

Please be advised that the Department's Bureau of Health Facilities Licensing is requiring the facility to submit corrective action plans in response to the Licensing reports of visit. Information on the resolution of the corrective action is expected to be available upon written request within fifteen days of the date the corrective action plans are due.



Location Information		Audit Information	
License Number:	AB-0002	Audit Form:	Abortion Clinic ROV 20140627
Mail Stop:	HL- Abortion Clinic	Audit Type:	L01 Routine
Location Name:	PLANNED PARENTHOOD OF SOUTH ATLANTIC	Start Date:	Monday, August 31, 2015
Address 1:	2712 MIDDLEBURG DR STE 107	Stop Date:	Tuesday, September 01, 2015
City/State/Postal Code:	COLUMBIA , SC , 29204-2478 , Richland	Auditor:	Michell Hatcher
Phone 1:	803-256-4908	Contact Name:	SANDIE BOWERS
Email:	STEPHANIE.BROWN@PPHSINC.ORG		

<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	<p>Report Notice</p>
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ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION	
<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <ol style="list-style-type: none"> (1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions. <p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>Administrator returns a copy of this report (original signature required) with description of corrective actions to: SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201</p>	<p>POC REQUIRED</p>

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

The Plan of Correction is due 15 days upon receipt of the Report of Visit.

INSPECTION INFORMATION

Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Inspection (Licensing and/or FLS)
What Date Did the Auditor Arrive at the Facility?	31 Aug 2015
What Time Did the Auditor Arrive at the Facility?	10:30:42 AM
Facility Administrator:	Emily Adams
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Stephanie Addison, Director of Nursing & Sandi Bowers, Health Center Manager
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? <i>Charlene Bell and Janice McFadden, RN</i>	YES

AC REGULATION PARTS I-VII 61-12

204.A. The licensee shall obtain written applications for employment from all employees. The licensee shall obtain and verify information on the application as to education, training, experience, appropriate licensure, if applicable, and health and personal background of each employee. (Class III Violation) <i>Background information was not documented in the record or otherwise available for review for Staff A and Staff B.</i>	OUT
204.C. All professional and allied health professional staff members shall be currently certified with American Red Cross or American Heart Association CPR and capable of recognizing symptoms of distress. A professional or allied health professional staff member who is legally qualified to perform advanced cardiac life support must be present while patients are undergoing abortion procedures/recovery in the facility. (Class I Violation) [[Provider-Wide Exception PWE012-01 If the scope and content of an adult cardiopulmonary resuscitation (CPR) training course is equivalent to that offered by the American Red Cross or American Heart Association, training from that source (as evidenced by certificate) which is approved by the Department, will meet the intent of the standards and is acceptable in lieu of American Red Cross or American Heart	OUT

<p>Association adult CPR training. Currently, only the National Safety Council adult CPR training has been approved by the Department as an equivalent to the American Red Cross or American Heart Association adult CPR training.]]</p> <p><i>Documentation of training in cardiopulmonary resuscitation (CPR)/advance cardiac life support (ACLS) was not available for review for Staff A, B, and C.</i></p>	
<p>204.E. Each facility shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures, to include, as a minimum, fire safety and other safety measures, medical emergencies, and infection control. (Class III Violation)</p> <p><i>Documentation of orientation was not in the record or otherwise available for review for Staff A, B, and C.</i></p>	OUT
<p>204.F.1. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Infection control, to include as a minimum, universal precautions against blood-borne diseases, general sanitation, personal hygiene such as handwashing, use of masks and gloves, and instruction to staff if there is a likelihood of transmitting a disease to patients or other staff members; (Class III Violation)</p> <p><i>Documentation of infection control was not in the record or otherwise available for review for Staff B and C.</i></p>	OUT
<p>204.F.2. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Fire protection, to include evacuating patients, proper use of fire extinguishers, and procedures for reporting fires: (Class III Violation)</p> <p><i>Documentation of training in fire protection was not in the record or otherwise available for review for Staff A, B, and C.</i></p>	OUT
<p>204.F.3. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Confidentiality of patient information and records, and protecting patient rights; (Class III Violation)</p> <p><i>Documentation of training in confidentiality of patient information and records, and protecting patient rights was not in the record or otherwise available for review for Staff C.</i></p>	OUT
<p>204.F.4. Inservice training programs shall be planned and provided for all employees and volunteers to insure and maintain their understanding of their duties and responsibilities. Records shall be maintained to reflect program content and individual attendance. The following training shall be provided at least annually: Licensing regulations. (Class III Violation)</p> <p><i>Documentation of training in licensing regulations was not in the record or otherwise available for review for Staff C.</i></p>	OUT
<p>204.G.1. Written job descriptions that adequately describe the duties of every position shall be maintained. (Class III Violation)</p> <p><i>Documentation of a job description was not in the record or otherwise available for review for Staff A and B.</i></p>	OUT
	OUT

