine inspection.

Violations: Based upon the inspection, the Department cited Registrant for one (1) violation of Regulation 61-64, X-Rays (Title B). Specifically, Registrant was cited for violating RHB 4.2.16.1, for failing to conduct equipment performance testing on its x-ray unit. This is a repeat violation as the Department previously cited Registrant for the same violation in 2007 and 2012.

Enforcement Action: Pursuant to the Consent Order executed January 8, 2018, Registrant agreed to a one thousand seven hundred dollar ($1,700) civil penalty. The Consent Order requires Registrant to make payment of four hundred twenty-five dollars ($425) of the civil penalty within thirty (30) days of execution of the Consent Order. The remainder of the civil penalty will be stayed upon a twenty-four (24) month period of substantial compliance with the Consent Order and R.61-64. Registrant further agreed to
ensure that all violations of R.61-64 are not repeated. Finally, Registrant agreed to a follow-up inspection following execution of the Consent Order. The civil penalty has been paid.

Prior Sanctions: None.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Total # of Registered Vendors in South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray Vendors</td>
<td>353</td>
</tr>
</tbody>
</table>

5. Mini C Sales (X-Ray Vendor) – Highland Park, IL

Investigation: Mini C Sales (“Vendor”) was previously registered with the Department to provide services in South Carolina as an x-ray vendor. However, the Department revoked Vendor’s registration in August 2013 for nonpayment of fees. In October 2016, the Department became aware of sales and installations of x-ray equipment by Vendor performed after the August 2013 revocation. The Department notified Vendor via mail November 2016 of its violations of Regulation 61-64, X-Rays (Title B). After not receiving a response to the November 2016 letter, the Department sent Vendor a certified letter on January 23, 2017. On February 16, 2017, Vendor contacted the Department via telephone and staff explained the necessity of corrective action to comply with R.61-64. After no subsequent communication from Vendor, the Department sent an additional certified letter to Vendor on April 5, 2017. The Department received no response to this letter. On June 1, 2017, the Department sent Vendor a certified Notice of Enforcement Conference. However, the letter was never received by Vendor. Subsequently, the Department attempted to contact Vendor via telephone on multiple occasions and left numerous voicemail messages which were never returned. On July 31, 2017, the Department resent the certified Notice of Enforcement Conference to Vendor as well as Vendor’s registered agent. United States Postal Service tracking indicated both items were received. Department representatives and Vendor met via telephone August 29, 2017, for the enforcement conference to discuss the above noted violations and possible resolution. On September 13, 2017, the Department mailed a Consent Order to Vendor as well as Vendor’s registered agent indicating Vendor had ten (10) days to sign and return the Consent Order to avoid enforcement via Administrative Order. The Department did not receive a response from Vendor. On October 5, 2017, the Department contacted Vendor via telephone to check the status of the Consent Order. Vendor indicated his counsel was reviewing the document. On October 6, 2017, Vendor emailed the Department indicating a response would be received by November 10, 2017. Subsequently, Department legal counsel spoke with Vendor’s registered agent and counsel reiterated to the registered agent that Vendor had until November 10, 2017, to sign and return the Consent Order. The Department has not received a response or signed Consent Order from Vendor.

Violations: Based upon the foregoing facts, Vendor has failed to apply for registration with the Department as required by RHB 2.6.1. Additionally, Vendor has failed to report notifications of sales to the Department as required by RHB 2.7.1.

Enforcement Action: Pursuant to the Administrative Order executed December 19, 2017, Vendor is required to pay a twelve thousand two hundred dollar ($12,200) civil penalty for violations of R.61-64. Payment of the civil penalty is due within thirty (30) days of execution of the Administrative Order. Furthermore, Vendor shall ensure all violations of R.61-64 addressed herein are not repeated. Finally, Vendor shall refrain from engaging in the business of selling, leasing, or installing or offering to sell, lease, or install x-ray machines or machine components in South Carolina.

Prior Sanctions: None.
<table>
<thead>
<tr>
<th>EMS Provider Type</th>
<th>Total # of Providers in South Carolina</th>
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</thead>
<tbody>
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<tr>
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<tr>
<td>Paramedic</td>
<td>3,688</td>
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<tr>
<td>Athletic Trainers</td>
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<tr>
<td>Ambulance Services Provider</td>
<td>264</td>
</tr>
<tr>
<td>First Responder Services Provider</td>
<td>2</td>
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</tbody>
</table>

6. Travis R. Miller (EMT)

**Investigation:** On January 23, 2018, the Department was notified of Mr. Miller’s arrest. Upon notification, the Department initiated an investigation into the matter. The Department discovered that Mr. Miller was arrested on January 7, 2018, and charged with unlawful dissemination of obscene material to a person under 18 years of age, and first degree sexual exploitation of a minor.

**Violations:** The charges against Mr. Miller are felonies involving moral turpitude and gross immorality and therefore may rise to the level of misconduct as prescribed in S.C. Code Section 44-61-80(F)(2) and Regulation 61-7, Section 1100(B)(2). The Department believes Mr. Miller’s arrest demonstrates a capacity for inappropriate and criminal behavior towards individuals placed within his trust.

**Enforcement Action:** Mr. Miller’s EMT certificate was immediately suspended on an emergency basis pursuant to the Emergency Suspension Order executed January 29, 2018. The Department will continue to monitor Mr. Miller’s criminal matters.

**Prior Sanctions:** None.

7. Matthew J. Oswald (Paramedic)

**Investigation:** On January 18, 2018, the Department was notified of Mr. Oswald’s arrest. Upon notification, the Department initiated an investigation into the matter. The Department discovered that Mr. Oswald was arrested on January 17, 2018, and charged with sexual battery upon a student 16 or 17 years of age.

**Violations:** The charge against Mr. Oswald is a felony involving moral turpitude and gross immorality and therefore may rise to the level of misconduct as prescribed in S.C. Code Section 44-61-80(F)(2) and Regulation 61-7, Section 1100(B)(2). The Department believes Mr. Oswald’s arrest demonstrates a capacity for inappropriate and criminal behavior towards individuals placed within his trust.

**Enforcement Action:** Mr. Oswald’s Paramedic certificate was immediately suspended on an emergency basis pursuant to the Emergency Suspension Order executed January 23, 2018. The Department will continue to monitor Mr. Oswald’s criminal matters.

**Prior Sanctions:** None.
SUMMARY SHEET
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL
March 27, 2018

1. **TITLE:** Administrative and Consent Orders issued by Environmental Affairs.

2. **SUBJECT:** Administrative and Consent Orders issued by Environmental Quality Control (EQC) and Ocean and Coastal Resource Management (OCRM) during the period January 1, 2018 – January 31, 2018.

3. **FACTS:** For the period of January 1, 2018 through January 31, 2018, Environmental Affairs issued one Administrative Order with total assessed civil penalties in the amount of $7,500.00; fifty-three (53) Consent Orders with total assessed civil penalties in the amount of $77,295.00. One (1) Consent Agreement was issued during the reporting period.

<table>
<thead>
<tr>
<th>Bureau and Program Area</th>
<th>Administrative Orders</th>
<th>Assessed Penalties</th>
<th>Consent Agreements</th>
<th>Consent Orders</th>
<th>Assessed Penalties</th>
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<td>Land and Waste Management</td>
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<td>0</td>
<td><strong>53</strong></td>
<td><strong>$77,295.00</strong></td>
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</tbody>
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*During the reporting period a Joint Consent Order was entered into between Hazardous Waste Enforcement and Water Pollution Enforcement. Hazardous Waste Enforcement was given credit for the Order.

Submitted by:

Myra C. Reece
Director of Environmental Affairs
BUREAU OF LAND AND WASTE MANAGEMENT

Hazardous Waste Enforcement

1) Order Type and Number: Consent Order 17-29-HW, 17-075-W
Order Date: January 31, 2018
Individual/Entity: CNC Plating, Inc.
Facility: CNC Plating, Inc.
Location: 1902 Edgefield Street
Greenwood, SC 29646
Mailing Address: Same
County: Greenwood
*Previous Orders: None
Permit/ID Number: 19472-IW/SCR 000 772 335

Summary: CNC Plating, Inc. (Individual/Entity) specializes in chrome electroplating at its facility located at 1902 Edgefield Street, in Greenwood, South Carolina. The Department conducted inspections on August 16, 2016, and August 25, 2016. The Individual/Entity has violated the Hazardous Waste Management Regulations, the Pollution Control Act, and the Standards for Wastewater Facilities Construction as follows: failed to accurately determine if a waste was a hazardous waste; failed to keep containers holding hazardous waste closed during storage; failed to receive an extension from the Department to allow hazardous waste to remain onsite for longer than 180 days; failed to maintain and operate the facility to minimize the possibility of any unplanned sudden or non-sudden release of hazardous waste; failed to post the name and telephone number of the emergency coordinator, the location of the fire extinguishers, and spill control material next to the telephone; failed to ensure that the date upon which each period of accumulation began was clearly marked and visible on each container; failed to ensure while being accumulated onsite, each container was labeled or clearly marked with the EPA Hazardous Waste Number(s) and the words: “Hazardous Waste - federal laws prohibit improper disposal;” failed to inspect areas where hazardous waste containers are stored, at least weekly; failed to maintain aisle space to allow the unobstructed movement of personnel and emergency equipment; failed to make arrangements with local authorities for potential needed services; failed to submit plans to or obtain approval from the Department prior to making a change or addition to the approved Evaporator System (ES); and, failed to operate the facility in accordance with its Wastewater Construction Permit, in that it failed to have a completed O&M Manual available onsite during normal working hours.

Action: The Individual/Entity is required to: submit the name and contact information for a qualified company to characterize and properly dispose of all hazardous waste including, but not limited to: drums, totes, liquid waste in tanks and or containers; submit a Wastewater Construction Permit application with accompanying documentation to allow for adding the wastewater settling
container to the ES and obtain Department approval prior to placing the container into operation or remove the wastewater settling container; enroll in and complete a hazardous waste training course and submit a copy of the training certificate; submit an administratively and technically complete Wastewater Construction Permit Application (DHEC Form 1970) to add the primary containment structure or a redesigned primary containment system as a permitted part of the wastewater treatment system; submit an updated O&M Manual for the ES reflecting current components, treatment processes, and maintenance plans for the operation and maintenance of the ES; submit analytical results, profiles, and manifests for the disposed hazardous waste stored onsite in drums, totes, tanks and various containers as mentioned in the Order; and, ensure that inspections of the evaporator system are performed in accordance with Condition 1 of the Wastewater Construction Permit 19472-IW, pay a suspended penalty in the forty-eight thousand, eight hundred twenty-five dollars ($48,825.00), and pay a stipulated penalty in the amount of five thousand, four hundred twenty-five dollars ($5,425.00), should any requirement of the order not be met.

2) Order Type and Number: Consent Order 17-31-HW
Order Date: January 11, 2018
Individual/Entity: Self Regional Healthcare
Facility: Self Regional Healthcare
Location: 1325 Spring Street
Greenwood, SC 29646
Mailing Address: Same
County: Greenwood
Previous Orders: None
Permit/ID Number: SCR 000 005 751

Summary: Self Regional Healthcare (Individual/Entity) provides health care services at its facility located at 1325 Spring Street, in Greenwood, South Carolina. The Department conducted an inspection on September 18, 2017. The Individual/Entity has violated the Hazardous Waste Management Regulations as follows: failed to keep containers holding hazardous waste closed, except when it is necessary to add or remove waste; failed to ensure that the date upon which each period of accumulation began was clearly marked and visible for inspection on each container; failed to ensure that each container while being accumulated onsite, is labeled or marked clearly with the EPA Hazardous Waste Number and the words: “Hazardous Waste – federal laws prohibit improper disposal;” accumulated more than one quart of acutely hazardous waste in containers at or near the point of generation, which is under the control of the operator; generated more than one kilogram of acute hazardous waste in a calendar month; failed to maintain lamps in a manner to prevent a release and to keep such containers closed to prevent spillage; and, failed to file a revised or new Notification Form with the Department whenever the facility’s generator status became inaccurate.

Action: The Individual/Entity is required to: submit the Quarterly Hazardous Waste Reports for the 4th quarter; and, pay a civil penalty in the amount of thirteen thousand five hundred dollars ($13,500.00).
Bon Secours St. Francis Health System, Inc.

Summary: Bon Secours St. Francis Health System, Inc. (Individual/Entity) provides healthcare services at St. Francis Downtown located in Greenville, South Carolina. The Facility has been registered in South Carolina as a generator of infectious waste since August 23, 2001. On January 27, 2017, the Department conducted an inspection of the Facility. The Individual/Entity has violated the South Carolina Infectious Waste Management Act and the South Carolina Infectious Waste Management Regulation as follows: failed to provide the Department with a written protocol to monitor onsite treatment procedures; failed to obtain and record accurate weight of waste within 50 days of shipment; failed to segregate infectious waste from solid waste as close to the point of generation as practical to avoid commingling of the waste; failed to monitor the treatment of infectious waste by use of biological indicators or laboratory culture of the treatment residue to ensure that pathogens have been adequately treated; disposed of infectious waste treatment residue before Department approved monitoring methods could confirm the effectiveness of the treatment process; failed to submit to the Department for approval a standard operating procedure manual, which will include at a minimum requirements in the Section U(4) of this Regulation; failed to use Department approved indicator organisms in test runs to assure proper treatment of the waste; failed to record the temperature and time of all steam sterilizers during each complete cycle to ensure the attainment of a temperature of 121 degrees Centigrade (250 degrees Fahrenheit) for 45 minutes or longer at fifteen (15) pounds pressure, depending on quantity and density of the load, in order to achieve sterilization of the entire load; failed to use the biological indicator Bacillus stearothermophilus placed at the center of a load processed under standard operating conditions to confirm the attainment of adequate sterilization condition; failed to maintain records of the procedures for steam sterilizer run conditions and center load testing with biological indicators for a period of no less than 3 years; failed to demonstrate that more than 75% (by weight, in a calendar year) of all infectious waste that is stored, treated, or disposed of by the facility is generated onsite; and, failed to maintain a record of the treatment for two (2) years afterward to include the date and type of treatment, amount of waste treated, and the individual operating the treatment.

Action: The Individual/Entity is required to comply with the Act and Regulation 61-105; and, pay a civil penalty in the amount of eight thousand, five hundred twenty dollars ($8,520.00).
Recreational Waters Enforcement

4) Order Type and Number: Consent Order 17-184-RW
Order Date: January 4, 2018
Individual/Entity: Magnolia Place East Home Owners’ Association, Inc.
Facility: Magnolia Place East Condominiums
Location: Wild Iris Drive, Building #4
Mailing Address: 306 79th Avenue North
County: Horry
Previous Orders: None
Permit/ID Number: 26-1798B
Summary: Magnolia Place East Home Owners’ Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 1, 2017, and June 27, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the pool furniture was not at least four feet from the pool edge; the drinking water fountain was not operating; the gate did not self-close and latch; the cyanuric acid level was above the water quality standards acceptable limit; the life ring was deteriorated; a handrail was not tight and secure; and the chlorine level was not within the acceptable range of water quality standards.
Action: The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of six hundred eighty dollars ($680.00). The civil penalty has been paid.

5) Order Type and Number: Consent Order 18-001-RW
Order Date: January 5, 2018
Individual/Entity: Fairway Village Homeowners Association, Inc. of Surfside Beach
Facility: Fairway Village
Location: 455 Sunnehanna Drive
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-D70-1
Summary: Fairway Village Homeowners Association, Inc. of Surfside Beach (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 31, 2017, and June 20, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the pool rules sign was not completely filled out; only one “Shallow Water – No Diving Allowed” sign was posted; the current pool operator of record information was not posted to the public; and the facility could not produce current valid documentation of pool operator
On June 22, 2017, a follow-up inspection was conducted and it was determined that all of the deficiencies had been addressed.

**Action:** The Individual/Entity is required to: pay a civil penalty in the amount of six hundred eighty dollars ($680.00).

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**6) Order Type and Number:** Consent Order 18-003-RW  
**Order Date:** January 5, 2018  
**Individual/Entity:** MSP Hotels, Inc.  
**Facility:** Hawthorne Suites  
**Location:** 2455 Savanah Highway  
Charleston, SC 29407

**Mailing Address:** Same  
**County:** Charleston  
**Previous Orders:** None  
**Permit/ID Number:** 10-1109B  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)

**Summary:** MSP Hotels, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 23, 2017, and July 17, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the disinfection equipment and recirculation and filtration equipment were not accessible; the pump room and chemical storage room were not locked; the chlorine and pH levels were not within the acceptable range of water quality standards; the life ring was deteriorated and did not have beackets; the facility address was not posted at the emergency notification device; and the bound and numbered log book was not available for review at the time of the May 23, 2017 inspection, and was not maintained on a daily basis at the time of the July 17, 2017 inspection.

**Action:** The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of six hundred eighty dollars ($680.00).

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**7) Order Type and Number:** Consent Order 18-002-RW  
**Order Date:** January 8, 2018  
**Individual/Entity:** Waters at Berryhill, LP  
**Facility:** Waters at Berryhill Apartments  
**Location:** 18 Berryhill Road  
Columbia, SC 29210

**Mailing Address:** 5910 North Central Expressway  
Dallas, TX 75206  
**County:** Lexington  
**Previous Orders:** None  
**Permit/ID Number:** 32-035-1  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)

**Summary:** Waters at Berryhill, LP (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On July 5, 2017, and August 2, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a handrail was not tight and secure; a ladder was missing bumpers; the pool walls were not clean and there was dirt and oil on the waterline tiles; the deck was uneven and had sharp edges; there was standing water on the pool deck; a skimmer was missing a weir; there were non-pool related items stored in the pump room;
there was no drinking water fountain; the gate did not self-close and latch; the chlorine level was not within the acceptable range of water quality standards; the cyanuric acid level was above the water quality standards acceptable limit; the life ring was deteriorated at the time of the July 5, 2017 inspection, and there was no life ring at the time of the August 2, 2017 inspection; the pool rules sign did not have all of the required rules; the current pool operator of record information was not posted to the public; and the bound and numbered log book was not maintained on a daily basis.

**Action:** The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of six hundred eighty dollars (**$680.00**). The civil penalty has been paid. The Individual/Entity submitted a corrective action plan and corrected the deficiencies.

8) **Order Type and Number:** Consent Order 18-004-RW  
**Order Date:** January 11, 2018  
**Individual/Entity:** Hare Krishna, LLC  
**Facility:** Comfort Inn Blythewood  
**Location:** 436 McNulty Street  
Blythewood, SC 29016  
**Mailing Address:** Same  
**County:** Richland  
**Previous Orders:** 14-093-DW ($400.00)  
15-049-RW ($560.00)  
**Permit/ID Number:** 40-409-1  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)  

**Summary:** Hare Krishna, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On July 13, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine level was not within the acceptable range of water quality standards; a ladder was missing a rung; a skimmer basket was not inserted properly; the shepherd's crook was missing a bolt and the remaining bolt was loose; the current pool operator of record information was not posted to the public; the facility could not produce current valid documentation of pool operator certification; and the bound and numbered log book was not maintained on a daily basis and was not maintained a minimum of three times per week by the pool operator of record.

**Action:** The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of one thousand, three hundred sixty dollars (**$1,360.00**).

9) **Order Type and Number:** Consent Order 18-005-RW  
**Order Date:** January 22, 2018  
**Individual/Entity:** Radhe Radhe, LLC  
**Facility:** Days Inn Manning  
**Location:** 2825 Paxville Highway  
Manning, SC 29102  
**Mailing Address:** Same  
**County:** Clarendon  
**Previous Orders:** None  
**Permit/ID Number:** 14-027-1  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)
Summary: Radhe Radhe, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On July 12, 2017, and July 31, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the gate did not self-close and latch; the pool rules sign was not completely filled out; the bound and numbered log book was not maintained on a daily basis; and the chlorine level was not within the acceptable range of water quality standards.

Action: The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of six hundred eighty dollars ($680.00).

Order Type and Number: Consent Order 18-006-RW
Order Date: January 22, 2018
Individual/Entity: Surfside Development Partners, LLC
Facility: Holiday Inn Oceanfront at Surfside Beach
Location: 1601 N Ocean Boulevard
Surfside Beach, SC 29575
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-H18-1

Summary: Surfside Development Partners, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 23, 2017, and July 20, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the chlorine and pH levels were not within the acceptable range of water quality standards; the emergency notification device was not operational; the "Shallow Water - No Diving Allowed" signs posted did not have the correct wording; and only one "No Lifeguard On Duty - Swim At Your Own Risk" sign was posted and the sign posted did not have the correct wording.

Action: The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of six hundred eighty dollars ($680.00).

Order Type and Number: Consent Order 18-008-RW
Order Date: January 29, 2018
Individual/Entity: Golf Colony Resort II Homeowners’ Association, Inc.
Facility: Golf Colony Resort II at Baytree
Location: 3700 Golf Colony Lane
Little River, SC 29566
Mailing Address: Same
County: Horry
Previous Orders: None
Permit/ID Number: 26-992-1

Summary: Golf Colony Resort II Homeowners’ Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On May 31, 2017, and July 3, 2017, the pool was inspected and a violation was issued for failure to properly operate and
maintain; and on June 2, 2017, the pool was inspected and a violation was issued for re-opening prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing bumpers; a skimmer was missing a weir; the pool rules sign was not completely filled out; there was no drinking water fountain; the gate did not self-close and latch; and the pool was operating prior to receiving Department approval.

**Action:** The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of nine hundred thirty-five dollars ($935.00).

12) **Order Type and Number:** Consent Order 18-011-RW  
**Order Date:** January 29, 2018  
**Individual/Entity:** DeBordieu Fairway Oaks Homeowners Association, Inc.  
**Facility:** Fairway Oaks Villas at DeBordieu  
**Location:** 1182 Hwy 17 Bypass South Murrells Inlet, SC 29576  
**Mailing Address:** Same  
**County:** Georgetown  
**Previous Orders:** None  
**Permit/ID Number:** 22-059-1  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)  

**Summary:** DeBordieu Fairway Oaks Homeowners Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 7, 2017, July 13, 2017, and July 25, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a gate did not self-close and latch; a section of the perimeter fencing was missing; the chlorine and pH levels were not within the acceptable range of water quality standards; and the pool equipment room was not locked.

**Action:** The Individual/Entity is required to: submit a corrective action plan and schedule of implementation to address the deficiencies; and pay a civil penalty in the amount of one thousand, six hundred eighty dollars ($1,680.00).

13) **Order Type and Number:** Consent Order 18-009-RW  
**Order Date:** January 30, 2018  
**Individual/Entity:** Sand Trap Villas Homeowner's Association, Inc.  
**Facility:** Sand Trap Villas  
**Location:** 4600 North Ocean Boulevard North Myrtle Beach, SC 29582  
30 Belmont Drive Bluffton, SC 29910  
**Mailing Address:** Same  
**County:** Horry  
**Previous Orders:** None  
**Permit/ID Number:** 26-B62-1  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)  

**Summary:** Sand Trap Villas Homeowner's Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool. On June 13, 2017, and July 5, 2017, the pool was inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the
lifeline with floats was not attached to the pool wall; the pool furniture was not at least four feet from the edge of the pool; there was no drinking water fountain; the chlorine level was not within the acceptable range of water quality standards; the life ring was deteriorated; the pool rules sign was not completely filled out; the current pool operator of record information was not posted to the public; and the facility could not produce current valid documentation of pool operator certification. On July 20, 2017, a follow-up inspection was conducted and it was determined that all of the deficiencies had been addressed except for the installation of a drinking water fountain.