<p>208. Clinics must comply with the Woman's Right to Know Act, Section 44-41-310 et seq., of the S.C. Code of Laws, 1976, as amended, and maintain an adequate supply of current printed material from the Department which has not been altered in content. (Class I Violation)</p> <p><i>In 5 of 25 medical records reviewed, the record documented that an abortion was performed sooner than sixty (60) minutes following completion of the ultrasound. See Section 44-41-330 (A) (1).</i></p> <p><i>A)Ultrasound was conducted at 10:07 am and the procedure was conducted at 10:56 am. B) Ultrasound was conducted at 11:38 am and procedure was conducted at 12:24 pm. C)Ultrasound was conducted at 10:26 am and procedure was conducted at 11:08 am. D)Ultrasound was conducted at 12:39 pm and procedure was conducted at 1:09 pm. E)Ultrasound was conducted at 12:20 pm and procedure was conducted at 1:13 pm.</i></p>	
<p>301.K. Abortion clinics shall not serve patients whose needs exceed the resources and/or capabilities of the clinic. The facility shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients, to include but not limited to: Registration of fetal death or death certificates, when applicable. (Class II Violation)</p> <p><i>A policy regarding registration of fetal death or death certificates was not available for review. Facility staff stated the facility does not have a policy related to Registration of fetal death or death certificates.</i></p>	OUT
<p>303.A.1. Emergency Kit or Emergency Drugs. Each facility shall maintain an emergency kit or stock supply of drugs and medicines for the use of the physician in treating the emergency needs of patients. This kit or medicine shall be stored in such a manner as to prohibit its access by unauthorized personnel. A listing of contents by drawer or shelf shall be placed on the cabinet or emergency cart to allow quick retrieval. Contents shall correspond with the inventory list. Drugs and equipment must be available within the facility to treat, as a minimum, the following conditions: a. Cardiac arrest; b. Seizure; c. Asthmatic attack; d. Allergic reaction; e. Narcotic toxicity; f. Hypovolemic shock; g. Vasovagal shock. (Class I Violation)</p> <p><i>A content list for the emergency cart was not available at the time of the inspection.</i></p>	OUT
<p>303.C. Medicine Storage. Medicines and drugs maintained in the facility for daily administration shall not be expired and shall be properly stored and safeguarded in enclosures of sufficient size that are not accessible to unauthorized persons. Refrigerators used for storage of medications shall maintain an appropriate temperature as determined by the requirements established on the label of medications. A thermometer accurate to ± 3 degrees Fahrenheit shall be maintained in these refrigerators. Only authorized personnel shall have access to storage enclosures. Controlled substances and ethyl alcohol, if stocked, shall be stored under double locks and in accordance with applicable state and federal laws. (Class II Violation)</p> <p><i>The following medications had expired and were observed in patient care areas and the pharmacy. Methylergonovine 0.2mg bottle (12 tablets in each bottle) in the locked cabinet in the Pharmacy- Expired 06/15 (9 sealed bottles); RhoGam in refrigerator in Clinician's office (2 Boxes with 5 syringes each)Expired 08/August/2015; Influenza Virus Vaccine in refrigerator in Clinician's office (1 vial)Expired 06/2015; Lactated Ringers IV fluid in Emergency cart located in Recovery room (2- 1000 ml bag)Expired 10/14.</i></p>	OUT
<p>304.H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61-105, Infectious Waste Management Regulations. All</p>	OUT