**Action:** The Individual/Entity is required to: install a drinking water fountain within fifty feet of the pool; and pay a civil penalty in the amount of six hundred eighty dollars ($680.00).

14) **Order Type and Number:** Consent Order 18-010-RW  
**Order Date:** January 31, 2018  
**Individual/Entity:** Shri AP, LLC  
**Facility:** Comfort Suites  
**Location:** 2500 Broad Street Extension  
Sumter, SC 29150  
**Mailing Address:** 450 Derek Drive  
**County:** Sumter, SC 29154  
**Previous Orders:** 16-186-RW ($680.00)  
**Permit/ID Number:** 43-045-1 & 43-046-1  
**Violations Cited:** S.C. Code Ann. Regs. 61-51(J)

**Summary:** Shri AP, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and spa. On June 30, 2017, and August 4, 2017, the pool and spa were inspected and a violation was issued for failure to properly operate and maintain. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: a ladder was missing a step; the gate did not self-close and latch; the chlorine and pH levels were not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; the disinfection equipment was not operating; and the recirculation and filtration equipment was not operating. On August 7, 2017, follow-up inspections were conducted at the pool and spa and it was determined that all of the deficiencies had been addressed.

**Action:** The Individual/Entity is required to: pay a civil penalty in the amount of two thousand, forty dollars ($2,040.00).

**Drinking Water Enforcement**

15) **Order Type and Number:** Consent Order 18-001-DW  
**Order Date:** January 4, 2018  
**Individual/Entity:** Carolyn Salters, Individually and d.b.a. Blackstock Fish Camp  
**Facility:** Blackstock Fish Camp  
**Location:** 1944 Blackstock Road  
Blackstock, SC 29014  
**Mailing Address:** P.O. Box 176  
Blackstock, SC 29014  
**County:** Fairfield  
**Previous Orders:** None  
**Permit/ID Number:** 2070909  
**Violations Cited:** S.C. Code Ann. Regs. 61-58.5.B(2)(h)
Summary: Carolyn Salters, Individually and d.b.a. Blackstock Fish Camp (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On November 28, 2017, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulations as follows: the PWS exceeded the maximum contaminant level (MCL) for nitrate.

Action: The Individual/Entity is required to: submit a corrective action plan to include proposed steps to address the MCL violation at the PWS; and pay a stipulated penalty in the amount of four thousand dollars ($4,000.00) should any requirement of the Order not be met.

16) Order Type and Number: Consent Order 18-002-DW
Order Date: January 4, 2018
Individual/Entity: Doran, LLC
Facility: Oakview Mobile Home Park
Location: 1539 Carolina Avenue
          Burton, SC 29906
Mailing Address: Same
County: Beaufort
Previous Orders: None
Permit/ID Number: 0760059

Summary: Doran, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On November 7, 2017, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulations as follows: the PWS tested present for total coliform and E. coli, which resulted in a violation of the maximum contaminant level (MCL) for E. coli.

Action: The Individual/Entity is required to: submit a corrective action plan to include proposed steps to address the MCL violation; and, pay a stipulated penalty in the amount of four thousand dollars ($4,000.00) should any requirement of the Order not be met.

17) Order Type and Number: Consent Order 18-003-DW
Order Date: January 22, 2018
Individual/Entity: Georgetown County Water & Sewer District
Facility: Georgetown County Water & Sewer District
Location: 4145 Highmarket Street
          Georgetown, SC 29440
Mailing Address: P.O. Box 2730
                Pawleys Island, SC 29585
County: Georgetown
Previous Orders: None
Permit/ID Number: 2220010

Summary: Georgetown County Water & Sewer District (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On November 20, 2017, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulations as follows: the PWS exceeded the maximum contaminant level (MCL) for haloacetic acids five (HAAS).
**Water Pollution Enforcement**

18) **Order Type and Number:** Consent Order 18-002-W  
**Order Date:** January 5, 2018  
**Individual/Entity:** Williamsburg County Water and Sewer Authority  
**Facility:** Santee River WWTF  
**Location:** 674 Union Church Road  
Williamsburg County, SC  
**Mailing Address:** P.O. Box 1124  
Kingstree, SC 29556  
**County:** Williamsburg  
**Previous Orders:** None  
**Permit/ID Number:** SC0048097  
**Violations Cited:** Pollution Control Act, S.C. Code Ann § 48-1-110 (d) (Supp. 2016); Water Pollution Control Permits, 3 S.C. Code Ann Regs. 61-9.122.41 (a) and (d) (2016).

**Summary:** Williamsburg County Water and Sewer Authority (Individual/Entity) owns and is responsible for the proper operation and maintenance of the Santee River Wastewater Treatment Facility (WWTF) located in Williamsburg County, South Carolina. On September 5, 2017, a Notice of Violation was issued as a result of violations for *Escherichia coli* (E. coli) on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulation as follows: failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System permit for E. coli.

**Action:** The Individual/Entity is required to: submit a corrective action plan to address the deficiencies; and, pay a civil penalty in the amount of three thousand two hundred dollars ($3,200.00).

19) **Order Type and Number:** Consent Order 18-003-W  
**Order Date:** January 22, 2018  
**Individual/Entity:** Georgetown County Water & Sewer District  
**Facility:** Pawleys Area WWTP  
**Location:** 456 Clearwater Drive  
Pawleys Island, SC  
**Mailing Address:** P.O. Box 2730  
Pawleys Island, SC 29585  
**County:** Georgetown  
**Previous Orders:** None  
**Permit/ID Number:** SC0039951  
**Violations Cited:** Pollution Control Act, S.C Code Ann § 48-1-110 (d) (Supp. 2016); Water Pollution Control Permits, 3 S.C. Code Ann Regs. 61-9.122.41 (a) and (d) (2016).

**Summary:** Georgetown County Water and Sewer District (Individual/Entity) owns and is responsible for the proper operation and maintenance of the Pawleys Area Wastewater Treatment Facility (WWTF) located in Georgetown County, South Carolina. On January 5, 2018, a Notice of Violation was issued as a result of violations on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulation as follows: failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System permit for E. coli.

**Action:** The Individual/Entity is required to: submit a corrective action plan to address the deficiencies; and, pay a stipulated penalty in the amount of four thousand dollars ($4,000.00) should any requirement of the Order not be met.
Plant (WWTP) located in Georgetown County, South Carolina. On September 28, 2017, a Notice of Violation was issued as a result of violations for Ammonia – Nitrogen violations on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulation as follows: failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System permit for Ammonia - Nitrogen.

Action: The Individual/Entity is required to: submit a corrective action plan to address the deficiencies; and, pay a civil penalty in the amount of one thousand, four hundred dollars ($1,400.00).

Dams Safety Enforcement

20) Order Type and Number: Consent Agreement 18-001-W
Order Date: January 4, 2018
Individual/Entity: Sandy Creek Associates
Facility: Wilson Millpond Dam
Location: Approximately 2.0 miles west of the intersection of Leesburg Road and Hwy. 601, near Congress Road, Richland County, SC
Mailing Address: 46 Foot Point Road, Columbia, SC 29209
County: Richland
Previous Orders: 2015 Emergency Order
Permit/ID Number: D 0594
Summary: Sandy Creek Associates (Individual/Entity) owns and is responsible for the proper operation and maintenance of the Wilson Millpond Dam in Richland County, South Carolina. On October 15, 2015, the Department issued an Emergency Order to the Individual/Entity as a result of unsafe conditions at the dam. The Agreement is entered into by the Department and the Individual/Entity with respect to remedial actions addressing deficiencies in the condition of the dam.

Action: The Individual/Entity is required to: maintain the Dam in a condition that does not impound water until the Dam is repaired or removed from the property; notify the Department upon any change in status, ownership, or condition of the Dam; apply for a permit prior to performing any changes to the Dam; and, obtain a permit under the “Construction Permit Application Requirements” in section 72-3.D.2, if plans are made to repair the Dam after a period of two (2) years from the execution date of the Order.

BUREAU OF AIR QUALITY

21) Order Type and Number: Administrative Order 18-002-A
Order Date: January 9, 2018
Individual/Entity: Cruz Enterprises, Inc.
Facility: Cruz Enterprises, Inc.
Location: 2468 Cape Road, Johns Island, SC 29455
Mailing Address: Same
County: Charleston
Previous Orders: 13-041-A ($4,000)
Permit/ID Number: N/A

Summary: Cruz Enterprises, Inc. (Individual/Entity), located in Johns Island, South Carolina, performs tree trimming, tree removal, and landscaping. The Department conducted an open burning investigation on April 18, 2017, in response to a complaint. The Individual/Entity has violated South Carolina Air Pollution Control Regulations as follows: burned materials other than those specifically allowed by Section I of the regulation.

Action: The Individual/Entity is required to: cease all open burning except in accordance with the open burning regulations; and pay a civil penalty in the amount of seven thousand, five hundred dollars ($7,500.00).

22) Order Type and Number: Consent Order 18-001-A
Order Date: January 2, 2018
Individual/Entity: Adams Scrap Recycling L.L.C.
Facility: Adams Scrap Recycling L.L.C.
Location: 419 Old Easley Rd.
Greenville, SC 29611
Mailing Address: P.O. Box 14338
Greenville SC 29610
County: Greenville
Previous Orders: None
Permit/ID Number: 1200-0510

Summary: Adams Scrap Recycling L.L.C. (Individual/Entity), located in Greenville, South Carolina, operated an aluminum sweat furnace. On July 20, 2016, the Department conducted a comprehensive inspection. The Individual/Entity has violated U.S. EPA regulations at 40 CFR Part 63 and South Carolina Air Pollution Control Regulation as follows: failed to maintain a copy of the operating permit readily available at the facility; failed to demonstrate that it maintained the 3-hour block average operating temperature of the afterburner at or above 1600°F; failed to demonstrate that it operated the afterburner in accordance with the OM&M plan; failed to submit an OM&M plan to the Department within 90 days after the applicable compliance date; failed to inspect the capture/collection and closed vent system at least once each calendar year; failed to demonstrate that it calibrated and maintained the device that continuously monitors and records the operating temperature of the afterburner; failed to determine and record the average temperature of the afterburner for each 3-hour block period; failed to conduct and/or record inspections of the afterburner at least once a year; failed to submit a Notice Of Compliance Status within 90 days after the applicable compliance date; and, failed to submit semiannual reports within 60 days after the end of each applicable 6-month period.

Action: The Individual/Entity is required to: not resume operation of the aluminum sweat furnace, and submit an Air Permit Cancellation Form (DHEC 2374) to the Department for the cancellation of Bureau of Air Quality State Operating Permit 1200-0510, no later than January 1, 2018; and pay a civil penalty in the amount of seven thousand, five hundred dollars ($7,500.00).
23) Order Type and Number: Consent Order 2017-206-02-039  
Order Date: January 2, 2018  
Individual/Entity: Ingles #93 Deli  
Facility: Ingles #93 Deli  
Location: 2150 East Main Street  
Duncan, SC 29334  
Mailing Address: P.O. Box 6676  
Asheville, NC 28816  
County: Spartanburg  
Previous Orders: None  
Permit Number: 42-206-04379  

Summary: Ingles #93 Deli (Individual/Entity) is a deli located in Duncan, South Carolina. The Department conducted inspections on November 15, 2017, November 20, 2017, November 22, 2017, and November 27, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, six hundred dollars ($1,600.00).

24) Order Type and Number: Consent Order 2017-206-03-065  
Order Date: January 2, 2018  
Individual/Entity: Sila Thai Restaurant  
Facility: Sila Thai Restaurant  
Location: 979 Anderson Road  
Rock Hill, SC 29730  
Mailing Address: 739 Greenbriar Avenue  
Rock Hill, SC 29730  
County: York  
Previous Orders: None  
Permit Number: 46-206-02791  

Summary: Sila Thai Restaurant (Individual/Entity) is a restaurant located in Rock Hill, South Carolina. The Department conducted inspections on April 26, 2017, June 19, 2017, and August 16, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

25) Order Type and Number: Consent Order 2017-206-03-085  
Order Date: January 2, 2018  
Individual/Entity: Burger Tavern 77
### Burger Tavern 77
- **Facility:** Burger Tavern 77
- **Location:** 2631 Devine Street
  Columbia, SC 29205
- **Mailing Address:** Same
- **County:** Richland
- **Previous Orders:** None
- **Permit Number:** 40-206-06810
- **Violations Cited:** S.C. Code Ann. Regs. 61-25

**Summary:** Burger Tavern 77 (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on March 1, 2017, March 10, 2017, and June 26, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of five hundred fifty dollars ($550.00).

### Country Inn and Suites
- **Facility:** Country Inn and Suites
- **Location:** 3540 Lakemont Boulevard
  Fort Mill, SC 29708
- **Mailing Address:** Same
- **County:** York
- **Previous Orders:** None
- **Permit Number:** N/A
- **Violations Cited:** S.C. Code Ann. Regs. 61-25

**Summary:** Country Inn and Suites (Individual/Entity) operates a restaurant located in Fort Mill, South Carolina. The Department conducted inspections on December 29, 2016, and July 12, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: provided food to the public without a valid permit issued by the Department.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, six hundred dollars ($1,600.00).

### Liberty at the Lake
- **Facility:** Liberty at the Lake
- **Location:** 1602 Marina Road
  Irmo, SC 29063
- **Mailing Address:** 1177 Southgate Drive
  Charleston, SC 29407
- **County:** Richland
- **Previous Orders:**
  - 2015-206-03-059 ($1,200.00)
  - 2016-206-03-102 ($1,200.00)
  - 40-206-07068
- **Permit Number:** 40-206-07068
- **Violations Cited:** S.C. Code Ann. Regs. 61-25

**Summary:** Liberty at the Lake (Individual/Entity) operates a restaurant located in Irmo, South Carolina. The Department conducted inspections on January 2, 2018, and July 12, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, six hundred dollars ($1,600.00).
Summary: Liberty at the Lake (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on September 9, 2015, August 30, 2016, August 1, 2017, and August 8, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

28) Order Type and Number: Consent Order 2017-206-03-121
Order Date: January 2, 2018
Individual/Entity: Starbucks Coffee
Facility: Starbucks Coffee
Location: 1400 Main Street
Columbia, SC 29201
Mailing Address: Same
County: Richland
Previous Orders: None
Permit Number: 40-206-07570

Summary: Starbucks Coffee (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on September 22, 2017, September 28, 2017, November 14, 2017, and November 20, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

29) Order Type and Number: Consent Order 2017-206-03-126
Order Date: January 2, 2018
Individual/Entity: Ocean View Seafood Restaurant
Facility: Ocean View Seafood Restaurant
Location: 1904 Broad River Road
Columbia, SC 29210
Mailing Address: Same
County: Richland
Previous Orders: None
Permit Number: 40-206-06025

Summary: Ocean View Seafood Restaurant (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on June 30, 2016, June 6, 2017, and November 15, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to clearly mark the date by which food shall be consumed on the premises, sold, or discarded when held at a temperature of 41°F or less for a maximum of seven (7) days. This applies only to refrigerated, ready-to-eat, time/temperature
control for safety food prepared and held in a food establishment for more than twenty-four (24) hours.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

30) **Order Type and Number:** Consent Order 2017-206-04-006  
**Order Date:** January 2, 2018  
**Individual/Entity:** Cruizers #16  
**Facility:** Cruizers #16  
**Location:** 233 North Coit Street  
Florence, SC 29501  
**Mailing Address:** Same  
**County:** Florence  
**Previous Orders:** None  
**Permit Number:** 21-206-02721  
**Violations Cited:** S.C. Code Ann. Regs. 61-25  

**Summary:** Cruizers #16 (Individual/Entity) is a convenience store located in Florence, South Carolina. The Department conducted inspections on October 28, 2016, November 4, 2016, and October 11, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of five hundred fifty dollars ($550.00).

31) **Order Type and Number:** Consent Order 2017-206-04-010  
**Order Date:** January 2, 2018  
**Individual/Entity:** T's Express  
**Facility:** T's Express  
**Location:** 106 East Boyce Street  
Manning, SC 29102  
**Mailing Address:** Same  
**County:** Clarendon  
**Previous Orders:** None  
**Permit Number:** 14-206-00382  
**Violations Cited:** S.C. Code Ann. Regs. 61-25  

**Summary:** T's Express (Individual/Entity) is a restaurant located in Manning, South Carolina. The Department conducted inspections on July 25, 2017, September 22, 2017, and September 29, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).
32) Order Type and Number: Consent Order 2017-206-06-108
Order Date: January 2, 2018
Individual/Entity: Mellow Mushroom
Facility: Mellow Mushroom
Location: 1101 Highway 17 South
North Myrtle Beach, SC 29582
Mailing Address: 1604 South Highgrove Court
Myrtle Beach, SC 29575
County: Horry
Previous Orders: None
Permit Number: 26-206-12803

Summary: Mellow Mushroom (Individual/Entity) is a restaurant located in North Myrtle Beach, South Carolina. The Department conducted inspections on July 17, 2017, July 24, 2017, and September 13, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

33) Order Type and Number: Consent Order 2017-206-06-113
Order Date: January 2, 2018
Individual/Entity: Canteen Dining - International Paper
Facility: Canteen Dining- International Paper
Location: 700 Kaminski Street
Georgetown, SC 29440
Mailing Address: 4808 Chesapeake Drive
Charlotte, NC 28216
County: Georgetown
Previous Orders: None
Permit Number: 22-206-06159

Summary: Canteen Dining- International Paper (Individual/Entity) operates a restaurant located in Georgetown, South Carolina. The Department conducted inspections on July 7, 2016, March 2, 2017, and June 30, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool, cooked time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

34) Order Type and Number: Consent Order 2017-206-06-126
Order Date: January 2, 2018
Individual/Entity: Fish Net Seafood Market
Facility: Fish Net Seafood Market
Location: 105 North Main Street
Hemingway, SC 29554
Mailing Address: 297 State Highway 41-51

Summary: Fish Net Seafood Market (Individual/Entity) operates a restaurant located in Hemingway, South Carolina. The Department conducted inspections on September 13, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).
Summary: Fish Net Seafood Market (Individual/Entity) is a restaurant located in Hemingway, South Carolina. The Department conducted inspections on December 14, 2015, November 30, 2016, and October 3, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of seven hundred dollars ($700.00).

35) Order Type and Number: Consent Order 2017-206-06-132
Order Date: January 2, 2018
Individual/Entity: Ocean Dragon Pawleys Island
Facility: Ocean Dragon Pawleys Island
Location: 9380 Ocean Highway
Pawleys Island, SC 29585
Mailing Address: Same
County: Georgetown
Previous Orders: None
Permit Number: 22-206-06052

Summary: Ocean Dragon Pawleys Island (Individual/Entity) is a restaurant located in Pawleys Island, South Carolina. The Department conducted inspections on April 4, 2016, March 6, 2017, and October 24, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

36) Order Type and Number: Consent Order 2017-206-06-137
Order Date: January 2, 2018
Individual/Entity: Domino’s Pizza
Facility: Domino’s Pizza
Location: 1335 North Longstreet Street
Kingstree, SC 29556
Mailing Address: P.O. Box 13225
Florence, SC 29504
County: Williamsburg
Previous Orders: None
Permit Number: 45-206-00413

Summary: Domino’s Pizza (Individual/Entity) is a restaurant located in Kingstree, South Carolina. The Department conducted inspections on November 10, 2016, September 7, 2017,
September 14, 2017, September 21, 2017, and September 29, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that a person in charge who demonstrates knowledge by being a food protection manager certified by a food protection manager certification program that is evaluated and listed by a Conference for Food Protection-recognized accrediting agency as conforming to the Conference for Food Protection Standards for Accreditation of Food Protection Manager Certification Programs complies with the regulation; and failed to ensure that nonfood-contact surfaces are free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, five hundred dollars ($1,500.00).

37) **Order Type and Number:** Consent Order 2017-206-08-010  
**Order Date:** January 2, 2018  
**Individual/Entity:** Agave Mexican Grill  
**Facility:** Agave Mexican Grill  
**Location:** 1430 Ribaut Road  
Port Royal, SC 29935  
**Mailing Address:** Same  
**County:** Beaufort  
**Previous Orders:** None  
**Permit Number:** 07-206-02515  
**Violations Cited:** S.C. Code Ann. Regs. 61-25

**Summary:** Agave Mexican Grill (Individual/Entity) is a restaurant located in Beaufort, South Carolina. The Department conducted inspections on September 30, 2016, November 21, 2016, October 3, 2017, and October 13, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to clearly mark the date by which food shall be consumed on the premises, sold, or discarded when held at a temperature of 41°F or less for a maximum of seven (7) days. This applies only to refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than twenty-four (24) hours; and failed to ensure that when time without temperature control is used as a public health control, the food in unmarked containers or packages shall be discarded.

**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, six hundred dollars ($1,600.00).

38) **Order Type and Number:** Consent Order 2017-211-03-001  
**Order Date:** January 2, 2018  
**Individual/Entity:** Kroger #002 Market  
**Facility:** Kroger #002 Market  
**Location:** 7467 St. Andrews Road  
Irmo, SC 29063  
**Mailing Address:** P.O. Box 305103  
Nashville, TN 37230  
**County:** Lexington  
**Previous Orders:** None  
**Permit Number:** 32-211-00311  
**Violations Cited:** S.C. Code Ann. Regs. 61-25
Summary: Kroger #002 Market (Individual/Entity) is a grocery store located in Irmo, South Carolina. The Department conducted inspections on August 18, 2017, August 25, 2017, September 1, 2017, October 16, 2017, and October 25, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, two hundred dollars ($1,200.00).

39) Order Type and Number: Consent Order 2017-206-03-113
Order Date: January 3, 2018
Individual/Entity: RNK Catawba
Facility: RNK Catawba
Location: 5595 Highway 5
         Catawba, SC 29704
Mailing Address: P.O. Box 1317
                 Lancaster, SC 29721
County: York
Previous Orders:
         2016-206-03-056 ($800.00)
         2017-206-03-029 ($2,000.00)
Permit Number: 46-206-03381

Summary: RNK Catawba (Individual/Entity), located in Catawba, South Carolina, is a restaurant. The Department conducted an inspection on September 26, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand dollars ($1,000.00).

40) Order Type and Number: Consent Order 2017-206-03-124
Order Date: January 3, 2018
Individual/Entity: 2 Gingers
Facility: 2 Gingers
Location: 245 Bush River Road
           Columbia, SC 29210
Mailing Address: Same
County: Richland
Previous Orders:
         2016-206-03-010 ($1,000.00)
         2017-206-03-026 ($1,000.00)
Permit Number: 40-206-03381

Summary: 2 Gingers (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on March 2, 2016, February 14, 2017, and November 3, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; failed to properly cool cooked time/temperature control for safety foods; and failed to protect food from contamination by storing in a clean, dry location, where it is not exposed to splash, dust, or other contamination, at least 6 inches above the floor.
**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, two hundred fifty dollars ($1,250.00).

| 41) | **Order Type and Number:** Consent Order 2017-206-01-029  
**Order Date:** January 4, 2018  
**Individual/Entity:** Fiesta Mexican Restaurant  
**Facility:** Fiesta Mexican Restaurant  
**Location:** 3626 Highway 81 North  
Anderson, SC 29621  
**Mailing Address:** Same  
**County:** Anderson  
**Previous Orders:** 2016-206-01-050 ($550.00)  
**Permit Number:** 04-206-03164  
**Violations Cited:** S.C. Code Ann. Regs. 61-25  
**Summary:** Fiesta Mexican Restaurant (Individual/Entity), located in Anderson, South Carolina, is a restaurant. The Department conducted an inspection on September 27, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.  
**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand dollars ($1,000.00). |
|---|---|
| 42) | **Order Type and Number:** Consent Order 2017-206-03-109  
**Order Date:** January 4, 2018  
**Individual/Entity:** Sandy’s Famous Hot Dogs #6  
**Facility:** Sandy’s Famous Hot Dogs #6  
**Location:** 612 Saint Andrews Road  
Columbia, SC 29210  
**Mailing Address:** Same  
**County:** Lexington  
**Previous Orders:** None  
**Permit Number:** 32-206-00548  
**Violations Cited:** S.C. Code Ann. Regs. 61-25  
**Summary:** Sandy’s Famous Hot Dogs #6 (Individual/Entity) is a restaurant located in Columbia, South Carolina. The Department conducted inspections on August 31, 2016, July 21, 2017, and July 31, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.  
**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00). |
| 43) | **Order Type and Number:** Consent Order 2017-206-08-007  
**Order Date:** January 4, 2018  
**Individual/Entity:** Castillo’s Pizzeria  
**Facility:** Castillo’s Pizzeria  
**Location:** 334 East Washington Street  
**Summary:** Castillo’s Pizzeria (Individual/Entity) is a restaurant located at 334 East Washington Street. The Department conducted an inspection on September 1, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.  
**Action:** The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00). |
Summary: Castillo's Pizzeria (Individual/Entity) is a restaurant located in Walterboro, South Carolina. The Department conducted inspections on January 24, 2017, August 9, 2017, August 16, 2017, and August 24, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to ensure there was no bare hand contact with ready-to-eat foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand, six hundred dollars ($1,600.00).

Order Type and Number: Consent Order 2017-206-02-040
Order Date: January 8, 2018
Individual/Entity: JR Pitstop
Facility: JR Pitstop
Location: 11792 Augusta Road
          Honea Path, SC 29654
Mailing Address: Same
County: Greenville
Previous Orders: None
Permit Number: 23-206-09900

Summary: JR Pitstop (Individual/Entity) is a convenience store located in Honea Path, South Carolina. The Department conducted inspections on January 6, 2016, December 19, 2016, and November 6, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

Order Type and Number: Consent Order 2017-206-03-055
Order Date: January 8, 2018
Individual/Entity: Five and Dine
Facility: Five and Dine
Location: 135 East Main Street, Suite 101
          Rock Hill, SC 29730
Mailing Address: Same
County: York
Previous Orders: None
Permit Number: 46-206-03116
Summary: Five and Dine (Individual/Entity) is a restaurant located in Rock Hill, South Carolina. The Department conducted inspections on June 23, 2015, April 22, 2016, April 18, 2017, and April 26, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to clean the physical facilities as often as necessary to keep them clean.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of seven hundred fifty dollars ($750.00).

46) Order Type and Number: Consent Order 2017-206-03-125  
Order Date: January 8, 2018  
Individual/Entity: Los Aztecas  
Facility: Los Aztecas  
Location: 8475 Charlotte Highway  
Indian Land, SC 29707  
Mailing Address: 4559 Charlotte Highway  
Lake Wylie, SC 29710  
County: Lancaster  
Previous Orders: None  
Permit Number: 29-206-01381  

Summary: Los Aztecas (Individual/Entity) is a restaurant located in Indian Land, South Carolina. The Department conducted inspections on January 19, 2017, September 21, 2017, and November 16, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to clearly and individually identify with the common name of the material, on all working containers used for storing poisonous or toxic materials such as cleaners and sanitizers taken from bulk supplies.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

47) Order Type and Number: Consent Order 2017-206-07-028  
Order Date: January 11, 2018  
Individual/Entity: Tasty Thai and Sushi  
Facility: Tasty Thai and Sushi  
Location: 350 King Street  
Charleston, SC 29401  
Mailing Address: Same  
County: Charleston  
Previous Orders: 2015-206-07-081 ($800.00)  
Permit Number: 10-206-07255  

Summary: Tasty Thai and Sushi (Individual/Entity) located in Charleston, South Carolina, is a restaurant. The Department conducted inspections on September 12, 2016, August 17, 2017, and August 22, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.
Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

48) Order Type and Number: Consent Order 2017-206-07-029
Order Date: January 16, 2018
Individual/Entity: Luz's Place Inc
Facility: Luz's Place Inc
Location: 1936 Remount Road
North Charleston, SC 29406
Mailing Address: Same
County: Charleston
Previous Orders: None
Permit Number: 10-206-03204

Summary: Luz's Place Inc (Individual/Entity) is a restaurant located in North Charleston, South Carolina. The Department conducted inspections on June 6, 2017, June 15, 2017, June 22, 2017, August 18, 2017, and October 11, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to demonstrate knowledge of foodborne disease prevention by having no priority violations during the inspection; failed to properly cool, cooked time/temperature control for safety foods; failed to maintain the premises free of insects, rodents, and other pests; and failed to ensure that single-service and single use articles were not reused.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand dollars ($1,000.00).

49) Order Type and Number: Consent Order 2017-206-06-096
Order Date: January 17, 2018
Individual/Entity: Hard Rock Café
Facility: Hard Rock Café
Location: 1318 Celebrity Circle, Unit 179
Myrtle Beach, SC 29577
Mailing Address: 6100 Old Park Lane
Orlando, FL 32835
County: Horry
Previous Orders: None
Permit Number: 26-206-13321

Summary: Hard Rock Café (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on January 18, 2017, April 20, 2017, and August 22, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).
50) Order Type and Number: Consent Order 2017-206-03-024  
Order Date: January 18, 2018  
Individual/Entity: Fresh Vibes  
Facility: Fresh Vibes  
Location: 1675 Ebenezer Road  
Rock Hill, SC 29732  
Mailing Address: 129 Hardin Street  
Rock Hill, SC 29730  
County: York  
Previous Orders: 2016-206-03-073 ($630.00)  
Permit Number: 46-206-03247  
Summary: Fresh Vibes (Individual/Entity) is a restaurant located in Rock Hill, South Carolina. The Department conducted inspections on June 7, 2017, and June 16, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.  
Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of two thousand dollars ($2,000.00).

51) Order Type and Number: Consent Order 2017-206-03-122  
Order Date: January 18, 2018  
Individual/Entity: El Cheapo #1  
Facility: El Cheapo #1  
Location: 4701 North Main Street  
Columbia, SC 29203  
Mailing Address: Same  
County: Richland  
Previous Orders: None  
Permit Number: 40-206-06463  
Summary: El Cheapo #1 (Individual/Entity) is a convenience store located in Columbia, South Carolina. The Department conducted inspections on October 10, 2016, September 13, 2017, September 22, 2017, and September 28, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to clearly mark the date or day by which food shall be consumed on the premises, sold, or discarded when held at a temperature of 41°F or less for a maximum of seven (7) days, on the refrigerated, ready-to-eat, time/temperature control for safety foods prepared and held in a food establishment for more than twenty-four (24) hours.  
Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

52) Order Type and Number: Consent Order 2017-206-03-117  
Order Date: January 19, 2018  
Individual/Entity: Speedmart Convenience Store  
Facility: Speedmart Convenience Store  
Location: 1914 Augusta Road  
West Columbia, SC 29169  
Summary: Speedmart Convenience Store (Individual/Entity) is a convenience store located in West Columbia, South Carolina. The Department conducted inspections on January 19, 2018. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.  
Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of five hundred dollars ($500.00).
Summary: Speedmart Convenience Store (Individual/Entity) is a convenience store located in West Columbia, South Carolina. The Department conducted inspections on November 3, 2016, October 9, 2017, and October 19, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of eight hundred dollars ($800.00).

53) Order Type and Number: Consent Order 2018-206-06-001
Order Date: January 22, 2018
Individual/Entity: Travinia
Facility: Travinia
Location: 4011 Deville Street
Myrtle Beach, SC 29577
Mailing Address: Same
County: Horry
Previous Orders: 2017-206-06-097 ($1,600.00)
Permit Number: 26-206-10698

Summary: Travinia (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted an inspection on December 4, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand dollars ($1,000.00).

54) Order Type and Number: Consent Order 2017-206-06-138
Order Date: January 23, 2018
Individual/Entity: Sea Captain’s House
Facility: Sea Captain’s House
Location: 3002 North Ocean Boulevard
Myrtle Beach, SC 29577
Mailing Address: P.O. Box 1948
Myrtle Beach, SC 29578
County: Horry
Previous Orders: 2015-206-06-040 ($800.00)
2016-206-06-105 ($600.00)
2017-206-06-045 ($1,200.00)
Permit Number: 26-206-01334
Summary: Sea Captain’s House (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted an inspection on November 14, 2017. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25; and pay a civil penalty in the amount of one thousand dollars ($1,000.00).

OFFICE OF OCEAN AND COASTAL RESOURCE MANAGEMENT

55) Order Type and Number: Consent Order 16C-022Fa
Order Date: January 24, 2018
Individual/Entity: Ellen C. DePatie
Location: 2331 Captain John Hutt Road
Goat Island, SC 29466
Mailing Address: 431 Grand Palm Lane
Summerville, SC 29485
County: Charleston
Previous Orders: None
Permit/ID Number: N/A

Summary: Ellen C. DePatie (Individual/Entity) is the current owner of certain property abutting the tidelands and coastal waters critical areas. An inspection at the Site was conducted on October 12, 2015, and a Notice of Violation/Admission Letter was issued on September 14, 2016. The Individual/Entity has violated the S.C. Coastal Zone Management Act (Act) and Coastal Division Regulations (Regulations) as follows: constructed a covered fixed pierhead, landing, ramp, and floating dock in the tidelands and coastal waters critical areas at the Site without a Department permit.

Action: The Individual/Entity is required to: reduce an existing sundeck to the permitted dimensions; submit an administratively complete after-the-fact permit request for the remaining unauthorized dock structures; and pay a civil penalty in the amount of five hundred dollars ($500.00).

* Unless otherwise specified, “Previous Orders” as listed in this report include orders issued by Environmental Affairs Programs within the last five (5) years.
Date: March 27, 2018

To: S.C. Board of Health and Environmental Control

From: Bureau of Health Facilities Licensing

Re: Public Hearing for Notice of Final Regulation for Regulation 61-125, Standards for Licensing Crisis Stabilization Unit Facilities, Doc. No. 4809

I. Introduction

The Bureau of Health Facilities Licensing proposes the attached Notice of Final Regulation for new Regulation 61-125, Standards for Licensing Crisis Stabilization Unit Facilities. Legal authority resides in S.C. Code Section 44-7-260, which requires the Department of Health and Environmental Control ("Department") to promulgate regulations for the licensure of Crisis Stabilization Unit Facilities. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of this promulgation.

II. Facts

1. On April 24, 2017, Governor Henry McMaster signed into effect Act No. 10 amending Article 3 of Chapter 7, Title 44 to require the Department to license and regulate Crisis Stabilization Unit Facilities ("CSUs"). These facilities provide a short-term residential program offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.

2. The Department had a Notice of Drafting published in the May 26, 2017, South Carolina State Register ("State Register").

3. The Department held a regulation development meeting with stakeholders and other interested parties on June 27, 2017, to receive input on regulatory requirements for CSUs. Additionally, the Department routinely communicated and met with representatives from the Department of Mental Health for substantive input.

4. The Department had a Notice of Proposed Regulation published in the January 26, 2018, State Register. The Department received public comments from three (3) people by the February 26, 2018, close of the comment period. Attachment B presents a summary of public comments received and Department responses.

5. Following publication of the Notice of Proposed Regulation, the Department held another regulation development meeting with stakeholders and interested parties on February 15, 2018, to discuss the proposed regulation and receive input on possible changes to the text of the regulation.

6. The Department completed an internal review of the regulation on March 16, 2018. All appropriate Department personnel have reviewed the regulation.

7. After consideration of all timely received comments, staff has made substantive changes to the regulatory text of the Notice of Proposed Regulation approved by the Board at the January 4, 2018, Board meeting and published in the January 26, 2018, State Register. Descriptions of the changes appear in Attachment B, Summary of Public Comments and Department Responses.
III. Request for Approval

The Bureau of Health Facilities Licensing requests the Board to grant a finding of need and reasonableness of the attached Notice of Final Regulation in order to proceed with submission to the General Assembly.

Gwen C. Thompson  
Chief  
Bureau of Health Facilities Licensing

Shelly Branson-Kelly, J.D.  
Director  
Health Regulation

Attachments:
A. Notice of Final Regulation
B. Summary of Public Comments and Department Responses
ATTACHMENT A
STATE REGISTER NOTICE OF FINAL REGULATION
FOR NEW REGULATION 61-125, STANDARDS FOR
LICENSING CRISIS STABILIZATION UNIT FACILITIES

Document No. 4809
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61
Statutory Authority: 1976 Code Section 44-7-260

Synopsis:

The Department of Health and Environmental Control ("Department") has promulgated a new regulation to establish licensure and regulatory requirements for Crisis Stabilization Unit Facilities. These facilities provide a short-term residential program offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.

The Department had a Notice of Drafting published in the May 26, 2017, State Register.

Section-by-Section Discussion of New Regulation

Regulation 61-125. Standards for Licensing Crisis Stabilization Unit Facilities.

Added the statutory authority for the regulation under the Title

TABLE OF CONTENTS

The table of contents was added.

Section 100. DEFINITIONS AND LICENSURE
Section 100 title was added for clarity and consistency.

Section 101. Definitions.

Section 102. Licensure.
Section 102.A was added to require facilities to obtain a license before operating. Section 102.B was added to require compliance with applicable local, state, and federal laws, codes, and regulations. Section 102.C
was added to delineate the licensed bed capacity requirements. Section 102.D was added to delineate the terms of licensure. Section 102.E prohibits facilities from utilizing the same name as another licensed facility. Section 102.F delineates the requirements for the license application. Section 102.G lists the documentation required for licensure. Section 102.H delineates the licensing fees. Section 102.I delineates fees for late renewals. Section 102.J delineates the process for license renewal. Section 102.K outlines the requirements for a change of license. Section 102.L delineates the requirements when there is a change of licensee. Section 102.M allows the Department to make exceptions where the Department determines the health, safety, and well-being of patients are not compromised, and provided the standard is not specifically required by statute.

Section 200. ENFORCEMENT OF REGULATIONS
Section 200 title was added for clarity and consistency.

Section 201. General.
Section 201 delineates the methods by which the Department may enforce this regulation.

Section 202. Inspections and Investigations.
Section 202 requires that inspections by the Department be conducted prior to initial licensing of a facility. Section 202 further states that the Department may charge a fee for plan inspections, construction inspections, and licensing inspections, in accordance with S.C. Code Section 44-7-260, and lists the applicable fees.

Section 203. Consultations.
Section 203 allows for consultations by the Department as requested by the facility or as deemed appropriate by the Department.

Section 300. ENFORCEMENT ACTIONS
Section 300 title was added for clarity and consistency.

Section 301. General.
Section 301 states that the Department may impose a monetary penalty, or deny, suspend, or revoke licensure for statutory or regulatory violations.

Section 302. Violation Classifications.
Section 302 delineates the classes of violations and outlines the monetary penalty schedule for violations.

Section 400. POLICIES AND PROCEDURES
Section 400 requires facilities to have written policies and procedures addressing the manner in which the requirements of this regulation shall be met. Section 400 further delineates the requirements of facility policies and procedures.

Section 500. STAFF AND TRAINING
Section 500 title was added for clarity and consistency.

Section 501. General.
Section 501 requires criminal background checks for staff members and volunteers, delineates required qualifications for staff members, and requires verification of licenses, credentials, experience, and competence of staff members.

Section 502. Administrator.
Section 502 delineates the requirements for the facility administrator.
Section 503. Staff.
Section 503 delineates the minimum required staffing levels for facilities and requires at least one (1) registered nurse on duty and present in the facility twenty-four (24) hours per day, seven (7) days per week.

Section 504. Inservice Training.
Section 504 delineates the required inservice training for staff.

Section 505. Job Orientation.
Section 505 requires that all new staff members and volunteers have documented orientation to the organization and environment of the facility and specific duties and responsibilities.

Section 506. Health Status.
Section 506 requires that all staff members have a health assessment within twelve (12) months prior to initial patient contact.

Section 600. REPORTING
Section 600 title was added for clarity and consistency.

Section 601. Incidents.
Section 601 delineates the requirements for reporting incidents occurring in the facility or on facility grounds, as well as requirements for other reportable conditions.

Section 602. Closure and Zero Census.
Section 602 delineates the reporting requirements for facility closure and requires facilities to notify the Department when there have been no patients in the facility for a period of ninety (90) days or more.

Section 700. PATIENT RECORDS
Section 700 title was added for clarity and consistency.

Section 701. Content.
Section 701 delineates the required documentation for patient records.

Section 702. Screening.
Section 702 requires facilities to have written protocols for screening individuals presenting for evaluation.

Section 703. Assessments.
Section 703 requires a nursing assessment for all persons admitted to the facility within twenty-four (24) hours of admission and requires the assessment to be performed by a registered nurse. Section 703 further requires an emotional and behavioral assessment for all persons admitted to the facility within twenty-four (24) hours of admission.

Section 704. Individual Plan of Care.
Section 704 requires that the individual plan of care be completed within twenty-four (24) hours of admission and delineates the requirements thereof.

Section 705. Record Maintenance.
Section 705 delineates the requirements for maintaining patient records and requires the facility to maintain patient records for at least six (6) years following discharge of the patient.

Section 800. ADMISSION AND RETENTION
Section 800 delineates the requirements for patient admission and specifies patients which are not appropriate for admission.

Section 900. PATIENT CARE AND SERVICES
Section 900 title was added for clarity and consistency.

Section 901. General.
Section 901 requires written informed consent between the patient and the facility and delineates the requirements of the written informed consent.

Section 902. Transportation.
Section 902 requires the facility to secure or provide transportation for patients when a physician’s services are needed.

Section 903. Safety Precautions and Restraints.
Section 903 requires written policies and procedures for using seclusion or any form of restraint. Section 903 further delineates the requirements for utilizing seclusion and restraint.

Section 904. Discharge and Transfer.
Section 904 requires discharge planning to begin at the time of admission. Section 904 further delineates the requirements of the discharge summary.

Section 1000. RIGHTS AND ASSURANCES
Section 1000 requires the facility to comply with all current federal, state, and local laws and regulations concerning patient care, patient rights and protections, and privacy and disclosure requirements.

Section 1100. PATIENT PHYSICAL EXAMINATION
Section 1100 requires that all persons admitted to the facility be provided a physical examination within twenty-four (24) hours of admission. Section 1100 further requires that the physical examination be performed only by a physician or other authorized healthcare provider.

Section 1200. MEDICATION MANAGEMENT
Section 1200 title was added for clarity and consistency.

Section 1201. General.
Section 1201 requires that all medications be properly managed in accordance with federal, state, and local laws and regulations.

Section 1202. Medication and Treatment Orders.
Section 1202 delineates the requirements for medication and treatment orders.

Section 1203. Administering Medication and/or Treatments.
Section 1203 requires that medications be administered in accordance with orders from the attending physician or other individual legally authorized to prescribe medications and delineates the requirements for self-administration of medication.

Section 1204. Medication Containers.
Section 1204 delineates the requirements for labeling medication containers.

Section 1205. Medication Storage.
Section 1206 delineates the requirements for storing medications within the facility.
Section 1206. Disposition of Medications.
Section 1209 delineates the requirements for patient medications upon discharge from the facility.

Section 1300. MEAL SERVICE
Section 1300 title was added for clarity and consistency.

Section 1301. General.
Section 1301 requires that facilities preparing food on-site comply with Regulation 61-25, Retail Food Establishments. Section 1301 further requires that if a facility utilizes an outside source for meals, the outside source shall be graded by the Department, pursuant to R.61-25.

Section 1302. Meals and Special Diets.
Section 1302 requires the facility to offer a minimum of three (3) nutritionally-adequate meals in each twenty-four (24) hours period.

Section 1303. Diets.
Section 1303 delineates requirements when a facility accepts patients in need of medical-prescribed special diets.

Section 1304. Menus.
Section 1304 requires menus to be readily available and posted in one (1) or more conspicuous places in a public area.

Section 1305. Ice and Drinking Water.
Section 1305 requires the facility to utilize ice from a water system in compliance with Regulation 61-58, State Primary Drinking Water Regulations.

Section 1400. EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS
Section 1400 title was added for clarity and consistency.

Section 1401. Disaster Preparedness.
Section 1401 requires facilities to develop a written plan to be activated in the event of a disaster and/or emergency evacuation and delineates the requirements thereof.

Section 1402. Emergency Call Numbers.
Section 1402 requires the facility to post emergency call data in a conspicuous place and shall include phone numbers for fire and police departments, ambulance service, and the poison control center.

Section 1403. Continuity of Essential Services.
Section 1403 requires the facility to have a written plan to be implemented to ensure the continuation of essential patient support services during times of emergency or disaster.

Section 1500. FIRE PREVENTION
Section 1500 title was added for clarity and consistency.

Section 1501. Arrangements for Fire Department Response and Protection.
Section 1501 requires the facility to coordinate with local fire departments to ensure response during times of need.

Section 1502. Tests and Inspections.
Section 1502 requires that fire protection and suppression systems be maintained and tested in accordance with applicable building codes.

**Section 1503. Fire Response Training.**
Section 1503 delineates the minimum requirements for fire response training for facility staff.

**Section 1504. Fire Drills.**
Section 1504 requires the facility to conduct an unannounced fire drill at least quarterly for all shifts. Section 1504 further requires that all patients participate in fire drills.

**Section 1600. MAINTENANCE**
Section 1600 requires the facility to keep all equipment and building components in good repair and operating condition.

**Section 1700. INFECTION CONTROL**
Section 1700 title was added for clarity and consistency.

**Section 1701. Staff Practices.**
Section 1701 requires the facility to promote practices that shall prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances.

**Section 1702. Tuberculosis Risk Assessment and Screening.**
Section 1702 requires the facility to conduct an annual tuberculosis risk assessment in accordance with CDC guidelines and delineates the requirements thereof.

**Section 1703. Housekeeping.**
Section 1703 requires the facility to keep its grounds clean and free of vermin and offensive odors and delineates the requirements for interior and exterior housekeeping.

**Section 1704. Infectious Waste.**
Section 1704 requires that all infectious waste be disposed of in a manner compliant with OSHA standards and Regulation 61-105, Infectious Waste Management Regulations.

**Section 1705. Clean and Soiled Linen and Clothing.**
Section 1705 requires the facility to maintain a supply of clean, sanitary linen and clothing at all times. Section 1705 further delineates the requirements for soiled linen and clothing.

**Section 1800. QUALITY IMPROVEMENT PROGRAM**
Section 1800 requires the facility to implement a written quality improvement program and delineates the requirements thereof.

**Section 1900. DESIGN AND CONSTRUCTION**
Section 1900 title was added for clarity and consistency.

**Section 1901. General.**
Section 1901 requires that there be at least two hundred (200) square feet per licensed bed in facilities with ten (10) beds or less, and at least an additional one hundred (100) square feet per licensed bed in facilities with more than ten (10) beds.

**Section 1902. Codes and Standards.**
Section 1902 requires the facility to comply with codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.

**Section 1903. Submission of Plans.**
Section 1903 delineates actions taken by the facility which necessitate submission of plans to the Department.

**Section 1904. Inspections.**
Section 1904 requires that all projects obtain all required permits from the locality having jurisdiction.

**Section 2000. FIRE PROTECTION, PREVENTION, AND LIFE SAFETY**
Section 2000 requires facilities with six (6) or more licensed beds to have a partial, manual, automatic, supervised fire alarm system.

**Section 2100. GENERAL CONSTRUCTION REQUIREMENTS**
Section 2100 title was added for clarity and consistency.

**Section 2101. Floor Finishes.**
Section 2101 requires that all floor coverings and finishes meet the requirements of the building codes.

**Section 2102. Wall Finishes.**
Section 2102 requires that wall finishes meet the requirements of the building codes.

**Section 2103. Curtains and Draperies.**
Section 2103 requires that window treatments in bathrooms and patient rooms be arranged in a manner to provide privacy.

**Section 2104. Gases.**
Section 2104 requires safety precautions when oxygen is being dispensed, administered, or stored. Section 2104 further requires that smoking only be allowed in designated areas in accordance with facility policy.

**Section 2105. Furnishings and Equipment.**
Section 2105 requires the facility to maintain the physical plant to be free of fire hazards or impediments to fire prevention and prohibits the use of portable electric or unvented fuel heaters.

**Section 2200. EXITS**
Section 2200 delineates the requirements for facility exits.

**Section 2300. WATER SUPPLY AND HYGIENE**
Section 2300 title was added for clarity and consistency.

**Section 2301. Design and Construction.**
Section 2301 delineates the plumbing requirements and required temperatures for hot water.

**Section 2302. Cross-connections.**
Section 2302 prohibits cross-connections in plumbing between safe and potentially unsafe water supplies.

**Section 2400. ELECTRICAL**
Section 2400 title was added for clarity and consistency.

**Section 2401. Receptacles.**
Section 2401 requires that each patient room have duplex grounding receptacles located to include one (1) at the head of each bed.

Section 2402. Ground Fault Protection.
Section 2402 requires a ground fault circuit-interrupter for all outside receptacles and bathrooms.

Section 2403. Exit Signs.
Section 2403 requires electrically-illuminated exit signs in facilities licensed for six (6) or more beds.

Section 2404. Emergency Electric Service.
Section 2404 delineates the requirements for emergency electric service to be utilized in times of power outages.

Section 2500. HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)
Section 2500 delineates the installation and maintenance requirements for the facility HVAC system.

Section 2600. PHYSICAL PLANT
Section 2600 title was added for clarity and consistency.

Section 2601. Facility Accommodations and Floor Area.
Section 2601 delineates the required minimum square footage requirements of the facility per licensed bed.

Section 2602. Patient Rooms.
Section 2602 delineates the minimum requirements for patient rooms. Section 2602 further prohibits more than three (3) beds per patient room.

Section 2603. Patient Room Floor Area.
Section 2603 requires one hundred (100) square feet for rooms with only one (1) patient, and eighty (80) square feet per patient in rooms with more than one (1) patient.

Section 2604. Bathrooms and Restrooms.
Section 2604 requires the facility to have one (1) toilet for each six (6) licensed beds or a fraction thereof, and further delineates the remaining requirements for bathrooms and restrooms.

Section 2605. Doors.
Section 2605 requires that bathroom, restroom, and patient room door widths be at least thirty-six (36) inches wide.

Section 2606. Ramps.
Section 2606 requires the facility to have at least one (1) exterior ramp accessible by all patients, staff members, volunteers, and visitors.

Section 2607. Screens.
Section 2607 requires that windows, doors, and openings intended for ventilation be provided with insect screens.

Section 2608. Windows and Mirrors.
Section 2608 delineates the requirements for windows and mirrors.

Section 2609. Janitor’s Closet.
Section 2609 requires the facility to have a lockable janitor’s closet equipped with a mop sink or receptor and space for the storage of supplies and equipment.

Section 2610. Storage Areas.
Section 2610 requires the facility to have general storage areas for patient, staff, and volunteer belongings, equipment, and supplies. Section 2610 further requires that storage buildings on the premises meet building codes requirements regarding distance from the licensed building.

Section 2611. Telephone Service.
Section 2611 requires at least one (1) telephone on each floor of the facility.

Section 2612. Location.
Section 2612 delineates the requirements for transportation routes to the facility, parking, and access to firefighting equipment.

Section 2613. Outdoor Area.
Section 2613 delineates certain areas which must be enclosed by a fence or natural barrier.

Section 2700. SEVERABILITY
Section 2700 was added to allow the regulation to remain valid should it be determined that a portion of the regulation be invalid or unenforceable.

Section 2800. GENERAL
Section 2800 was added to allow the Department to utilize best practices to manage any conditions not covered by these regulations.


Indicates Matter Stricken
Indicates New Matter

Text:

61-125. Standards for Licensing Crisis Stabilization Unit Facilities.

Statutory Authority: 1976 Code Section 44-7-260

SECTION 100 – DEFINITIONS AND LICENSURE
101. Definitions
102. Licensure

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SECTION 1000 – RIGHTS AND ASSURANCES

SECTION 1100 – PATIENT PHYSICAL EXAMINATION

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1302. Meals and Special Diets
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1304. Menus
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SECTION 1400 – EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS
1401. Disaster Preparedness
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SECTION 2200 – EXITS

SECTION 2300 – WATER SUPPLY AND HYGIENE
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2302. Cross-connections

SECTION 2400 – ELECTRICAL
2401. Receptacles
2402. Ground Fault Protection
2403. Exit Signs
2404. Emergency Electric Service

SECTION 2500 – HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)

SECTION 2600 – PHYSICAL PLANT
2601. Facility Accommodations and Floor Area
2602. Patient Rooms
2603. Patient Room Floor Area
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2607. Screens
2608. Windows and Mirrors
2609. Janitor’s Closet
2610. Storage Areas
2611. Telephone Service
2612. Location
2613. Outdoor Area

SECTION 2700 – SEVERABILITY

SECTION 2800 – GENERAL

SECTION 100 – DEFINITIONS AND LICENSURE

101. Definitions.

For the purpose of this regulation, the following definitions shall apply:

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing infliction of physical injury on a patient by any act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that of a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional. Physical abuse does not include altercations or acts of assault between patients.

2. Psychological Abuse. The deliberate use of any oral, written, or gestured language or depiction that includes disparaging or derogatory terms to a patient or within the patient’s hearing distance, regardless of the patient’s age, ability to comprehend, or disability, including threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

B. Administrator. The staff member designated by the licensee to have the authority and responsibility to manage the facility, and is in charge of all functions and activities of the facility.

C. Adult. A person eighteen (18) years of age or older.

D. Annual. A time period that requires an activity to be performed at least every twelve to thirteen (12 to 13) months.

E. Assessment. A procedure for determining the nature and extent of the problems and needs of a patient or potential patient to ascertain if the facility can adequately address those problems, meet those needs, and to secure information for use in the development of the individual plan of care (“IPC”).
F. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina as a physician, advanced practice registered nurse, or physician assistant to provide specific treatments, care, or services to patients.

G. Blood Assay for *Mycobacterium tuberculosis* ("BAMT"). A general term to refer to *in vitro* diagnostic tests that assess for the presence of tuberculosis ("TB") infection with *M. tuberculosis*. This term includes, but is not limited to, IFN-γ release assays ("IGRA").

H. Contact Investigation. Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection ("LTBI") or TB disease, and treatment of these persons, as indicated.

I. Controlled Substance. A medication or other substance included in Schedule I, II, III, IV, and V of the Federal Controlled Substances Act or the South Carolina Controlled Substances Act.

J. Consultation. A visit by Department representatives who will provide information to the licensee with the goal of facilitating compliance with these regulations.

K. Crisis Stabilization Unit Facility ("CSU"). A facility, other than a health care facility, operated by the Department of Mental Health, or operated in partnership with the Department of Mental Health that provides a short-term residential program, offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.

L. Department. The S.C. Department of Health and Environmental Control ("DHEC").

M. Designee. A staff member designated by the administrator to act on his or her behalf.

N. Direct Care Staff. Those individuals who are employees (full- and part-time) of the facility who provide direct treatment, care, and services to patients, and those individuals contracted to provide treatment, care, and services to patients.

O. Discharge. The point at which treatment, care, and services in a facility are terminated and the facility no longer maintains active responsibility for the treatment, care, and services of the patient.

P. Dispensing Medication. The transfer of possession of one (1) or more doses of a medication or device by a licensed pharmacist or individual as permitted by law, to the ultimate user or his or her agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by a patient.

Q. Elopement. An instance when a patient who is physically, mentally, or chemically impaired wanders, walks, runs away, escapes, or otherwise leaves the CSU unsupervised or unnoticed.

R. Exploitation. 1) Causing or requiring a patient to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a patient. Exploitation does not include requiring a patient to participate in an activity or labor that is a part of a written individual plan of care or prescribed or authorized by the patient's attending physician; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a patient by an individual for the profit or advantage of that individual or another individual; or 3) causing a patient to purchase goods or services for the profit or advantage of the seller or another individual through undue influence,
harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the patient through cunning arts or devices that delude the patient and cause him or her to lose money or other property.

S. Facility. A Crisis Stabilization Unit Facility licensed by the Department.

T. Health Assessment. An evaluation of the health status of a staff member or volunteer by a physician, other authorized healthcare provider, or registered nurse, pursuant to written standing orders and protocol approved by a physician’s signature. The standing orders and protocol shall be reviewed annually by the physician, with a copy maintained at the facility.

U. Incident. An unusual unexpected adverse event in the facility or on facility grounds, including any accidents, that could potentially cause harm, injury, or death to patients or staff members.

V. Individual Plan of Care ("IPC"). A documented regimen of appropriate care and services or written action plan prepared by the facility for each patient based on the patient’s needs and preferences to be implemented for the benefit of the patient.

W. Inspection. A visit by Department representatives for the purpose of determining compliance with this regulation.

X. Investigation. A visit by Department representatives to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to statutory and regulatory compliance.

Y. Latent TB Infection ("LTBI"). Infection with M. tuberculosis. Persons with Latent TB Infection carry the organism that causes TB but do not have TB disease, are asymptomatic, and are noninfectious. Such persons usually have a positive reaction to the tuberculin skin test and/or positive BAMT.

Z. Legend Drug.

1. A drug when, under federal law, is required, prior to being dispensed or delivered, to be labeled with any of the following statements:
   a. "Caution: Federal law prohibits dispensing without prescription";
   b. "Rx only" or;

2. A drug which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any drug products considered to be a public health threat, after notice and public hearing as designated by the S.C. Board of Pharmacy; or


AA. License. The authorization to operate a facility as defined in this regulation and as evidenced by a current certificate issued by the Department to a facility.

BB. Licensed Nurse. A person to whom the S.C. Board of Nursing has issued a license as a registered nurse or licensed practical nurse or an individual licensed as a registered nurse or licensed practical nurse
who resides in another state that has been granted multi-state licensing privileges by the S.C. Board of Nursing may practice nursing in any facility or activity licensed by the Department subject to the provisions and conditions as indicated in the Nurse Licensure Compact Act.

CC. Licensee. The individual, corporation, organization, or public entity that has received a license to provide care and services at a facility and with whom rests the ultimate responsibility for compliance with this regulation.

DD. Medication. A substance that has therapeutic effects, including, but not limited to, legend, non-legend, herbal products, over-the-counter, nonprescription, vitamins, and nutritional supplements.

EE. Neglect. The failure or omission of a direct care staff member to provide the care, goods, or services necessary to maintain the health or safety of a patient including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Failure to provide adequate supervision resulting in harm to patients, including altercations or acts of assault between patients, may constitute neglect. Neglect may be repeated conduct or a single incident that has produced or could result in physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect.

FF. Non-legend Drug. A drug which may be sold without a prescription and which is labeled for use by the consumer in accordance with state and federal law.

GG. Patient. Any individual, other than staff members, volunteers or owners and their family members, who resides in a facility.

HH. Physical Examination. An examination of a patient by a physician or other authorized healthcare provider that meets the requirements set forth in Section 1100 of this regulation.

II. Physician. An individual currently licensed to practice medicine by the S.C. Board of Medical Examiners.

JJ. Physician Assistant. An individual currently licensed as such by the S.C. Board of Medical Examiners.

KK. Quality Improvement Program. The process used by a facility to examine its methods and practices of providing care and services, identify the ways to improve its performance, and take actions that result in higher quality of care and services for the facility’s patients.

LL. Quarterly. A time period that requires an activity to be performed at least four (4) times a year within intervals ranging from eighty-one to ninety-nine (81 to 99) days.

MM. Restraint. Any means by which movement of a patient is inhibited, whether physical, mechanical, or chemical. In addition, devices shall be considered a restraint if a patient is unable to easily release from the device.

NN. Revocation of License. An action by the Department to cancel or annul a facility license by recalling, withdrawing, or rescinding the facility’s authority to operate.

OO. Screening. The process by which the facility, prior to admission, determines a prospective patient requires the level of services and active treatment provided by the CSU.

PP. Self-Administration. A procedure by which any medication is taken orally, injected, inserted, or topically or otherwise administered by a patient to himself or herself without prompting. The procedure is
performed without assistance and includes removing an individual dose from a previously dispensed and labeled container (including a unit dose container), verifying it with the directions on the label, taking it orally, injecting, inserting, or applying topically or otherwise administering the medication.

QQ. Staff Member. An adult, to include the administrator, who is a compensated employee of the facility on either a full- or part-time basis, including those in partnership or contracted with the S.C. Department of Mental Health (“SCDMH”).

RR. Suspension of License. An action by the Department requiring a facility to cease operations for a period of time or to require a facility to cease admitting patients, until such time as the Department rescinds that restriction.

SS. Tuberculosis Risk Assessment. An initial and ongoing evaluation of the risk for transmission of \textit{M. tuberculosis} (“TB”) in a particular healthcare setting. To perform a risk assessment, the following factors shall be considered: the community rate of TB, number of TB patients encountered in the setting, and the speed with which patients with TB disease are suspected, isolated, and evaluated. The TB risk assessment determines the types of administrative and environmental controls and respiratory protection needed for a setting.

TT. Volunteer. An individual who performs a task at the facility at the direction of the administrator or his or her designee without compensation.

102. Licensure. (II)

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself (advertise or market) as a crisis stabilization unit facility in South Carolina without first obtaining a license from the Department. The facility shall not admit patients prior to the effective date of the license. When it has been determined by the Department that treatment, care, or services are being provided at a location, and the owner has not been issued a license from the Department to provide such treatment, care, and services the owner shall cease operation immediately and ensure the safety, health, and well-being of the patients. Current or previous violations of the S.C. Code 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 and/or operated by the licensee. The facility shall provide only the treatment, care, and services it is licensed to provide pursuant to the definition in Section 101.L of this regulation. (I)

B. Compliance. An initial license shall not be issued to a proposed facility until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing standards. In the event a licensee who already has a facility or activity licensed by the Department makes application for another facility or increase in licensed bed capacity, the currently licensed facility or activity shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility or amended license to the existing facility. A copy of the licensing standards shall be maintained at the facility and accessible to all staff members and volunteers. Facilities shall comply with applicable local, State, and Federal laws, codes, and regulations.

C. Licensed Bed Capacity. No facility that has been authorized to provide a set number of licensed beds, as identified on the face of the license, shall exceed the bed capacity. No facility shall establish new care or services or occupy additional beds or renovated space without first obtaining authorization from the Department. Licensed beds shall not be utilized by any individuals other than facility patients.

D. Issuance and Terms of License.
1. The license issued by the Department shall be posted in a conspicuous place in a public area within the facility.

2. The issuance of a license does not guarantee adequacy of individual care, services, personal safety, fire safety, or the well-being of any patient or occupant of a facility.

3. A license is not assignable or transferable and is subject to revocation at any time by the Department for the licensee’s failure to comply with the laws and regulations of this state.

4. A license shall be effective for a specified facility, at a specific location, for a specified period following the date of issue as determined by the Department. A license shall remain in effect until the Department notifies the licensee of a change in that status.

5. Facilities owned by the same entity but which are not located on the same adjoining or contiguous property shall be separately licensed. Roads or local streets, except limited access, shall not be considered as dividing otherwise adjoining or contiguous property. For facilities owned by the same entity, separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

6. Multiple types of facilities on the same premises shall be licensed separately even though owned by the same entity.

E. Facility Name. No proposed facility shall be named nor shall any existing facility have its name changed to the same or similar name as any other facility licensed in South Carolina.

F. Application. Applicants for a license shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application shall include both the applicant’s oath assuring that the contents of the application are accurate and true, and that the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; by two (2) officers if a corporation; or by the head of the governmental department having jurisdiction if a governmental unit. The application shall set forth the full name and address of the facility for which the license is sought and of the owner in the event his or her address is different from that of the facility, and the names of the persons in control of the facility. The Department may require additional information, including affirmative evidence of the applicant’s ability to comply with these regulations. Corporations or limited partnerships, limited liability companies or any other organized business entity shall be registered with the S.C. Secretary of State’s Office if required to do so by state law. (II)

G. Required Documentation. The application for initial licensure shall include:

1. Completed application;

2. Proof of ownership of real property in which the facility is located, or a rental or lease agreement allowing the licensee to occupy the real property in which the facility is located;

3. Proof the facility is operated by the SCDMH or operated in partnership with the SCDMH;

4. Business license (where applicable);

5. Zoning letter (where applicable);
6. Verification of emergency evacuation plan (see Section 1400); and

7. Verification of administrator’s qualifications.

H. Licensing Fees. Each applicant shall pay a license fee prior to the issuance of a license. The annual license fee shall be ten dollars ($10.00) per licensed bed or seventy-five dollars ($75.00), whichever is greater. Annual licensing fees shall also include any outstanding inspection fees. All fees are non-refundable, shall be made payable by check or credit card to the Department or online, and shall be submitted with the application. (II)

I. Licensing Late Fee. Failure to submit a renewal application and fee to the Department by the license expiration date shall result in a late fee of seventy-five dollars ($75.00) or twenty-five percent (25%) of the licensing fee amount, whichever is greater, in addition to the licensing fee. Failure to submit the licensing fee and licensing late fee to the Department within thirty (30) days of the license expiration date shall render the facility unlicensed. (II)

J. License Renewal. For a license to be renewed, applicants shall file an application with the Department, shall pay the license fee, and shall not have pending enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license shall be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable. Annual license fees shall also include any outstanding inspection fees.

K. Amended License. A facility shall request issuance of an amended license by application to the Department prior to any of the following circumstances:

1. Change of licensed bed capacity;

2. Change of facility location from one geographic site to another; or

3. Changes in facility name or address (as notified by the post office).

L. Change of Licensee. A facility shall request issuance of a new license by application to the Department prior to any of the following circumstances:

1. A change in the controlling interest even if, in the case of a corporation or partnership, the legal entity retains its identity and name; or

2. A change of the legal entity, for example, sole proprietorship to or from a corporation, partnership to or from a corporation, even if the controlling interest does not change.

M. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where the Department determines the health, safety, and well-being of the patients are not compromised, and provided the standard is not specifically required by statute.

SECTION 200 – ENFORCEMENT OF REGULATIONS

201. General.

The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding a proposed or licensed facility in order to enforce this regulation.
202. Inspections and Investigations.

A. Inspections by the Department shall be conducted prior to initial licensing of a facility and subsequent inspections conducted as deemed appropriate by the Department. (I)

B. All facilities are subject to inspection and investigation at any time without prior notice by individuals authorized by South Carolina Code of Laws. When staff members and patients are absent, the facility shall post information at the entrance of the facility to those seeking legitimate access to the facility, including visitors. The posted information shall include contact information and the expected time of return of the staff members and patients. The contact information shall include the name of a designated contact and his or her telephone number. The telephone number for the designated contact shall not be the facility's telephone number. (I)

C. Individuals authorized by South Carolina law shall be allowed to enter the facility for the purpose of inspection and/or investigation and granted access to all properties and areas, objects, requested records, and documentation at the time of the inspection or investigation. The Department shall have the authority to require the facility to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings. Physical area of Department inspections and investigations shall be determined by the Department based on the potential impact or effect upon patients. (I)

D. When there is noncompliance with the licensing standards, the facility shall submit an acceptable plan of correction in a format determined by the Department. The plan of correction shall be signed by the administrator and returned by the date specified on the report of inspection or investigation. The plan of correction shall describe: (II)

1. The actions taken to correct each cited deficiency;

2. The actions taken to prevent recurrences (actual and similar); and

3. The actual or expected completion dates of those actions.

E. In accordance with S.C. Code Section 44-7-270, the Department may charge a fee for inspections. The fee for initial and routine inspections shall be seventy-five dollars ($75.00) plus five dollars ($5.00) per licensed bed. The fee for a bed increase is ten dollars ($10.00) per licensed bed. The fee for follow-up inspections shall be sixty dollars ($60.00) plus five dollars ($5.00) per licensed bed.

F. The licensee shall pay the following inspection fees during the construction phase of the project. The plan inspection fee is based on the total estimated cost of the project whether new construction, an addition, or a renovation. The fees are detailed in the table below.

<table>
<thead>
<tr>
<th>Plan Inspection</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Project Cost</td>
<td>Fee</td>
</tr>
<tr>
<td>&lt; $10,001</td>
<td>$750</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>$100,001 - $500,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
**203. Consultations.**

Consultations may be provided by the Department as requested by the facility or as deemed appropriate by the Department.

**SECTION 300 – ENFORCEMENT ACTIONS**

**301. General.**

When the Department determines that a facility is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of such facility, the Department, upon proper notice to the licensee, may deny, suspend, or revoke licenses, or assess a monetary penalty, or both.

**302. Violation Classifications.**

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that present an imminent danger to the health, safety, or well-being of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of the time established by the Department shall be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that have a negative impact on the health, safety or well-being of persons in the facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time shall be considered a subsequent violation.

D. The notations "(I)" or "(II)", placed within sections of this regulation, indicate those standards are considered Class I or II violations if they are not met, respectively. Failure to meet standards not so annotated are considered Class III violations.

E. In determining an enforcement action the Department shall consider the following factors:

1. Specific conditions and their impact or potential impact on health, safety or well-being of the patients including, but not limited to: deficiencies in medication management; critical waste water
problems; housekeeping, maintenance, or fire and life safety-related problems that pose a health threat to
the patients; power, water, gas, or other utility and/or service outages; patients exposed to air temperature
extremes that jeopardize their health; unsafe condition of the building or structure; indictment of an
administrator for malfeasance or a felony, which by its nature indicates a threat to the patients; direct
evidence of abuse, neglect, or exploitation; lack of food or evidence that the patients are not being fed
properly; no staff available at the facility with patients present; unsafe procedures and/or treatment being
practiced by staff. (I)

2. Repeated failure of the licensee or facility to pay assessed charges for utilities and/or services
resulting in repeated or ongoing threats to terminate the contracted utilities and/or services; (II)

3. Efforts by the facility to correct cited violations;

4. Overall conditions of the facility;

5. History of compliance; and

6. Any other pertinent conditions that may be applicable to current statutes and regulations.

F. When imposing a monetary penalty, the Department may invoke S.C. Code Section 44-7-320(C) to
determine the dollar amount or may utilize the following schedule:

<table>
<thead>
<tr>
<th>FREQUENCY OF VIOLATION</th>
<th>CLASS I</th>
<th>CLASS II</th>
<th>CLASS III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>$500-1,500</td>
<td>$300-800</td>
<td>$100-300</td>
</tr>
<tr>
<td>2nd</td>
<td>1000-3000</td>
<td>500-1500</td>
<td>300-800</td>
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<tr>
<td>3rd</td>
<td>2000-5000</td>
<td>1000-3000</td>
<td>500-1500</td>
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<tr>
<td>4th</td>
<td>5000</td>
<td>2000-5000</td>
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<td>5th</td>
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<td>2000-5000</td>
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<td>6th</td>
<td>5000</td>
<td>5000</td>
<td>5000</td>
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</tbody>
</table>

SECTION 400 – POLICIES AND PROCEDURES

A. The facility shall maintain written policies and procedures addressing the manner in which the
requirements of this regulation shall be met. The written policies and procedures shall be implemented and
reflect current facility practice regarding care, treatment, procedures, services, record keeping and
reporting, admission and transfer, physician services, nursing services, social services, patient rights and
assurances, medication management, pharmaceutical services, meal service operations, emergency procedures, fire prevention, maintenance, housekeeping and infection control, operation of the facility, and other special care and procedures as identified in this section. The policies and procedures shall address the provision of any special care offered by the facility that would include how the facility shall meet the specialized needs of the affected patients. The facility shall have written policies and procedures to address patient exit-seeking and elopement, including prevention and actions to be taken in the event of occurrence, and to control the use and application of physical restraints and all facility practices that meet the definition of a restraint. (II)

B. All policies and procedures shall be accessible to facility staff, printed or electronically, at all times.

C. The facility shall establish a time period for review, not to exceed two (2) years, of all policies and procedures, and such reviews shall be documented and signed by the administrator.

SECTION 500 – STAFF AND TRAINING

501. General. (II)

A. Before being employed or contracted as a staff member or volunteer, a direct caregiver shall undergo a criminal background check pursuant to S.C. Code Section 44-7-2910. Staff members and volunteers of the facility shall not have a prior conviction or pled no contest (nolo contendere) to unlawful conduct toward a child, as defined by S.C. Code Section 63-45-70; abuse, neglect, or exploitation of a vulnerable adult, as defined by S.C. Code Sections 43-35-10, et seq.; or any similar criminal offense. (I)

B. The facility shall define in writing the responsibilities, qualifications, and competencies of staff for all positions. The facility shall ensure that the type and number of staff are:

1. Properly licensed or credentialed in the professional field as required for assigned job duties;
2. Present in numbers to provide services, support, care, and treatment to individuals as required; and
3. Trained as necessary to perform the duties for which they are responsible in an effective manner.

C. Staff members shall have at least the following qualifications: (I)

1. Capable of rendering care and services to patients; and
2. Capable of following applicable regulations.

D. The facility shall maintain current information regarding all staff members, to include:

1. Name, address, and telephone number;
2. Date of hire and date of initial patient contact;
3. Past employment, experience, and education;
4. Professional licensure or credentials; and
5. Job description signed by the staff member.
E. When a facility engages a source other than the facility to provide services normally provided by the facility, there shall be a written agreement with the source describing how and when the services are to be provided, the exact services to be provided, and that these services are to be provided by qualified individuals. The source shall comply with this regulation in regard to patient treatment, care, and services.

502. Administrator. (II)

A. Each facility shall have a full-time administrator who is responsible for the overall management and operation of the facility and has at least a bachelor’s degree in the human services field or nursing.

B. A staff member shall be designated in writing to act in the absence of the administrator, such as, a listing of the lines of authority by position title, including the names of the persons filling these positions.

C. The facility shall notify the Department in writing within seventy-two (72) hours of any change in administrator status and shall provide the Department the name of the newly-appointed administrator, the effective date of the appointment, and the hours each day the individual will be working as the administrator of the facility.

503. Staff. (I)

A. There shall be at least one (1) registered nurse immediately accessible by phone and available to be in the facility within thirty (30) minutes at all times patients are present in the facility.

B. There shall be at least one (1) staff member on duty for each eight (8) patients or a fraction thereof. All staff members on duty shall be awake and dressed at all times. Staff members shall be able to appropriately respond to patient needs.

C. In a facility with multiple floors or buildings, there shall be a staff member available on each floor and/or building at all times patients are present on that floor or in that building.

504. Inservice Training. (I)

A. All staff and volunteers in the facility shall complete the required SCDMH training in accordance with specific duties and responsibilities outlined in their job description. Training shall be documented in a staff or volunteer record and maintained at the facility.

B. The documentation of all inservice training shall include topic, training source, duration, and shall be signed and dated by the trainer and trainee. A signature by the trainee and the individual providing the training may be omitted for computer-based training. Training shall be provided by qualified persons and electronic media to all staff members and volunteers in the context of their job duties. All required training shall be completed prior to patient contact and at a frequency determined by the SCDMH, but at least annually unless otherwise specified by certificate, for example, cardiopulmonary resuscitation. Training for each staff and volunteer of the facility whose responsibilities include direct patient care shall include:

1. Basic first-aid to include emergency procedures as well as procedures to manage and care for minor accidents and injuries (non-nursing staff only);

2. Management and care of persons with contagious and/or communicable disease (non-nursing staff only);

3. OSHA standards regarding bloodborne pathogens;
4. Medication management including storage, interactions, and adverse reactions (as applicable to job duties);

5. Assessment and prevention of suicide;

6. Crisis interventions and treatment;

7. Patient rights and grievance procedures;

8. Confidentiality of patient information and records;

9. Abuse, neglect, and exploitation;

10. Elopement;

11. Use of restraint techniques that promote patient safety, including alternatives to physical restraints, in accordance with the provisions of Section 903;

12. Fire response training within twenty-four (24) hours of their first day on the job in the facility (see Section 1503); and

13. Emergency procedures and disaster preparedness to address various types of potential disasters within twenty-four (24) hours of initial patient contact (see Section 1400).

505. Job Orientation.

All staff members and volunteers shall have documented orientation to the purpose and environment of the facility within twenty-four (24) hours of their first day on the job in the facility. (I)

506. Health Status. (I)

A. All staff members and volunteers who have contact with patients, including food service staff and volunteers, shall have a documented health assessment within twelve (12) months prior to initial patient contact. The health assessment shall include tuberculin skin testing as described in Section 1702.

B. If a staff member or volunteer is working at multiple facilities operated by the same licensee, copies of the documented health assessment shall be accessible at each facility. For any other staff member or volunteer, a copy of the tuberculin skin testing shall be acceptable provided the test had been completed within three (3) months prior to patient contact.

SECTION 600 – REPORTING

601. Incidents.

A. The facility shall document every incident, and include an incident review, investigation, or evaluation, as well as corrective action taken, if any. The facility shall retain all documented incidents reported pursuant to this section for six (6) years after the patient involved is last discharged.

B. The facility shall report the following types of incidents to the Department within twenty-four (24) hours of the incident on the Department’s electronic reporting system or as otherwise determined by the
Department. In addition to reporting to the Department, the facility shall immediately, within twenty-four (24) hours, notify the attending physician and emergency contact of patients or staff injured or affected by one of the following incidents, and shall immediately, within twenty-four (24) hours, notify local law enforcement of a patient elopement. Incidents requiring immediate, within twenty-four (24) hours, reporting to the Department, other specified individuals, and to appropriate authorities, include, but are not limited to, the following:

1. Crimes against patients;
2. Confirmed or suspected abuse, neglect, or exploitation;
3. Medication errors with adverse reaction;
4. Hospitalization or death resulting from the incident;
5. Severe hematoma, laceration or burn requiring medical attention or hospitalization;
6. Bone or joint fracture;
7. Severe injury;
8. Attempted suicide;
9. Fire; (II)
10. Natural disaster; (II)
11. Displacement or relocation of patients; and
12. Elopement.

C. The facility shall submit a separate written investigation report within five (5) days of every incident required to be immediately reported to the Department pursuant to Section 601.B via the Department’s electronic reporting system or as otherwise determined by the Department. The facility’s investigation report to the Department shall at least include, but is not limited to, the following information about the incident: incident type, description, date, location, number of patients, staff, and visitors injured or affected, patients’ age, gender, record numbers or last four (4) digits of Social Security number, names of any witnesses, and identified cause of incident or internal investigation results.

D. The facility shall immediately notify a patient’s attending physician and emergency contact within twenty-four (24) hours of significant changes in a patient’s condition and shall document the significant changes and notification in the patient’s record. (I)

E. The facility shall maintain documentation that all reporting of abuse, neglect, and exploitation of adults is conducted in accordance with S.C. Code Section 43-35-25.

602. Closure and Zero Census.

A. The facility shall notify the Department in writing prior to permanent closure of the facility and shall provide the effective closure date. The facility shall return its license to the Department on the date of
closures. The facility shall notify the Department in writing within ten (10) days of closure on provisions for
records maintenance and identification of displaced patients and their relocation.

B. The facility shall notify the Department in writing within fifteen (15) days prior to a temporary closure
or within twenty-four (24) hours if the temporary closure is due to an emergency and provide the reason
for the temporary closure, patient relocations, records maintenance plan, and anticipated reopening date.
Facilities that are temporarily closed longer than one (1) year shall reapply for licensure with the
Department and be subject to all applicable licensing and construction requirements for new facilities.

C. The facility shall notify the Department in writing if there have been no patients in the facility for any
reason for ninety (90) days or more no later than one hundred (100) days after the last patient is discharged.
Facilities that are zero census longer than one (1) year shall reapply for licensure with the Department and
be subject to all applicable licensing and construction requirements for new facilities.

SECTION 700 – PATIENT RECORDS

701. Content. (II)

A. The facility shall initiate and maintain on site an organized record for each patient. The record shall
contain sufficient documented information to identify the patient and the agency and/or person responsible
for each patient; support the diagnosis and secure the appropriate care and services (as needed); justify the
care and services provided to include the course of action taken and results; the symptoms or other
indications of sickness or injury; changes in physical and/or mental condition; the response and/or reaction
to care, medication, and diet provided; and promote continuity of care among providers, consistent with
acceptable standards of practice. All entries shall be written legibly in ink, typed or electronic media, and
signed, and dated.

B. If the facility permits any portion of a patient’s record to be generated by electronic or optical means,
there shall be policies and procedures to prohibit the use or authentication by unauthorized users.

C. Specific entries and documentation shall include at a minimum:

1. Consultations by physicians or other authorized healthcare providers;

2. Signed and dated orders and recommendations for all medication, care, services, procedures, and
diet from physicians or other authorized healthcare providers, which shall be completed prior to, or at the
time of admission, and subsequently, as warranted; (I)

3. Intake screening and initial physical assessment completed by a nurse;

4. Signed and dated original consent for treatment; (I)

5. The report of the mental status examination and other mental health assessments, as appropriate;

6. Daily progress notes by the direct care staff involved in the treatment of the patient, as applicable,
to include documentation of significant behavioral events and actions taken by staff; and

7. Medication management and administration, and treatment records.

702. Screening. (I)
A. The facility shall have written protocols for screening individuals presenting for evaluation. The facility shall maintain documentation of the rationale for the denial of admission and referral of the individual as applicable.

B. Each facility shall provide screening services on a twenty-four (24) hours per day, seven (7) days per week basis. No person shall remain in the facility for more than eight (8) hours without being admitted or denied admission.

C. Initial screening for risk of suicide or harm to self or others shall be conducted and documented for each individual presenting to the facility.

703. Assessments. (II)

A. A nursing assessment shall be documented for all patients admitted within twenty-four (24) hours.

B. An emotional and behavioral assessment shall be documented for all patients admitted within twenty-four (24) hours. This assessment shall be completed by a mental health professional or other unit staff under the supervision of a mental health professional.

C. A direct psychiatric evaluation, including diagnosis, shall be documented by a physician, psychiatrist, physician assistant, or advanced practice registered nurse for all patients admitted within twenty-four (24) hours.

704. Individual Plan of Care. (II)

A. An individual plan of care ("IPC") shall be developed for each admitted patient. The plan shall be based on initial and ongoing needs, and completed within twenty-four (24) hours of admission. The IPC shall be documented in the patient’s record and shall include the following:

1. Patient’s name;

2. Diagnosis;

3. Date of IPC development;

4. Problems and strengths of the patient;

5. Individual objectives that relate to the specific problems identified;

6. Interventions that address each specific objective;

7. Signatures of direct care staff involved in the treatment of the patient and the development of the ICP;

8. Signature of the patient. Reasons for refusal to sign and/or inability to participate in IPC development shall be documented; and

9. Projected discharge date and anticipated post-discharge needs, including documentation of resources needed in the community.
B. A documented review of the IPC shall occur at least daily or upon completion of the stated goal(s) and objective(s).

705. Record Maintenance.

A. The licensee shall provide accommodations, space, supplies, and equipment for the protection, storage, and maintenance of patient records. Patient records shall be stored in an organized manner.

B. The patient record is confidential and shall be made available only to individuals authorized by the facility and/or the South Carolina Code of Laws. (II)

C. Records generated by organizations or individuals contracted by the facility for care or services shall be maintained by the facility that has admitted the patient.

D. Upon discharge of a patient, the record shall be completed within thirty (30) days, and filed in an inactive or closed file maintained by the licensee. Prior to the closing of a facility for any reason, the licensee shall arrange for preservation of records to ensure compliance with these regulations. The licensee shall notify the Department, in writing, describing these arrangements and the location of the records.

E. Records of patients shall be maintained for at least six (6) years following the discharge of the patient. Unless otherwise indicated, other regulation-required documents shall be retained at least twelve (12) months or since the last Department general inspection, whichever is the longer period.

F. Records of current patients are the property of the facility. The records of current patients shall be maintained at the facility and shall not be removed without court order.

SECTION 800 – ADMISSION AND RETENTION (I)

A. Individuals seeking admission shall be appropriate for the services, treatment, and care offered. The facility shall establish admission criteria that are consistently applied and comply with the facility’s policies and procedures.

B. No supervision, care, or services shall be provided to individuals who have not been admitted as patients of the facility.

C. Patient stays shall not exceed fourteen (14) consecutive calendar days.

D. A facility shall not retain any patients who primarily need detoxification services.

E. A facility shall not retain any of the following persons:

1. A patient with a psychiatric condition of such severity that it can only be safely treated in an inpatient setting;

2. A patient with an unstable medical condition of such severity that it can only be safely managed in an inpatient setting;

3. A patient that does not voluntarily consent to admission or treatment; or

4. A patient that is violent or combative, and/or posing an imminent risk to themselves or others.
SECTION 900 – PATIENT CARE AND SERVICES

901. General. (II)

A. The written informed consent between the patient and the facility shall include at least the following:

1. An explanation of the specific care, services, and/or equipment provided by the facility;

2. An explanation of the conditions under which the patient may be discharged and the agreement terminated; and

3. Documentation of the explanation of the patient’s rights (see Section 1000) and the grievance procedure.

B. The facility shall provide necessary items and assistance, if needed, for patients to maintain their personal cleanliness.

C. The provision of care and services to patients shall be guided by the recognition of and respect for cultural differences to ensure reasonable accommodations for patients with regard to differences, such as, but not limited to, religious practice and dietary preferences.

D. The facility shall make opportunities for participation in religious services available. Reasonable assistance in obtaining pastoral counseling shall be provided by the facility upon request by the patient.

902. Transportation. (II)

The facility shall secure or provide transportation for patients when a physician’s services are needed. If a physician’s services are not immediately available and the patient’s condition requires immediate medical attention, the facility shall provide or secure transportation for the patient to appropriate health care providers.

903. Safety Precautions and Restraints. (I)

A. Periodic or continuous mechanical, physical or chemical restraints during routine care of a patient shall not be used, nor shall patients be restrained for staff convenience or as a substitute for care or services. However, in cases of extreme emergencies when a patient is posing an immediate danger to him or herself or others, mechanical and/or physical restraints may be initiated by staff of the facility to prevent harm to the patient, to other patients, or to staff, provided that use of mechanical and/or physical restraints must be ended as soon as the immediate threat of harm has ended, and in no case shall the use of restraints continue beyond one (1) hour unless ordered by a physician or other authorized healthcare provider. An order for use of restraints must provide that their use shall be discontinued as soon as the immediate threat of harm posed by the patient has ended or until appropriate medical care can be secured, but in no case shall an order be valid for more than eight (8) hours. Only those devices specifically designed as restraints may be used.

B. Emergency restraint orders shall specify the reason for the use of the restraint, the type of restraint to be used, the maximum time the restraint may be used, and instructions for observing the patient while restrained, if different from the facility’s written procedures. Patients certified by a physician or other authorized healthcare provider as requiring restraint for more than eight (8) hours shall be transferred to an appropriate facility.
C. During emergency restraint, patients shall be monitored at least every fifteen (15) minutes, and
provided with an opportunity for motion and exercise at least every thirty (30) minutes. Prescribed
medications and treatments shall be administered as ordered, and patients shall be offered nourishment and
fluids and given bathroom privileges.

D. The use of mechanical restraints shall be documented in the patient's record, and shall include the date
and time implemented, the length of time restrained, observations while patient is restrained, and the
requirements of Section 903.C above.

904. Discharge and Transfer.

A. A discharge summary, based upon the particular needs of the patient, shall be documented and
provided to the patient at the time of discharge that includes:

1. Reason(s) for discharge;

2. Specific instructions for post-discharge care; and

3. Contact information for how to access community services, if applicable.

B. Any of the following criteria is sufficient for transfer or discharge from the facility:

1. The patient manifests behavioral, substance-related, and/or psychiatric symptoms that require a less
   intensive level of care;

2. The patient is at imminent risk of causing serious physical harm to self or others;

3. The symptoms are a result of or complicated by a medical condition that warrants admission to a
   medical setting for treatment;

4. Any other medical condition or behavior which the facility staff deems unsafe for continued
   retention in the facility; or

5. The patient requires treatment, care, or services for longer than fourteen (14) days.

SECTION 1000 – RIGHTS AND ASSURANCES

A. The facility shall comply with all current federal, state, and local laws and regulations concerning
patient care, patient rights and protections, and privacy and disclosure requirements, such as the Omnibus
Adult Protection Act notice and Title VII, Section 601 of the Civil Rights Act of 1964. (I)

B. Patient rights shall be guaranteed and, at a minimum, the facility shall inform the patient of: (II)

1. The care to be provided and the opportunity to participate in care and treatment planning;

2. Grievance and complaint procedures;

3. Confidentiality of patient records;

4. Respect for the patient’s property;
5. Specific coverage and non-coverage of services and of his or her liability for payment;

6. Freedom from abuse and exploitation; and (I)

7. Respect and dignity in receiving treatment, care, and services. (I)

C. A copy of the facility’s patient rights shall be provided to the patient. (II)

D. Patients shall not be locked in or out of their rooms or any common usage areas in the facility, or in or out of the facility building. Exit doors may be equipped with delayed egress locks as permitted by the codes referenced in Section 1902. (I)

EXCEPTION: Exit doors may be locked with written approval by the Department and as permitted by the codes referenced in Section 1902.

E. The facility shall develop a grievance and complaint procedure to be exercised on behalf of the patients which includes the address and phone number of the Department, and a provision prohibiting retaliation should the grievance right be exercised. (II)

SECTION 1100 – PATIENT PHYSICAL EXAMINATION (I)

A. All patients admitted to a facility shall have a signed and dated physical examination conducted by a physician or other authorized healthcare provider within twenty-four (24) hours of admission. The physical examination shall include a medical history and diagnosis supporting admission.

B. If a patient or potential patient has a communicable disease, the administrator shall seek advice from a physician or other authorized healthcare provider in order to:

1. Ensure the facility has the capability to provide adequate care and prevent the spread of that condition, and that the staff members and volunteers are adequately trained; and

2. Transfer the patient to an appropriate facility, if necessary.

SECTION 1200 – MEDICATION MANAGEMENT

1201. General. (I)

Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid, shall be properly managed in accordance with federal, state, and local laws and regulations. Such management shall address the securing, storing, and administering of medications, medical supplies, first aid supplies, and biologicals, their disposal when discontinued or expired, and their disposition at discharge, death, or transfer of a patient.

1202. Medication and Treatment Orders. (I)

A. Medications and treatments, including oxygen, shall be administered to patients only upon orders of a physician or other authorized healthcare provider. Medications accompanying patients at admission may be administered to patients provided the medication is in the original labeled container and the order is subsequently obtained as a part of the admission physical examination.
B. All verbal orders shall be received by a nurse and shall be signed and dated by a physician or other authorized healthcare provider no later than three (3) business days after the order is given.

C. Medications and medical supplies ordered for a specific patient shall not be provided or administered to any other patient.

1203. Administering Medication and/or Treatments. (I)

A. Doses of medication shall be administered by the same nurse who prepared them for administration. Preparation shall occur no earlier than one (1) hour prior to administering. Preparation of doses for more than one (1) scheduled administration shall not be permitted. Each treatment or medication dose administered shall be recorded on the patient’s medication administration record (“MAR”) as it is administered, or treatment administration record (“TAR”) after it is rendered. Should an ordered dose of medication or treatment not be administered or rendered, an explanation as to the reason shall be recorded on the MAR or TAR. The MAR shall be documented to include the medication name, dosage, mode of administration, date and time of administration, and the signature of the nurse administering the medication. If the ordered dosage is to be given on a varying schedule, for example, “take two tablets the first day and one tablet every other day by mouth with noon meal,” the number of tablets shall also be recorded. The TAR shall be documented to include the type of treatment, date and time of treatment, and the signature of the nurse rendering the treatment.

B. A facility nurse may monitor patient blood sugar levels provided the facility has received a “Certificate of Waiver” from the Clinical Laboratories Improvement Amendments (“CLIA”).

C. Self-administering of medications by a patient is permitted only:

1. Upon the specific written orders of the physician or other authorized healthcare provider; and

2. The facility shall ascertain by patient demonstration to the staff and document that she or he remains capable of self-administering medications.

D. A facility may prohibit self-administration of medications and treatments.

E. At each shift change, there shall be a documented review of the MARs by the incoming and outgoing nurses to verify that medications were administered in accordance with orders, and the administrations were documented. All errors and/or omissions indicated on the MARs shall be addressed and corrective action taken at that time.

1204. Medication Containers (I)

A. Medications for patients shall be obtained from a permitted pharmacy or authorized healthcare provider as allowed by law on an individual prescription basis. These medications shall bear a label affixed to the container which reflects at least the following: name of pharmacy, name of patient, name of the prescribing physician or other authorized healthcare provider, date and prescription number, directions for use, and the name and dosage unit of the medication. The label shall be brought into accord with the directions of the physician or other authorized healthcare provider each time the prescription is refilled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for re-labeling or disposal.
B. Medications for each patient shall be kept in the original containers including unit dose systems. There shall be no transferring between containers, or opening blister packs to remove medications for destruction or adding new medications for administration.

1205. Medication Storage (I)

A. Medications shall be stored and safeguarded in a locked medicine preparation room, cabinet or cart. Medications shall be monitored and attended at all times to prevent access by unauthorized individuals. Expired or discontinued medications shall not be stored with current medications. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life.

B. Medications requiring refrigeration or freezing shall be stored in a locked refrigerator or freezer as appropriate at the temperature range established by the manufacturer used exclusively for that purpose. Food and drinks shall not be stored in the same refrigerator or freezer in which medications and biologics are stored. Refrigerators and freezers shall be provided with a thermometer accurate to plus or minus two (2) degrees Fahrenheit.

C. Medications shall be stored:

1. In accordance with manufacturer’s directions and in accordance with all applicable federal, state, and local laws and regulations;

2. Separately from poisonous substances, such as cleaning and germicidal agents, or body fluids;

3. In a manner that provides for separation between topical and oral medications, and which provides for separation of each patient’s medication; and

4. In medicine preparation rooms or cabinets that are well-lighted and of sufficient size to permit orderly storage and preparation of medications. Keys to the medicine preparation room, cabinet, refrigerator or medication cart at the staff work area shall be under the control of a designated licensed nurse.

D. Unless the facility has a permitted pharmacy, legend drugs shall not be stored in the facility except those specifically prescribed for individual patients. Non-legend drugs that can be obtained without a prescription may be retained and labeled as stock in the facility for administration as ordered by a physician or other authorized healthcare provider.

E. Prescribed and over-the-counter medications may be maintained at patient’s bedside upon physician orders if kept in an individual cabinet or compartment that is locked, such as the drawer of the patient’s night stand, in the room of each patient who has been authorized in writing to self-administer by a physician or other authorized healthcare provider, in accordance with facility policies and procedures.

F. Medications scheduled as Schedule II controlled substances pursuant to the federal or state Controlled Substances Act shall be stored in separately locked, permanently affixed, compartments within a locked medicine preparation room, cabinet, or medication cart, unless otherwise authorized by a change in the state or federal law pertaining to the unit dose or multidose system.

G. A facility shall maintain records of receipt, administration and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation including:
1. Separate records for controlled substances shall be maintained and include the following information: date, time administered, name of patient, dose, signature of individual administering, name of physician or other authorized healthcare provider ordering the medication, and all scheduled controlled substances balances; and

2. At each shift change, there shall be a documented review of the controlled substance records by the incoming and outgoing nurses to verify an accurate reconciliation of the controlled substances.

H. The medications prescribed for a patient shall be protected from use by any other individuals. For those patients who have been authorized by a physician or other authorized healthcare provider to self-administer medications, such medications may be kept on the patient's person, such as, a pocketbook, pocket, or any other method that would enable the patient to control the items.

1206. Disposition of Medications (I)

A. Upon discharge or death of a patient, a facility in possession of unused medications belonging to the patient that do not constitute a controlled substance under 21 U.S.C. Section 802(32) shall release the unused medications to the patient, family member, or responsible party, as appropriate, and shall document the release with the signature of the person receiving the unused medications unless specifically prohibited by the attending physician or other authorized healthcare provider.

B. Upon death of a patient, a facility in possession of unused medications belonging to the patient that constitute a controlled substance under 21 U.S.C. Section 802 shall release the unused medication to an applicable person under 21 C.F.R. Section 1317.30 for disposal in accordance with requirements of the federal Drug Enforcement Administration. The facility shall document the release for disposal in the patient's record.

C. Upon discharge of a patient, a facility in possession of unused medications belonging to the patient that constitute a controlled substance under 21 U.S.C. Section 802 shall release the unused medication to the "ultimate user" under 21 U.S.C. Section 802. The facility shall document the release in the patient's record.

SECTION 1300 – MEAL SERVICE

1301. General. (II)

A. All facilities that prepare food on-site shall be approved by the Department, and regulated, inspected, and permitted pursuant to Regulation 61-25, Retail Food Establishments.

B. When meals are catered to a facility, such meals shall be obtained from a food service establishment graded by the Department pursuant to R.61-25, and there shall be a written executed contract with the food service establishment.

C. All food served to the patients shall meet the requirements of R.61-25 for temperature, storage, display, and general protection against contamination. The use of home canned foods is prohibited.

D. There shall be at least one (1) hand sink equipped with hot and cold water, liquid soap, and an individualized method of drying hands. A handwashing sink shall be equipped to provide water at a temperature of at least one hundred (100) degrees Fahrenheit through a mixing valve or combination faucet.
E. Washing and sanitation of all food contact and non-food contact surfaces, equipment, and utensils shall meet the standards required by R.61-25.

1302. Meals and Special Diets.

A. All facilities shall provide dietary services to meet the daily nutritional needs of the patients. (I)

B. A minimum of three (3) nutritionally-adequate meals in each twenty-four (24) hour period shall be provided for each patient unless otherwise directed by the patient's physician or other authorized healthcare provider. Not more than fourteen (14) hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

C. Specific times for serving meals shall be established.

D. Suitable food and snacks shall be available and offered between meals at no additional cost to the patients. (II)

E. Special diets shall be prescribed, dated and signed by the physician. (I)

1303. Diets. (I)

If the facility accepts patients in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally-qualified dietitian or shall be reviewed and approved by a physician or other authorized healthcare provider. The facility shall maintain documentation that each of these menus has been planned by a dietitian, a physician or other authorized healthcare provider. At a minimum, documentation for each patient’s special diet menu shall include the signature of the dietitian, the physician or other authorized healthcare provider, his or her title, and the date he or she signed the menu. Facility staff preparing a patient’s special diet shall be knowledgeable of the procedure to prepare each special diet. The preparation of any patient’s special diet shall follow the written guidance provided by a registered dietitian, physician, or other authorized healthcare provider authorizing the patient’s special diet. For each patient receiving a special diet, this written guidance shall be documented in the patient’s record.

1304. Menus.

One (1) week’s menus, including routine and special diets and any substitutions or changes made, shall be readily available and posted in one (1) or more conspicuous places in a public area.

1305. Ice and Drinking Water. (II)

A. Ice from a water system in accordance with Regulation 61-58, State Primary Drinking Water Regulations, shall be available and precautions shall be taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.

B. Potable drinking water shall be available and accessible to patients at all times.

C. The usage of common cups shall be prohibited.

D. Ice delivered to patient areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use.

SECTION 1400 – EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS
1401. Disaster Preparedness. (II)

A. All facilities shall develop, by contact and consultation with their county emergency preparedness agency, a written plan for actions to be taken in the event of a disaster and/or emergency evacuation. The plan shall be implemented as necessary and at the time of need. Prior to initial licensing and at the time of each license renewal, a completed form prescribed and furnished by the Department addressing specific components of the plan shall be included with each application submitted to the Department for license renewal. Additionally, in instances where applications include an increase in the licensed bed capacity, the plan shall be updated to address the proposed new total licensed bed capacity and an updated form shall be provided to the Department with the application. All staff members and volunteers shall be made familiar with this plan and instructed as to any required actions of the plan. A copy of the plan shall be available for inspection by the patient and/or responsible party and the Department upon request. The plan shall be reviewed and updated annually, and as appropriate. The facility shall conduct and document a rehearsal of the emergency and disaster evacuation plan at least annually and shall not require patient participation.

B. Evacuation is a temporary measure in order to evacuate patients from potentially hazardous and/or harmful circumstances and shall not exceed seven (7) calendar days. In the event evacuated patients are unable to return to the facility within seven (7) days due to damage to the facility or its components, the lack of electricity and/or water, or other similar reasons, the facility shall endeavor to assess each patient’s current condition and identify each patient’s current needs and preferences. Based on the resources available, the facility shall implement each patient’s discharge plan. For patients needing assistance or support following discharge, the facility shall coordinate the transfer of the patients to their responsible parties or to appropriately licensed facilities capable of meeting the patients’ needs.

C. The disaster and/or emergency evacuation plan shall include, but not be limited to:

1. A sheltering plan to include:

   a. The licensed bed capacity and average occupancy rate;

   b. Name, address and phone number of the sheltering facility(ies) to which the patients will be relocated during a disaster; and

   c. A letter of agreement signed by an authorized representative of each sheltering facility which shall include: the number of relocated patients that can be accommodated; sleeping, feeding, and medication plans for the relocated patients; and provisions for accommodating relocated staff members and volunteers. The letter shall be updated with the sheltering facility at least every three (3) years and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Georgetown, Horry, and Jasper counties, at least one (1) sheltering facility shall be located in a county other than these counties.

2. A transportation plan, to include agreements with entities for relocating patients, which addresses:

   a. Number and type of vehicles required;

   b. How and when the vehicles are to be obtained;

   c. Who (by name or organization) will provide drivers;

   d. Procedures for providing appropriate medical support, food, water, and medications during transportation and relocation based on the needs and number of the patients;
e. Estimated time to accomplish the relocation; and

f. Primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated patients, to include:

   a. How care will be provided to the relocated patients, including the number and type of staff members that will accompany patients who are relocated;

   b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility; and

   c. Co-signed statement by an authorized representative of the sheltering facility if staffing is to be provided by the sheltering facility.

1402. Emergency Call Numbers. (II)

Emergency call data shall be posted in a conspicuous place and shall include at least the telephone numbers of fire and police departments, ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of staff members and volunteers to be notified in case of emergency.

1403. Continuity of Essential Services. (II)

There shall be a written plan to be implemented to ensure the continuation of essential patient support services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.

SECTION 1500 – FIRE PREVENTION

1501. Arrangements for Fire Department Response and Protection. (I)

A. Each facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, suitable written plans for actions to be taken in the event of fire, such as, fire plan and evacuation plan.

B. Facilities located outside of a service area or range of a public fire department shall arrange for the nearest fire department to respond in case of fire by written agreement with that fire department. A copy of the agreement shall be kept on file in the facility and a copy shall be forwarded to the Department. If the agreement is changed, a copy shall be forwarded to the Department.

1502. Tests and Inspections. (I)

Fire protection and suppression systems shall be maintained and tested in accordance with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the facility.

1503. Fire Response Training. (I)

A. Fire response training shall address at a minimum, the following:
1. Fire plan, including the training of staff members and volunteers;

2. Reporting a fire;

3. Use of the fire alarm system, if applicable;

4. Location and use of fire-fighting equipment;

5. Methods of fire containment; and

6. Specific responsibilities, tasks, or duties of each individual.

B. A plan for the evacuation of patients, staff members, and visitors, to include evacuation routes and procedures, in case of fire or other emergencies, shall be established and posted in conspicuous public areas throughout the facility.

C. All patients capable of assisting in their evacuation shall be trained in the proper actions to take in the event of a fire, for example, actions to take if the primary escape route is blocked.

D. Patients shall be made familiar with the fire plan and evacuation plan upon admission and a copy of the evacuation floor diagram shall be provided to each patient and/or the patient’s responsible party.

1504. Fire Drills. (I)

A. An unannounced fire drill shall be conducted at least quarterly for all shifts. Each staff member and volunteer shall participate in a fire drill at least once each year. Records of drills shall be maintained at the facility, indicating the date, time, shift, description, and evaluation of the drill, and the names of staff members and volunteers and patients directly involved in responding to the drill. If fire drill requirements are mandated by statute or regulation, then provisions of the statute or regulation shall be complied with and shall supersede the provisions of Section 1504.

B. Drills shall be designed and conducted in consideration of and reflecting the content of the fire response training described in Section 1503 above.

C. All patients shall participate in fire drills. In instances when a patient refuses to participate in a drill, efforts shall be made to encourage participation, for example, counseling, implementation of incentives rewarding patients for participation, specific staff or volunteer to patient assignments to promote patient participation. Continued refusal may necessitate implementation of the discharge planning process to place the patient in a setting more appropriate to their needs and abilities.

D. In conducting fire drills, all patients shall evacuate to the outside of the building to a selected assembly point. Drills shall be designed to ensure that patients attain the experience of exiting through all exits.

SECTION 1600 – MAINTENANCE

The facility shall keep all equipment and building components (for example, doors, windows, lighting fixtures, plumbing fixtures) in good repair and operating condition. The facility shall document preventive maintenance. The facility shall comply with the provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the facility. (II)
SECTION 1700 – INFECTION CONTROL

1701. Staff Practices. (I)

Staff and volunteer practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures and practices shall be in compliance with applicable guidelines of the Bloodborne Pathogens Standard of the Occupational Safety and Health Act (OSHA) of 1970, as amended; the Centers for Disease Control and Prevention (“CDC”); and Regulation 61-105, Infectious Waste Management Regulations; and other applicable federal, state, and local laws and regulations.

1702. Tuberculosis Risk Assessment and Screening. (I)

A. All facilities shall conduct an annual tuberculosis risk assessment (see Section 101.SS) in accordance with CDC guidelines to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

B. The risk classification, for example, low risk, medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for staff and volunteers and patients and the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, for example, healthcare organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, patient population, job type, or location within the setting may have separate risk classifications.

C. Staff and Volunteers Tuberculosis Screening.

1. Tuberculosis Status. Prior to date of hire or initial patient contact, the tuberculosis status of staff and volunteers shall be determined in the following manner in accordance with the applicable risk classification:

2. Low Risk:

   a. Baseline two-step Tuberculin Skin Test (“TST”) or a single Blood Assay for Mycobacterium tuberculosis (“BAMT”): All staff and volunteers (within three (3) months prior to contact with patients) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff or volunteer has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered and read to serve as the baseline prior to patient contact.

   b. Periodic TST or BAMT is not required.

   c. Post-exposure TST or a BAMT for staff and volunteers upon unprotected exposure to M. tuberculosis: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8 to 10) weeks after that exposure to M. tuberculosis ended.

   d. Baseline positive with or without documentation of treatment for latent TB infection (“LTBI”) (see Section 101.Z) or TB disease shall have a symptoms screen prior to employment and annually thereafter.
e. Upon hire, staff and volunteers with a newly positive test result for *M. tuberculosis* infection (for example, TST or BAMT) or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Repeat radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These staff members and volunteers will be evaluated for the need for treatment of TB disease or LTBI and will be encouraged to follow the recommendations made by a physician with TB expertise (for example, the Department’s TB Control program).

3. Medium Risk:

a. Baseline two-step TST or a single BAMT: All staff and volunteers (within three (3) months prior to contact with patients) unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff member or volunteer has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline prior to patient contact.

b. Periodic testing (with TST or BAMT): Annually, of all staff and volunteers who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, staff and volunteers with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen shall be accomplished by educating the staff or volunteer who have documented TB infection about symptoms of TB disease (including the staff’s and/or volunteers’ responses concerning symptoms of TB disease), documenting the questioning of the staff or volunteers about the presence of symptoms of TB disease, and instructing the staff or volunteers to report any such symptoms immediately to the administrator. Treatment for LTBI shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.

c. Post-exposure TST or a BAMT for staff or volunteers upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation (see Section 101.I) when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff and volunteers who have had unprotected exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or BAMT eight to ten (8 to 10) weeks after that exposure to *M. tuberculosis* ended.

4. Baseline Positive or Newly Positive Test Result:

a. Baseline positive with or without documentation of treatment for LTBI or TB disease shall have a symptoms screen prior to employment and annually thereafter.

b. Upon hire, staff and volunteers with a newly positive test result for *M. tuberculosis* infection (for example, TST or BAMT) or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These staff members and volunteers will be evaluated for the need for treatment of TB disease or LTBI and will be encouraged to follow the recommendations made by a physician with TB expertise (for example, the Department’s TB Control program).

c. Staff and volunteers who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician, and permitted to return to work only with written approval by the Department’s TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.
D. Patients who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room, required to undergo evaluation by a physician, and permitted to return to the facility only with written approval by the Department's TB Control program.

E. Individuals who have been declared in writing to be in an emergency crisis stabilization status may be admitted to the facility without the initial step of the two-step tuberculin skin test and/or while awaiting the result of a BACT. If an individual has any symptoms of active tuberculosis, he or she shall be placed in an area separate from the general population. This admission to the facility may be made provided that:

1. There is documentation at the facility of the declaration by the SCDMH that the admission is, in fact, an emergency (NOTE: Only this agency may declare these crisis stabilization admissions to be an emergency); and

2. The patient will receive the initial step of the two-step tuberculin test within seventy-two (72) hours of admission to the facility. The second step of the two-step tuberculin skin test must be administered within the next seven to fourteen (7 to 14) days; or

3. There is written evidence of a chest x-ray within one (1) month prior to admission and a written assessment by a physician or other authorized healthcare provider that there is no active TB present and a negative assessment for signs and/or symptoms of tuberculosis.

1703. Housekeeping. (II)

The facility and its grounds shall be clean, and free of vermin and offensive odors.

A. Interior housekeeping shall, at a minimum, include:

1. Cleaning each specific area of the facility;

2. Cleaning and disinfection, as needed, of equipment used and/or maintained in each area appropriate to the area and the equipment's purpose or use;

3. Chemicals indicated as harmful on the product label, cleaning materials, and supplies shall be in locked storage areas and inaccessible to patients; and

4. During use of chemicals indicated as harmful on the product label, cleaning materials, and supplies shall be in direct possession of the staff member and monitored at all times.

B. Exterior housekeeping shall, at a minimum, include:

1. Cleaning of all exterior areas, such as, porches and ramps, and removal of safety impediments such as snow and ice;

2. Keeping facility grounds free of weeds, rubbish, overgrown landscaping, and other potential breeding sources for vermin; and

3. Safe storage of chemicals indicated as harmful on the product label, equipment and supplies inaccessible to patients.

1704. Infectious Waste. (I)
Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with OSHA Bloodborne Pathogens Standard, and R.61-105.

1705. Clean and Soiled Linen and Clothing. (II)

A. Clean Linen and Clothing.

1. A supply of clean, sanitary linen and clothing shall be available at all times.

2. In order to prevent the contamination of clean linen and clothing by dust or other airborne particles or organisms, clean linen and clothing shall be stored and transported in a sanitary manner, for example, enclosed and covered.

3. Clean linen and clothing shall be separated from storage for other purposes.

B. Soiled Linen and Clothing.

1. Soiled linen and clothing shall neither be sorted, rinsed, nor washed outside of the laundry service area;

2. Provisions shall be made for collecting, transporting, and storing soiled linen and clothing;

3. Soiled linen and clothing shall be kept in solid enclosed, covered, and leak proof containers; and

4. Laundry operations shall not be conducted in patient rooms, dining rooms, or in locations where food is prepared, served, or stored.

SECTION 1800 – QUALITY IMPROVEMENT PROGRAM (II)

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services provided by the facility.

B. The quality improvement program, at a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;

2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;

3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;

4. Analyze the appropriateness of IPCs and the necessity of care and services rendered;

5. Analyze all incidents and accidents, to include all medication errors and patient deaths;

6. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the patients; and

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7. Establish a systematic method of obtaining feedback from patients and other interested persons, for example, family members and peer organizations, as expressed by the level of satisfaction with care and services received.

SECTION 1900 – DESIGN AND CONSTRUCTION

1901. General. (II)

A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each patient. Facility design shall be such that all patients have access to required services. There shall be at least two hundred (200) gross square feet per licensed bed in facilities with ten (10) beds or less, and in facilities licensed for more than ten (10) beds, at least an additional one hundred (100) gross square feet per licensed bed.

1902. Codes and Standards. (II)

A. Facility design and construction shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal applicable to the facility.

B. Unless specifically required otherwise by the Department, all facilities shall comply with the adopted construction codes and construction provisions of this regulation applicable at the time its initial license was issued.

1903. Submission of Plans. (II)

A. Plans and specifications shall be submitted to the Department for review and approval for new construction, additions or alterations to existing buildings, replacement of major equipment, buildings being licensed for the first time, buildings changing license type, and for facilities increasing occupant load or licensed capacity. Final plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina and shall bear their seals and signatures. Architectural plans shall also bear the seal of a South Carolina registered architectural corporation. Unless directed otherwise by the Department, submit plans at the schematic, design development, and final stages. All plans shall be drawn to scale with the title, stage of submission and date shown thereon. Any construction changes from the approved documents shall be approved by the Department. Construction work shall not commence until a plan approval has been received from the Department. During construction, the owner shall employ a registered architect and/or engineer for observation and inspections. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for review and approval for projects that have an effect on:

1. The function of a space;

2. The accessibility to or of an area;

3. The structural integrity of the facility;

4. The active and/or passive fire safety systems (including kitchen equipment such as exhaust hoods or equipment required to be under an exhaust hood);

5. Doors;
6. Walls;

7. Ceiling system assemblies;

8. Exit corridors;

9. Life safety systems; or

10. That increase the occupant load or licensed capacity of the facility.

C. All subsequent addenda, change orders, field orders, and documents altering the Department review must be submitted. Any substantial deviation from the accepted documents shall require written notification, review and re-approval from the Department.

D. Cosmetic changes utilizing paint, wall covering, floor covering, etc. that are required to have a flame-spread rating or to satisfy other safety criteria shall be documented with copies kept on file at the facility and made available to the Department.

1904. Inspections

Construction work which violates codes or standards will be required to be brought into compliance. All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by the Department.

SECTION 2000 – FIRE PROTECTION, PREVENTION, AND LIFE SAFETY (I)

A. Facilities with six (6) or more licensed beds shall have a partial, manual, automatic, supervised fire alarm system. The facility shall arrange the system to transmit an alarm automatically to a third party. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculation systems and outside air units that serve the area(s) of alarm origination as a minimum.

B. All fire, smoke, heat, sprinkler flow, and manual fire alarming devices must be connected to and activate the main fire alarm system when activated.

SECTION 2100 – GENERAL CONSTRUCTION

2101. Floor Finishes. (II)

A. Floor coverings and finishes shall meet the requirements of the building codes.

B. All floor coverings and finishes shall be appropriate for use in each area of the facility and free of hazards, such as slippery surfaces. Floor finishes shall be composed of materials that permit frequent cleaning, and when appropriate, disinfection.

2102. Wall Finishes. (I)

A. Wall finishes shall meet the requirements of the building codes.
B. Manufacturers’ certifications or documentation of treatment for flame spread and other safety criteria shall be furnished and maintained.

2103. Curtains and Draperies. (II)

In bathrooms and patient rooms, window treatments shall be arranged in a manner to provide privacy.

2104. Gases. (I)

A. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, or stored. “No Smoking” signs shall be posted conspicuously, and cylinders shall be properly secured in place.

B. Smoking shall be allowed only in designated areas in accordance with the facility smoking policy. No smoking is permitted in patient rooms or staff bedrooms or restrooms.

2105. Furnishings and Equipment. (I)

A. The facility shall maintain the physical plant to be free of fire hazards or impediments to fire prevention.

B. No portable electric or unvented fuel heaters shall be permitted in the facility.

C. Fireplaces and fossil-fuel stoves, for example, wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. “Unvented” type gas logs are not allowed. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. Wastebaskets, window dressings, cubicle curtains, mattresses, and pillows shall be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

SECTION 2200 – EXITS (I)

A. The facility shall maintain halls, corridors and all other means of egress from the building to be free of obstructions.

B. Each patient room shall open directly to an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level and accessible to a public space free of encumbrances.

EXCEPTION: When two (2) patient rooms share a common “sitting” area that opens onto the exit access corridor.

SECTION 2300 – WATER SUPPLY AND HYGIENE

2301. Design and Construction. (II)

A. Patient and staff hand washing lavatories and patient showers and tubs shall be supplied with hot and cold water at all times.
B. Plumbing fixtures that require hot water and are accessible to patients shall be supplied with water that is thermostatically controlled to a temperature of at least one hundred (100) degrees Fahrenheit and not to exceed one hundred twenty (120) degrees Fahrenheit at the fixture.

C. The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per bed at the above temperature range.

D. Hot water supplied to the kitchen equipment and utensil washing sink shall be supplied at one hundred twenty (120) degrees Fahrenheit provided all kitchen equipment and utensils are chemically sanitized. For those facilities sanitizing with hot water, the sanitizing compartment of the kitchen equipment and utensil washing sink shall be capable of maintaining the water at a temperature of at least one hundred eighty (180) degrees Fahrenheit.

E. Hot water provided for washing linen and clothing shall not be less than one hundred sixty (160) degrees Fahrenheit. Should chlorine additives or other chemicals which contribute to the margin of safety in disinfecting linen and clothing be a part of the washing cycle, the minimum hot water temperature shall not be less than one hundred ten (110) degrees Fahrenheit, provided hot air drying is used.

2302. Cross-connections. (I)

There shall be no cross-connections in plumbing between safe and potentially unsafe water supplies. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, equipment, or service unless protected against back-siphonage by approved vacuum breakers or other approved back-flow preventers. A faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved back-flow preventer.

SECTION 2400 – ELECTRICAL

2401. Receptacles. (II)

A. Patient Room. Each patient room shall have duplex grounding type receptacles located to include one (1) at the head of each bed.

B. Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of the ends of corridors.

2402. Ground Fault Protection. (I)

A. Ground fault circuit-interrupter protection shall be provided for all outside receptacles and bathrooms.

B. The facility shall provide ground fault circuit-interrupter protection for any receptacles within six (6) feet of a sink or any other wet location. If the sink is an integral part of the metal splashboard grounded by the sink, the entire metal area is considered part of the wet location.

2403. Exit Signs. (I)

A. In facilities licensed for six (6) or more beds, required exits and ways to access the same shall be identified by electrically-illuminated exit signs.

B. Changes in egress direction shall be marked with exit signs with directional arrows.
C. Exit signs in corridors shall be provided to indicate two (2) directions of exit.

2404. Emergency Electric Service. (I)

Emergency electric services shall be provided as follows:

A. Exit lights, if required;

B. Exit access corridor lighting;

C. Illumination of means of egress; and

D. Fire detection and alarm systems, if required.

SECTION 2500 – HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) (II)

A. The HVAC system shall be inspected at least once a year by a certified or licensed technician.

B. The facility shall maintain a temperature of between seventy-two (72) and seventy-eight (78) degrees Fahrenheit in patient areas.

C. No HVAC supply or return grille shall be installed within three (3) feet of a smoke detector. (I)

D. HVAC grilles shall not be installed in floors.

E. Intake air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in such a manner that would be an irritant to the patients, staff, or volunteers.

F. All kitchen areas shall be adequately ventilated in order for all areas to be kept free from excessive heat, steam, condensation, vapors, smoke, and fumes.

G. Each bathroom and/or restroom shall have either operable windows or have approved mechanical ventilation.

SECTION 2600 – PHYSICAL PLANT

2601. Facility Accommodations and Floor Area. (II)

A. There shall be sufficient living arrangements providing for patients’ quiet reading, study, relaxation, entertainment, or recreation, to include living, dining, and recreational areas available for patients’ use.

B. Methods for ensuring visual and auditory privacy between patient and staff, volunteers, and visitors shall be provided as necessary.

2602. Patient Rooms.

A. Each patient room shall be equipped with the following as a minimum for each patient:

1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow, and pillowcases; roll-away type beds, cots, bunkbeds, and folding beds shall not be used; and (II)
2. A closet, wardrobe, or bureau to accommodate each patient’s personal clothing, belongings, and toilet articles.

B. Beds shall not be placed in corridors, solaria, or other locations not designated as patient room areas. (I)

C. No patient room shall contain more than three (3) beds. (II)

D. No patient room shall be located in a basement.

E. Access to a patient room shall not be by way of another patient room, toilet, bathroom, or kitchen.

2603. Patient Room Floor Area.

A. Each patient room shall be an outside room with an outside window or door. (I)

B. In non-apartment units, the patient sleeping room floor area is a usable or net area and does not include wardrobes (built-in or freestanding), closets, or the entry alcove to the room. The following is the minimum floor space allowed: (II)

1. Rooms for only one (1) patient: one hundred (100) square feet; and

2. Rooms for more than one (1) patient: eighty (80) square feet per patient.

C. Patient sleeping rooms shall be of sufficient size to allow three (3) feet between two (2) beds. (II)

2604. Bathrooms and Restrooms. (II)

A. Separate bathroom facilities shall be provided for staff members, volunteers, public, and/or family.

B. Toilets shall be provided in ample number to serve the needs of staff members, volunteers, and the public. The minimum number for patients shall be one (1) toilet for each six (6) licensed beds or fraction thereof.

C. There shall be at least one (1) handwash lavatory adjacent to each toilet. Liquid soap shall be provided in public restrooms and bathrooms used by more than one (1) patient. Communal use of bar soap is prohibited. A sanitary individualized method of drying hands shall be available at each lavatory.

D. There shall be one (1) bathtub or shower for each eight (8) licensed beds or fraction thereof.

E. All bathtubs, toilets, and showers used by patients shall have approved grab bars securely fastened in a usable fashion.

F. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

G. Toilet facilities shall be at or adjacent to the kitchen for kitchen employees.

H. Facilities for handicapped persons shall be provided whether or not any of the patients are classified as handicapped.
I. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surfaces to the highest level of splash.

J. There shall be a mirror above each bathroom lavatory for patients’ grooming.

K. An adequate supply of toilet tissue shall be maintained in each bathroom.

L. Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered.

M. Bar soap, bath towels, and washcloths shall be provided to each patient as needed. Bath linens assigned to specific patients may not be stored in centrally located bathrooms. Provisions shall be made for each patient to properly keep their bath linens in their room, such as, on a towel hook or bar designated for each patient occupying that room, or bath linens to meet patient needs shall be distributed as needed, and collected after use and stored properly, see Section 1705.

2605. Doors, (II)

A. All patient rooms and bathrooms and restrooms shall have opaque doors for the purpose of privacy.

B. All glass doors, including sliding or patio type doors shall have a contrasting or other indicator that causes the glass to be observable, for example, a decal located at eye level.

C. Bathroom and restroom door widths shall be at least thirty-six (36) inches wide.

D. Doors to patient occupied rooms shall be at least thirty-six (36) inches wide.

E. Doors that have locks shall be unlockable and openable with one (1) action.

F. If patient room doors are lockable, there shall be provisions for emergency entry. There shall not be locks that cannot be unlocked and operated from inside the room.

G. All patient room doors shall be solid-core. Patient room doors shall be rated and provided with closers and latches as required by the codes referenced in Section 1902.

2606. Ramps, (II)

A. At least one (1) exterior ramp, accessible by all patient, staff members, volunteers, and visitors shall be installed from the first floor to grade.

B. The ramp shall serve all portions of the facility where patients are located.

C. The surface of a ramp shall be of nonskid materials.

D. Ramps in facilities with eleven (11) or more licensed beds shall be of noncombustible construction.

E. Ramps shall discharge onto a surface that is firm and negotiable by a wheelchair in all weather conditions and to a location accessible for loading into a vehicle.

2607. Screens, (II)
Windows, doors, and openings intended for ventilation shall be provided with insect screens.

2608. Windows and Mirrors.

A. The window dimensions and maximum height from floor to sill shall be in accordance with the building codes, as applicable.

B. Where patient safety awareness is impaired, safety (non-breakable) mirrors shall be used.

2609. Janitor’s Closet. (II)

There shall be a lockable janitor’s closet in all facilities. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

2610. Storage Areas.

A. General storage areas shall be provided for patient, staff, and volunteer belongings, equipment, and supplies as well as clean linen, soiled linen, wheel chairs, and general supplies and equipment.

B. Storage buildings on the premises shall meet the building codes requirements regarding distance from the licensed building. Storage in buildings other than on the facility premises shall be secure and accessible. An appropriate controlled environment shall be provided if necessary for storage of items requiring such an environment.

C. In mechanical rooms used for storage, the stored items shall be located away from mechanical equipment and shall not be a type of storage that might create a fire or other hazard. (I)

D. Supplies and equipment shall not be stored directly on the floor. Supplies and equipment susceptible to water damage and/or contamination shall not be stored under sinks or other areas with a propensity for water leakage.

E. There shall be a soiled linen storage room which shall be designed, enclosed, and used solely for that purpose, and provided with mechanical exhaust directly to the outside.

2611. Telephone Service.

A. At least one (1) telephone shall be available on each floor of the facility with at least one (1) active main or fixed-line telephone service available.

B. At least one (1) telephone shall be provided by the facility on each floor for staff members and volunteers to conduct routine business of the facility and to summon assistance in the event of an emergency. Patients shall have telephone privacy.

2612. Location.

A. The facility shall be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. The facility shall have a parking area to reasonably satisfy the needs of patients, staff members, volunteers, and visitors.
C. Facilities shall maintain adequate access to and around the building(s) for firefighting equipment. (I)

2613. Outdoor Area.

A. Outdoor areas where unsafe, unprotected physical hazards exist shall be enclosed by a fence or a natural barrier of a size, shape, and density that effectively impedes travel to the hazardous area. (I)

B. Mechanical or equipment rooms that open to the outside of the facility shall be kept protected from unauthorized individuals. (II)

SECTION 2700 – SEVERABILITY

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect as if such invalid portions were not originally a part of these regulations.

SECTION 2800 – GENERAL

Conditions that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.

Fiscal Impact Statement:

As noted in the Fiscal Impact Statement for Senate Bill 354 requested by the Senate Medical Affairs committee, the Department estimates an expenditure impact of nine thousand thirty-nine dollars ($9,039) in operating expenses, with an additional expenditure of one thousand twelve dollars ($1,012) in the first year for office equipment. However, the Office of Revenue and Fiscal Affairs anticipates that the Department will accomplish these tasks within the current Other Funds spending authority for the facility licensing program.

Statement of Need and Reasonableness:

The following is based on an analysis of the factors listed in 1976 Code Sections 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: New Regulation 61-125, Standards for Licensing Crisis Stabilization Unit Facilities.

Purpose: The purpose of this regulation is to establish a process of licensing and regulating Crisis Stabilization Unit Facilities ("CSUs"). These facilities, operated by the S.C. Department of Mental Health ("SCDMH"), or in partnership with SCDMH, provide a short-term residential program offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.

Legal Authority: 1976 Code Section 44-7-260.

Plan for Implementation: The DHEC Regulation Development Update (accessible at http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/) provides a summary of and link to this regulation. Additionally, printed copies are available for a fee from the
Department's Freedom of Information Office. Department personnel will take appropriate steps to inform the regulated community of the new regulation and any associated information.

DETERMINATION OF NEED AND REASONABLENESS OF THE PROPOSED REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

This regulation is necessary to execute Act No. 10 amending Article 3 of Chapter 7, Title 44 requiring the Department to license and regulate Crisis Stabilization Unit Facilities. These facilities provide a short-term residential program, offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.

DETERMINATION OF COSTS AND BENEFITS:

As noted in the Fiscal Impact Statement for Senate Bill 354 requested by the Senate Medical Affairs committee, the Department estimates an expenditure impact of nine thousand thirty-nine dollars ($9,039) in operating expenses, with an additional expenditure of one thousand twelve dollars ($1,012) in the first year for office equipment. However, the Office of Revenue and Fiscal Affairs anticipates that the Department will accomplish these tasks within the current Other Funds spending authority for the facility licensing program. CSU licensees will pay a licensure fee of ten dollars ($10.00) per licensed bed or seventy-five dollars ($75.00), whichever is greater.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:

The regulation seeks to support the Department’s goals relating to protection of public health through the anticipated benefits highlighted above. There is no anticipated effect on the environment.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment. Without this regulation, there would be no mechanism to license and regulate Crisis Stabilization Unit Facilities.

Statement of Rationale:

The Department promulgated this regulation to establish licensure and regulatory requirements for Crisis Stabilization Unit Facilities. These facilities provide a short-term residential program, offering psychiatric stabilization services and brief, intensive crisis services to individuals eighteen (18) years of age or older, twenty-four (24) hours a day, seven (7) days a week.
ATTACHMENT B

SUMMARY OF PUBLIC COMMENTS AND DEPARTMENT RESPONSES

Document No. 4809

R.61-125, Standards for Licensing Crisis Stabilization Unit Facilities

As of the February 26, 2018, close of the Notice of Proposed Regulation comment period:

<table>
<thead>
<tr>
<th>NAME</th>
<th>SECTION</th>
<th>PUBLIC COMMENT</th>
<th>DEPARTMENT RESPONSE</th>
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<tbody>
<tr>
<td>1. Edward Bender, Dir. of Regulatory Affairs, S.C. Hospital Assn.</td>
<td>General</td>
<td>The South Carolina Hospital Association (&quot;SCHA&quot;) commends the Department for its efforts in drafting this regulation. As a general comment, SCHA is in full support of the South Carolina Department of Mental Health’s (&quot;DMH&quot;) suggested revisions to these regulations. Because of DMH’s vital and mandatory role in the operation of these facilities and its experience operating the CSU in the Charleston area, SCHA feels DMH is in the best position at the current time to offer revisions to these proposed regulations. As a result, SCHA supports the comments offered by DMH.</td>
<td>Acknowledged.</td>
</tr>
<tr>
<td>2. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>General</td>
<td>SCDMH requests that an individual who will be admitted and treated in a Crisis Stabilization Unit Facility (&quot;CSU&quot;) be known as a “patient” rather than a “client.” SCDMH generally endeavors to refer to those individuals receiving treatment in its mental health centers and its psychiatric hospitals as “patients” rather than “clients.” This change would require substitutions throughout the proposed regulations.</td>
<td>Adopted.</td>
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</tbody>
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<tr>
<th>NAME</th>
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</thead>
<tbody>
<tr>
<td>3. Cindy Cambron, Counsel, Greenville Hospital System</td>
<td>101.V</td>
<td>GHS suggests that the ITP be prepared by an authorized healthcare provider rather than the facility.</td>
<td>Not adopted, but clarified with other amendments. The facility is responsible for ensuring the preparation of the individual plan of care (IPC). Section 704.A.7 addresses the signatures required for the IPC, specifically the signatures of individuals involved with preparing the IPC. To clarify the individuals who may be involved in preparing the plan, and their relationship with the facility, the Department has amended Section 704.A.7 to read “Signatures of direct care staff responsible for the treatment of the patient and involved in developing the IPC.” Based on the Department’s review and response to this comment, for consistency with terminology throughout the regulation the Department has made two additional amendments to replace references to “qualified prescriber” or “licensed prescriber.” Section 701.C.6 has been amended to replace the term “qualified prescriber” with the phrase “direct care staff involved in the treatment of the patient.” Section 1204.A has been amended to replace the term “licensed prescriber” with the phrase “authorized healthcare provider as allowed by law.”</td>
</tr>
<tr>
<td>4. Cindy Cambron, Counsel, Greenville Hospital System</td>
<td>101.00</td>
<td>GHS suggests that the screening be performed by an authorized healthcare provider rather than the facility.</td>
<td>Clarification. Section 702.A requires that the facility have written protocols for screening. This gives facilities flexibility to determine who completes the screening.</td>
</tr>
<tr>
<td>NAME</td>
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<td>PUBLIC COMMENT</td>
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<tr>
<td>5. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>101.OO</td>
<td>SCDMH requests that this paragraph be re-worded as follows: “The process by which the facility, prior to admission, determines the individual client a prospective patient requires the level of services and active treatment provided by the CSU.” Part of the screening process will include ensuring that a prospective patient’s needs to not exceed the capacity of the CSU.</td>
<td>Adopted.</td>
</tr>
<tr>
<td>6. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>501.D</td>
<td>SCDMH requests that this paragraph be re-written as follows: “The facility shall maintain provide within one business day, upon request, current information regarding all staff members, to include:”. SCDMH also requests the deletion of sub-paragraph 5: “Job description signed by the staff member.” Paragraphs A., B., and C. already require the facility to have conducted background checks and to ensure that adequate numbers of properly trained and credentialed staff are on duty. The requirements of proposed Paragraph D., would not further ensure adequate care is provided to patients. Given SCDMH’s experience in operating 24/7 residential facilities, it is foreseeable that to maintain appropriate staffing at all times it may periodically be necessary for a CSU to employ temporary contract staff or for SCDMH to transfer staff temporarily to a CSU. The essential information listed in sub-paragraphs 1 – 4 regarding the staff working in a CSU will exist, and will be available to be provided within one business day, but requiring such information to be available at the facility at all times for all staff working is overly prescriptive. As currently worded, Paragraph D., and particularly sub-paragraph 5 would create un-necessary requirements, the violation of which would not jeopardize patient care or safety. Section 501 is currently noted as a Class II standard [“violations would have a negative impact on the health, safety and well-being of individuals in the facility”], which SCDMH believes is certainly not the case with respect to paragraph D. SCDMH is concerned the enforcement of the proposed regulation as currently written could lead to citations and significant time and effort by facility administration on complying with a requirement that has no relation to patient care or safety, and diminish the time and attention management could devote to actions that would.</td>
<td>Not adopted. This is not in line with the Department’s policies and procedures regarding inspections. It is imperative for the Department inspector to have access to these records at the time of inspection.</td>
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<td>7. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>502.C</td>
<td>SCDMH requests that paragraph C delete the following phrase: &quot;copy of the administrator's license.&quot; SCDMH believes this is a typo, as the administrator is not required to be licensed.</td>
<td>Adopted.</td>
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<td>8. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>503.A</td>
<td>SCDMH requests that paragraph A be re-written as follows: &quot;There shall be a minimum of one (1) registered nurse in the facility or on-call at all times clients patients are present.&quot; A CSU is a treatment facility for voluntary patients in psychiatric distress but who do not require a hospital level of care, and who will not have significant co-occurring medical conditions. It will generally not be clinically necessary for there to be a registered nurse present in the facility on all shifts.</td>
<td>Clarified. Section 503.A has been amended to require that there be at least one (1) registered nurse immediately accessible by phone and available to be in the facility within thirty (30) minutes.</td>
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<td>9. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>504.B</td>
<td>SCDMH requests that the first sentence be amended as follows: &quot;The documentation of all inservice training shall include topic, date of the training, training source and duration, and shall be signed and dated by the trainer and trainee. Many required inservice topics are now completed by staff on-line. Training records are likewise kept electronically. Safeguards are in place to ensure the person completing the training is who they say they are. Requiring records to be signed by the trainer and trainee would be very difficult and would serve no necessary purpose. SCDMH further requests that the last sentence be amended as follows: &quot;Training for staff and volunteers of the facility whose responsibilities include direct patient care shall include:&quot; What follows is a long list of topics, many of which would be applicable to all staff (EG, confidentiality; abuse/neglect) but a number of which would only be applicable to staff providing direct patient care. Paragraph A. adequately covers the requirement that staff and volunteers receive training specific to their job duties.</td>
<td>Clarified. Section 504.B has been amended to allow for the omission of signatures for computer-based trainings. Adopted. Section 504.B has been further amended to include the suggested language regarding direct patient care.</td>
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<td>10. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>504.B.5</td>
<td>SCDMH further requests that sub-paragraph 5 be deleted and the subsequent sub-paragraphs re-numbered accordingly. This sub-paragraph is overly prescriptive and in the process is also somewhat confusing, but in any event is unnecessary. Paragraph A adequately covers the requirement that staff and volunteers receive training specific to their job duties. Nevertheless, SCDMH does not disagree that direct care staff should receive training regarding the other topics listed.</td>
<td>Adopted.</td>
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<td>11. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>505</td>
<td>SCDMH requests that this Section be amended as follows: “All staff members and volunteers shall have documented orientation to the organization’s purpose and environment of the facility, specific duties and responsibilities of staff members and volunteers, and client needs within twenty-four (24) hours of their first day on the job in the facility.” This section is largely redundant with the requirements of Section 504, and as currently worded could be read as requiring that each individual staff member and volunteer must receive orientation about the duties and responsibilities of all staff and all volunteers and all patient needs. Section 505 appears to be categorized as a Class I standard, so the wording needs to be clear and concise. As noted, Section 504 already includes the requirement that staff and volunteers be trained about their individual job duties.</td>
<td>Adopted.</td>
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<td>12. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>506.B</td>
<td>SCDMH requests that Paragraph B. be replaced with the following version: &quot;The facility upon request must provide within one business day copies of the documented health assessment of a staff member or volunteer. A copy of the tuberculin skin testing shall be acceptable provided the test had been completed within three months prior to patient contact.&quot; Section 506 is understandably categorized as a Class I standard. As noted in comments concerning Section 501, because of the universal challenges of staffing residential health care facilities, it is foreseeable that in order to maintain appropriate staffing it may periodically be necessary for a CSU to employ temporary contract staff or for SCDMH to transfer staff temporarily to a CSU. The temporary staff will be required to have had the necessary health assessment and tuberculin skin testing. That documentation in many cases is maintained by their primary employer, but would be available within one business day. SCDMH appreciates that it is more convenient for a regulatory agency that all documentation required by its regulations be maintained on-site. While the failure to complete health assessments of staff/volunteers would properly be a Class I violation (present an imminent danger to the health, safety, or well-being of persons in the facility), the location off-site of the documentation of completed health assessments would not be. Therefore, SCDMH requests that the regulation not require all health assessments of staff who work at the facility to be maintained at the facility, but rather be available within one business day.</td>
<td>Partially adopted. Section 601.A has been amended to include the suggested language regarding corrective action. Patient records are required to be retained for six (6) years (See Section 705.E). Reported incidents involving patients will be a part of the patient's record and therefore must be retained for six (6) years.</td>
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<td>13. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>601.A</td>
<td>SCDMH requests that Paragraph A. be amended as follows: &quot;The facility shall document every incident, and include an incident review, investigation and/or evaluation, as well as corrective action taken, if any. The facility shall retain all documented incidents reported pursuant to this section for six (6) years after the client involved is last discharged.&quot; As defined in Section 101 and as specified in Paragraph B., not all incidents result in actual harm and not all are reportable. All require documentation and, at a minimum, a review by management. However some incidents by their nature don't require &quot;investigation&quot; or &quot;evaluation.&quot; SCDMH requests, below, that a required time-frame for retaining documentation regarding reportable incidents should follow Paragraph B., and SCDMH proposes a new Paragraph F., below, for that purpose.</td>
<td>Partially adopted. Section 601.A has been amended to include the suggested language regarding corrective action. Patient records are required to be retained for six (6) years (See Section 705.E). Reported incidents involving patients will be a part of the patient's record and therefore must be retained for six (6) years.</td>
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<td>14. Cindy Cambron, Counsel, Greenville Hospital System</td>
<td>601.B</td>
<td>GHS suggests that reporting on elopement is not appropriate for a CSU since all patients are voluntary. A patient would have a right to leave if s/he were at the CSU voluntarily.</td>
<td>Clarified. Although patient stays in CSUs are voluntary, an elopement occurs when a patient leaves without notifying staff and therefore needs to be reported to the Department. To clarify, Section 101.Q has been amended to remove language regarding a patient leaving prior to his or her scheduled discharge.</td>
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<td>15. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>601.B</td>
<td>SCDMH requests that Paragraph B. be amended as follows: “The facility shall report the following types of incidents every incident of elopement, fire, natural disaster, displacement or relocation, serious bodily injury, or death to the Department within twenty-four (24) hours of the incident on the Department’s electronic reporting system or as otherwise determined by the Department. In addition to reporting to the Department, the facility shall immediately, within twenty-four (24) hours, notify the attending physician and next-of-kin emergency contact of clients and patients or staff injured or affected in this incident by one of the following incidents a, and shall immediately, within twenty-four (24) hours, notify local law enforcement of a client patient elopement. Incidents requiring immediate, within twenty-four (24) hours, reporting to the Department, other specified individuals, and to appropriate authorities, include, but are not limited to, the following:...12. Elopement.” Changes were mainly to eliminate redundancies, which are somewhat confusing, and to have all the reportable incidents in one list.</td>
<td>Adopted. Section 601.D has also been amended to replace “next-of-kin” with “emergency contact” to remain consistent with Section 601.B.</td>
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<td>16. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>601.F (new)</td>
<td>SCDMH requests the addition of a new paragraph F., as follows: “F. The facility shall retain all documentation related to incidents reported pursuant to Section 601 B. for a minimum of three (3) years from the date the patient has been discharged from the facility.” As a CSU is a facility for adult patients operated by or in partnership with SCDMH, a 3 year retention period would meet or exceed the statute of limitations under the Tort Claims Act for bringing a civil action in State Court. SCDMH also has a quality assurance program and although a patient’s medical record will generally contain information about any incident involving the patient, the type of documentation related to incidents required by this Section will be maintained separate and apart from patient medical records.</td>
<td>Not adopted. Patient records are required to be retained for six (6) years (See Section 705.E). Reported incidents involving patients will be a part of the patient’s record and therefore must be retained for six (6) years.</td>
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<td>17. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>704</td>
<td>SCDMH requests this section be entitled “Plan of Care,” and the phrase and acronym POC be used in this section. This is consistent with current SCDMH practice.</td>
<td>Partially adopted. The Department uses “POC” to refer to a plan of correction elsewhere in the regulation as well as Department policies and procedures. Therefore, Section 704 has been amended to refer to the Individual Plan of Care (“IPC”). All other references to “individual treatment plan” in the regulation have been amended to “individual plan of care.”</td>
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<td>18. Edward Bender, Dir. of Regulatory Affairs, S.C. Hospital Assn.</td>
<td>800.C</td>
<td>SCHA would request the following specific revision to Section 800.C Admissions and Retention: “A client stay shall not exceed fourteen (14) consecutive calendar days.” SCHA requests this change to give CSUs ample time to determine what is in the best interest of each client. SCHA believes that for the initial operation of CSUs fourteen (14) days is a more appropriate time frame for client stays.</td>
<td>Adopted.</td>
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<td>19. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>800.C</td>
<td>SCDMH requests that Paragraph C be amended from eight (8) days to fourteen (14) days. Reflects current practice, and although it is expected the average length of stay will be less than 8 days, a primary factor in every patient’s Plan of Care is to endeavor to locate an appropriate and adequate residential setting upon discharge. Depending on each patient’s circumstances and the resources available in the patient’s community, assisting a patient to arrange housing may require a longer than average length of stay.</td>
<td>Adopted.</td>
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<td>20. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>901</td>
<td>SCDMH requests that the regulations not be unnecessarily prescriptive in this Section. Specifically, SCDMH requests the following changes: SCDMH requests the deletion of sub-paragraph A.1., and re-number accordingly. The facility is already required by regulations to obtain an informed consent for admission. Given that this is a short-stay voluntary facility, it is unnecessary to require such details, and individuals who require many of the forms of assistance listed would likely not be admitted. SCDMH requests the deletion of Paragraphs 901 C and D. These paragraphs are unnecessary, in large part because most of their requirements mirror current State and federal laws prohibiting discrimination and requiring reasonable accommodation for individuals with a disability. In addition, as noted previously, a CSU is a short-stay crisis stabilization facility.</td>
<td>Partially adopted. Section 901.A.1 has been amended to require “an explanation of the specific care, services, and/or equipment provided by the facility.” Section 901.A.2 has been amended to require “an explanation of the conditions under which the patient may be discharged and the agreement terminated.”</td>
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<td>21. Cindy Cambron, Counsel, Greenville Hospital System</td>
<td>903</td>
<td>GHS suggests that restraints are inappropriate for the CSU patients since they are voluntary, non-suicidal and non-homicidal. In the event a patient becomes violent, law enforcement should be called.</td>
<td>Not adopted. If an admitted patient becomes violent, the facility needs to be able to intervene and subdue the patient if it can be done safely, pending the arrival of law enforcement.</td>
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<td>22. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>903.A</td>
<td>SCDMH requests that the second sentence in Paragraph A be amended as follows: “However, in cases of extreme emergencies when a client is posing an immediate danger to him or herself or others, mechanical and/or physical restraints may be used initiated by staff of the facility to prevent harm to the patient, to other patients or to staff, provided that use of mechanical and/or physical restraints must be ended as soon as the immediate threat of harm has ended, and in no case shall use of restraints continue beyond one (1) hour unless as ordered by a physician or other authorized healthcare provider, and An order for use of restraints must provide that their use shall be discontinued as soon as the immediate threat of harm posed by the patient has ended or until appropriate medical care can be secured, but in no case shall an order be valid for more than eight (8) hours.” The screening criteria SCDMH has used to date for its CSU excludes individuals known to be violent or threatening. Should there be an unexpected instance of a patient posing an immediate danger to self or others, such that the only way to avoid harm would require the staff to physically intervene to subdue the patient, SCDMH would expect facility staff to be calling 911 and for staff to continue subduing the patient only until law enforcement arrived at the facility and took control. The expectation if such an event occurred would be that the patient would be discharged and not be re-admitted. However, as defined in the definitional section (MM. Restraint. “Any means by which movement of a client is inhibited, whether physical, …”) an effort to prevent harm by physically subduing a patient falls within the definition of “restraint.” Therefore, should a patient become unexpectedly assaultive or otherwise present an immediate emergency safety threat to themselves, other patients or staff, SCDMH strongly believes staff need to be authorized, pending the arrival of law enforcement, to intervene and subdue the patient if that can be done safely. The nature of unexpected emergencies is such that there generally would not be time for staff to consult with a “[p]hysician or other authorized healthcare provider” prior to intervening with an assaultive patient. Although the proposed changes to the second sentence would authorize staff to initiate physical restraint of a patient in very limited extreme emergency situations, they also place time limits both on staff restraining a patient without a physician’s or other authorized healthcare provider’s order, and place time limits upon such orders.</td>
<td>Adopted.</td>
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<td>23. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>903.B</td>
<td>Consistent with the requested change to Paragraph A, SCDMH requests that Paragraph B be amended to reduce the maximum time limit for an order for restraint from twenty-four (24) to eight (8) hours.</td>
<td>Adopted.</td>
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<td>24. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>904.B.4</td>
<td>SCDMH requests that Paragraph B.4 be re-worded as follows: “4. Any other medical condition or behavior which the facility staff deems unsafe for continued retention in the facility admission to a non-medical unit; or This appears to be a catch-all paragraph and so should reference unsafe behavior as well as any unsafe medical condition. SCDMH does not agree with using the term “non-medical unit” to refer to a CSU.</td>
<td>Adopted.</td>
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<td>25. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>904.B.5</td>
<td>SCDMH requests that Paragraph B.5 be amended to replace the reference to “eight (8) days” with “fourteen (14) days.”</td>
<td>Adopted.</td>
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<td>26. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>1100</td>
<td>SCDMH requests that the phrase “AND TB SCREENING” be deleted as it is Section 1700, not this Section, which addresses the TB Screening of facility staff and patients.</td>
<td>Adopted.</td>
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<td>27. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>1302.C</td>
<td>SCDMH requests the deletion of proposed Paragraph C, and re-lettering the remaining paragraphs.</td>
<td>Adopted.</td>
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<td>28. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>1302.D</td>
<td>SCDMH requests that current proposed Paragraph D be amended by placing period after the word “established.” Delete the phrase “documented on a posted menu, and followed.”</td>
<td>Adopted.</td>
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<td>29. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>1302.F</td>
<td>SCDMH requests the deletion of current proposed Paragraph F. and re-lettering the remaining paragraph. Several proposed paragraphs in this Section appear to contemplate a facility that is more long-term and home-like rather than a CSU. The changes requested by SCDMH involve proposed requirements which are un-necessary and overly prescriptive for a CSU with short lengths-of-stay.</td>
<td>Adopted.</td>
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<td>30. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>1304</td>
<td>SCDMH requests the deletion of this section and the re-numbering of the remaining section. This section appears to contemplate a facility that is more long-term and home-like rather than a CSU. The proposed requirement to prepare two week’s menus and post them is un-necessary and overly prescriptive for a CSU with short lengths-of-stay.</td>
<td>Partially adopted. Section 1304 has been amended to require the posting of one (1) week’s menus to better align with the short-term nature of CSUs.</td>
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<td>31. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health</td>
<td>1401.B</td>
<td>SCDMH requests that proposed Paragraph B be amended as follows: “Evacuation is a temporary measure in order to evacuate patients from potentially hazardous and/or harmful circumstances and shall not exceed seven (7) calendar days. In the event patients are not able to return to the facility within seven (7) days due to damage to the facility or its components, …, the facility shall endeavor to assess each patient’s current condition and identify each patient’s current needs and preferences. Based on the resources available, the facility shall implement each patient’s discharge plan. For patients needing assistance or support following discharge, the facility shall coordinate the transfer of the patients to their responsible parties or to appropriately licensed facilities capable of meeting the patients’ needs.” Due to the nature of a CSU, SCDMH agrees that should it be necessary to evacuate patients and staff from a facility for seven days, the circumstances which brought the patient to the CSU will have changed substantially, for the better or worse, and the facility should proceed with implementing patients’ discharges. Some patients will be capable of living independently and will require little to no assistance with discharge arrangements. Others will need varying degrees of support or assistance with their discharge plans. Depending on the extent and nature of the adverse events which brought about the evacuation, the patients’ and the community’s available resources may have been negatively affected. The requested changes are intended to take into account the variety of factors which will impact the extent of assistance a facility should be expected to provide to patients being discharged following an evacuation.</td>
<td>Adopted.</td>
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| 32. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health | 1700    | SCDMH requests that the word “ENVIRONMENT” in the title of this section be deleted and replaced by “TB SCREENING.”  
See comments to Section 1100. | Partially adopted. Section 1700 has been amended to “Infection Control.”                                                                  |
| 33. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health | 1702    | SCDMH requests that the second sentence in Paragraph E be deleted: “These individuals shall be placed in an area separate from the general population.”  
It is foreseeable that almost every patient in a CSU will be admitted on an “emergency” basis, without the initial step of the two-step tuberculin skin test. With an average length of stay of less than 5 days, at any given time almost all, if not all, of the admitted patients in the facility would then fall under the proposed requirement to “be placed in an area separate from the general population.” Moreover, the current CSU, and most future CSUs, will be small facilities – less than 17 beds, and many less than 10 beds. They will generally not have space to house all of the facility’s patients separate and apart from each other.  
Other provisions in the proposed regulations require that prospective patients be screened; that new patients be given a physical exam within 24 hours and assessed for signs or symptoms of a communicable disease. If signs/symptoms of TB or any communicable disease is found, the patient will generally not be admitted or will be discharged/transferred for care.  
This requirement if not deleted would seriously impede the ability of SCDMH to create additional CSUs. | Clarified. Section 1702.E has been amended to require that only individuals with symptoms of active tuberculosis be placed in an area separate from the general population. |
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| 34. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health | 1702.E | SCDMH further requests that:  
- at the end of current sub-paragraph E.1, the word “and” be inserted;  
- that current sub-paragraph E.3 be moved below E.1 and be re-numbered E.2; that at the end of current sub-paragraph E.3, renumbered to E.2, the word “or” be inserted;  
- that current sub-paragraph E.2 be renumbered to E.3.  
- that the following sentence in current sub-paragraph E.3/future sub-paragraph E.2 be deleted: “Nothing in this regulation shall be construed to allow client stays longer than eight (8) calendar days.”  
The intention and effect of these requests would be to make clear that individuals experiencing a psychiatric crisis, who do not require the level of care provided by a hospital, but who are appropriate for the services provided by a CSU, can be promptly admitted to a CSU even without the initial step of the two-step tuberculin skin test when SCDMH certifies that the admission is an emergency as long as the patient will receive the initial step of the two-step tuberculin skin test within 72 hours of admission, OR there is written evidence of a chest x-ray within the month prior to admission and a written assessment verifying that there is no active TB nor signs/symptoms of TB. | Adopted |
| 35. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health | 2601.B | SCDMH requests that Paragraph B be deleted and the remaining paragraph re-lettered accordingly.  
This paragraph appears to contemplate a facility that is more long-term and home-like rather than a CSU. The requirement in Paragraph A requiring “sufficient” living arrangements is adequate. | Adopted |
| 36. Mark Binkley, Deputy Dir., S.C. Dept. of Mental Health | 2602.A.2 | SCDMH requests that Paragraph A.2. be amended as follows: “A closet, wardrobe, or bureau consisting of at least three (3) drawers, to accommodate each client’s patient’s personal clothing, belongings, and toilet articles.  
Un-necessary and overly prescriptive to specify minimum number of drawers. | Adopted |
Date: March 27, 2018

To: S.C. Board of Health and Environmental Control

From: Office of Ocean and Coastal Resource Management

Re: Public Hearing for Notice of Final Regulation Amending R.30-14, Administrative Procedures, Document No. 4810

I. Introduction

The Office of Ocean and Coastal Resource Management (“OCRM”) proposes the attached Notice of Final Regulation amending R.30-14, Administrative Procedures. Legal authority for this amendment resides in S.C. Code Sections 44-1-60, 48-39-50, and 48-39-280(E), which require the Department to establish and review the position of the state’s beachfront jurisdictional setback lines, baselines, and erosion rates once every seven (7) to ten (10) years. The Administrative Procedures Act, S.C. Code Section 1-23-120(A), requires General Assembly review of this amendment.

II. Facts

1. OCRM is amending R.30-14 with respect to the review process for revising beachfront jurisdictional lines and erosion rates affecting beachfront properties. S.C. Code Section 48-39-280 requires the Department to establish and review the position of jurisdictional setback lines, baselines, and erosion rates of beachfront jurisdiction once every seven (7) to ten (10) years. Existing Coastal Division R.30-14.F provides that a landowner may request a review of the jurisdictional lines or erosion rate affecting his or her property within one (1) year of adoption. However, statutory changes under Act No. 387 of 2006 limit the review of a Department decision to fifteen (15) calendar days. This regulatory amendment would clarify the review process to allow sufficient time for affected landowners to understand the Department’s methodology in setting jurisdictional lines and erosion rates, and bring any substantiating evidence to the attention of OCRM for staff determination. The amendment would provide landowners a timely review and would comply with Act No. 387 of 2006.

2. The Department published proposed revisions to the state’s beachfront jurisdictional setback lines, baselines and erosion rates on the Department’s website on October 6, 2017. Based on comments received from landowners, community leaders, the conservation community, and others during the initial thirty (30)-day public comment period, the Department extended the public comment period to April 6, 2018. In March 2018, the public comment period was further extended for most beachfront locations until July 15, 2018. Existing jurisdictional lines will remain in place until final revised lines are adopted.

3. The Department had a Notice of Drafting published in the November 24, 2017, State Register.

4. Appropriate Department staff conducted an internal review of the proposed amendment prior to publication of the Notice of Proposed Regulation.

5. The Department had the Notice of Proposed Regulation published in the February 23, 2018, State Register. No public comments were received by the March 26, 2018 close of the public comment period.
III. Request for Approval

The Office of Ocean and Coastal Resource Management respectfully requests the Board to grant a finding of need and reasonableness of the attached Notice of Final Regulation to proceed with submission to the General Assembly.

Elizabeth B. von Kolnitz  
Chief  
Office of Ocean and Coastal Resource Management

Myra C. Reece  
Director  
Environmental Affairs

Attachments:  
A. Notice of Final Regulation
Synopsis:

The Department of Health and Environmental Control (“Department”) amends R.30-14, Administrative Procedures, with respect to the review process for revising jurisdictional lines and erosion rates affecting beachfront properties. 1976 Code Section 48-39-280 requires the Department to establish and review the position of beachfront jurisdictional setback lines, baselines, and erosion rates once every seven (7) to ten (10) years. Existing Coastal Division R.30-14.F provides that a landowner may request a review of the jurisdictional lines or erosion rate affecting his or her property within one (1) year of adoption. However, statutory changes under Act No. 387 of 2006 limit the review of a Department decision to fifteen (15) calendar days. This regulatory amendment clarifies the review process to allow sufficient time for affected landowners to understand the Department’s methodology in setting jurisdictional lines and erosion rates, and bring any substantiating evidence to the attention of the Department’s Office of Ocean and Coastal Resource Management for a staff determination. The amendment provides landowners a timely review and complies with Act No. 387 of 2006.

The Department published proposed revisions to the state’s beachfront jurisdictional setback lines, baselines, and erosion rates on October 6, 2017. Based on comments received from landowners, community leaders, the conservation community, and others during the initial thirty (30) - day public comment period, the Department extended the public comment period to April 6, 2018. In March 2018, the public comment period was further extended for most beachfront locations until July 15, 2018. Existing jurisdictional lines will remain in place until final revised lines are adopted.

The Department had a Notice of Drafting for the proposed amendment published in the November 24, 2017, State Register.

The Administrative Procedures Act, S.C. Code Section 1-23-120(A), required General Assembly review of this promulgation.

Section-by-Section Discussion of Amendment

R.30-14.F(1)
Language is amended to clarify the process for affected landowners to request a determination from the Department on whether revisions to the state’s beachfront setback line, baseline, or erosion rate is adopted in error.

R.30-14.F(1)(a)
Language is amended to clarify the criteria for requesting a determination from the Department on whether revisions to the state’s beachfront setback line, baseline, or erosion rate is adopted in error.

R.30-14.F(1)(b)
Language is amended to clarify how the Department proceeds if substantiating evidence supports that the revisions were adopted in error.
R.30-14.F(1)(c) Language is amended to clarify how the Department proceeds if substantiating evidence does not support that the revisions were adopted in error.

R.30-14.F(2) Language is amended to clarify that the appeals process of Department determinations is governed by Section 44-1-60.

Instructions:

Amend R.30-14 pursuant to each individual instruction provided with the text of the amendments below.

Indicates Matter Stricken
Indicates New Matter

Text:


F. Procedures for Appealing Baselines and Emission Rates [Section 48-39-28(E)].

(1) Any landowner claiming ownership of affected property who feels that the final or revised setback line, baseline, or erosion rate as adopted is in error, upon submittal of substantiating evidence may, within one (1) year of the revision date related to the affected property, request in writing that the Department’s Coastal Division make a determination whether must be granted a review of the setback line, baseline, or erosion rate, or a review of all three as adopted in the revision is in error. The Department’s Coastal Division shall hear all requests for must review substantiating evidence submitted by the landowner to make a determination. The process is as follows:

(a) The landowner’s request for a determination of whether the setback line, baseline, or erosion rate as adopted in the revision is in error must be submitted in writing, within one (1) year of the revision date, and include substantiating evidence to support the landowner’s position. Upon receipt of a property owner’s request, for review of the setback, baseline, or erosion rate, a request will be made of the property owner to provide the Department with substantiating evidence, as required in Section 48-39-280(E). If the property owner does not respond or if there is no evidence at all to support the request, a letter will be sent to the property owner denying the request.

(b) If the Department agrees with the property owner determines that the substantiating evidence does support that the setback line, baseline, or erosion rate as adopted is in error, the lines or erosion rate will be corrected and the Department will send written notification of the staff determination in accordance with Section 44-1-60.

(c) If the Department disagrees with the property owner, and believes that the location of the lines is correct, the property owner will be notified in writing that the substantiating evidence does not support that the setback line, baseline, or erosion rate as adopted is in error, the lines and erosion rate will remain as adopted on the revision date, and the Department will send written notification of the staff determination in accordance with Section 44-1-60. Any appeal of the Department’s decision under this section shall be made to the Administrative Law Judge Division.
Appeals are governed by R.30-6. Any landowner claiming ownership of affected property may file a written request for review of the staff determination with the Department’s Board in accordance with Section 44-1-60.

Fiscal Impact Statement:

The Department estimates no additional cost incurred by the state or its political subdivisions as a result of the promulgation, approval, and implementation of this amendment; therefore, the Department has requested no additional state funding. The Department used existing staff and resources in preparation of this amendment and will further utilize existing staff in the regulatory administration resulting from the amendments.

Statement of Need and Reasonableness:

The following presents an analysis of the factors listed in 1976 Code Section 1-23-115(C)(1)-(3) and (9)-(11):

DESCRIPTION OF REGULATION: R.30-14, Administrative Procedures.

Purpose: 1976 Code Section 48-39-280 requires the Department to establish and review the position of jurisdictional setback lines, baselines, and erosions rates of beachfront jurisdiction once every seven (7) to ten (10) years. Existing Coastal Division R.30-14.F provides that a landowner may request a review of the jurisdictional lines or erosion rate affecting his or her property within one (1) year of adoption. However, statutory changes under Act No. 387 of 2006 limit the review of a Department decision to fifteen (15) calendar days. This amendment of R.30-14.F clarifies the review process to allow sufficient time for affected landowners to understand the Department’s methodology in setting jurisdictional lines and erosion rates, and bring any substantiating evidence to the attention of the Department’s Office of Ocean and Coastal Resource Management for staff determination. The amendment provides landowners a timely review and would comply with Act No. 387 of 2006.


Plan for Implementation: The DHEC Regulation Development Update (accessible at http://www.scdhec.gov/Agency/RegulationsAndUpdates/RegulationDevelopmentUpdate/) provides a summary of and link to this proposed amendment. Additionally, printed copies are available for a fee from the Department’s Freedom of Information Office. Department personnel will take appropriate steps to inform the regulated community of the amendment and any associated information.

DETERMINATION OF NEED AND REASONABILITY OF THE REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFITS:

These amendments are based on public comments received from landowners, community leaders, the conservation community, and others during the public comment period for the revision of the state’s beachfront jurisdictional lines. Existing Coastal Division R.30-14.F provides that a landowner may request a review of the jurisdictional lines or erosion rate affecting his or her property within one (1) year of adoption. However, statutory changes under Act No. 387 of 2006 limit the review of a Department decision to fifteen (15) calendar days. The amendment of R.30-14.F allows sufficient time for affected landowners to become familiarized with the Department’s methodology in setting the jurisdictional lines, and bring any substantiating evidence to the attention of the Department’s Coastal Division for a staff determination. These amendments provide landowners a timely review and complies with Act No. 387 of 2006.
The amendment is reasonable and necessary to manage the long-term health and sustainability of the state’s beaches and beach/dune systems while providing sufficient public input into Department decisions. The amendment clarifies existing regulations to better enable Department staff to more effectively implement the stated policies of the South Carolina Beachfront Management Act (1976 Code Section 48-39-260).

DETERMINATION OF COSTS AND BENEFITS:

The Department does not anticipate additional cost to the state resulting from administration of this amendment. Benefits to the state includes improved management of coastal resources through increased clarity of the regulations while affording affected parties appropriate timely input into Department decisions. The Department does not anticipate additional cost to the regulated community as a result of this amendment.

UNCERTAINTIES OF ESTIMATES:

None.

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH:

Implementation of the amendment seeks to benefit the environment by providing more clarity to the Department’s Coastal Division statutory directives to manage the state’s beaches and beach/dune critical areas for its citizens. The amendment better enables Department staff to manage the state’s beaches and beach/dune system and provide a more effective response to those seeking to utilize these resources.

DETRIMENTAL EFFECTS ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION IS NOT IMPLEMENTED:

There is no anticipated detrimental effect on the environment and/or public health associated with these amendments.

Statement of Rationale:

1976 Code Section 48-39-280 requires the Department to establish and review the position of jurisdictional setback lines, baselines, and erosions rates of beachfront jurisdiction once every seven (7) to ten (10) years. Existing Coastal Division R.30-14 provides that a landowner may request a review of the jurisdictional lines or erosion rate affecting his or her property within one (1) year of adoption. However, statutory changes under Act No. 387 of 2006 limit the review of a Department decision to fifteen (15) calendar days. This amendment of R.30-14 clarifies the review process to allow sufficient time for affected landowners to understand the Department’s methodology in setting jurisdictional lines and erosion rates, and bring any substantiating evidence to the attention of the Department’s Office of Ocean and Coastal Resource Management for staff determination. The amendment provides landowners a timely review and would comply with Act No. 387 of 2006.