<p>contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61-105. (Class II Violation)</p> <p><i>Manifest sheets dated October 17, 2015, October 31, 2015, December 5, 2015 and December 12, 2015 were stamped " steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.</i></p>	
<p>401.A.1. The record shall include as a minimum the following information: A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency; (Class II Violation)</p> <p><i>In 8 of 8 medical records for minors reviewed, the record did not document the names of the mother and/or father.</i></p>	OUT
<p>401.A.12. The record shall include as a minimum the following information: Complete record of abortion procedure to include: a. Vital signs, i.e., temperature, pulse, respiration, and blood pressure, prior to and following the procedure; b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, to include other physicians, physician's assistants, anesthesiologists, nurses, or specially-trained technicians; f. Signature of physician performing the procedure. (Class II Violation)</p> <p><i>In 25 of 25 medical records reviewed, the record did not document the names of clinical assistants in attendance of abortion procedures. Staff revised the electronic documentation during the inspection to add the field for persons in attendance during the procedure.</i></p>	OUT w/ COS
<p>602.B. Sterile supplies and equipment shall not be mixed with unsterile supplies, and shall be stored in dust-proof and moisture-free units. They shall be properly labeled. (Class II Violation)</p> <p><i>At the time of inspection sterile supplies were observed stored mixed with non-sterile supplies, including exam gloves, under the work cabinet in the procedure room located closest to the waiting room.</i></p>	OUT
<p>605.D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation. (Class II Violation)</p> <p><i>Manifest sheets dated October 17, 2015, October 31, 2015, December 5, 2015 and December 12, 2015 were stamped " steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.</i></p>	OUT
AC REGULATION PARTS VIII-X 61-12	
<p>808.A. Water Supply. Water shall be obtained from a community water system and shall be distributed to conveniently located taps and fixtures throughout the facility and shall be adequate in volume and pressure for all purposes including fire fighting. Patient and staff handwashing lavatories shall be supplied with hot water that shall be thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. (Class II Violation)</p> <p><i>The water temperature at handwash sink fixtures measured greater than 125 Degrees Fahrenheit as follows: at the staff hand washing lavatory in the procedure room located closest to the waiting room (133.6 degrees F); staff hand washing lavatory in the Recovery room (133.4 degrees F.); and patient restroom in Recovery area (131.3 degrees F.).</i></p>	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	

Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client, resident, or participant, you must check 'YES' by CONFIDENTIAL. Otherwise, check 'NO.' (The names of facility/activity staff members are NOT considered CONFIDENTIAL. If required for the audit, list the names of staff members in the citation.)

YES



Auditor Signature: Michell Hatcher

No Signature Available

Representative Signature:

No Signature Available



Location Information	Audit Information
License Number: AB-0002 Mail Stop: HL- Abortion Clinic Location Name: PLANNED PARENTHOOD OF SOUTH ATLANTIC Address 1: 2712 MIDDLEBURG DR STE 107 City/State/Postal Code: COLUMBIA , SC , 29204-2478 , Richland Phone 1: 803-256-4908 Email: AMANDA.OHIRA@PPSAT.ORG	Audit Form: Abortion Clinic ROV 20150827 Audit Type: L07 Investigation Start Date: Monday, August 31, 2015 Stop Date: Tuesday, September 01, 2015 Auditor: Michell Hatcher Contact Name:

<p>Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice
ADMINISTRATOR'S SIGNATURE - PLAN OF CORRECTION	
<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <p>(1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions.</p> <p>PRINT NAME: _____ TITLE: _____ SIGNATURE: _____ DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>Administrator returns a copy of this report (original signature required) with description of corrective actions to:</p> <p>SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201</p>	POC REQUIRED

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

Plan of Correction is due within 15 days of receipt of this report.

INSPECTION INFORMATION

Inspection Includes Licensing:	YES
Inspection Includes Fire & Life Safety:	NO
Is this an On-Site Visit?	YES
Select the Type of Inspection to be Performed:	Abortion Clinic Investigation
Section Team Log Number: <i>M08054-15</i>	Section Team Log Number
Reason for Investigation: <i>The South Carolina Department of Health and Environmental Control conducted this investigation in accordance with the August 18, 2015 request by Governor Nikki Haley.</i>	Reason for Investigation:
What is the Source:	Other
Date Agency (DHEC) Notified: <i>August 18, 2015</i>	Date Agency (DHEC) Notified:
Detailed Results of this Investigation: <i>The South Carolina Department of Health and Environmental Control's Bureau of Health Facilities Licensing and Bureau of Land and Waste Management conducted a joint investigation in accordance with the August 18, 2015 request by Governor Nikki Haley. The Department made an unannounced visit to Planned Parenthood South Atlantic in Columbia for Investigation M08054-15 to determine compliance with state laws and regulations. Department personnel interviewed facility staff regarding, but not limited to, facility operational and patient care policies and procedures, memoranda of agreement, agreement with a board certified OB-GYN physician with admitting privileges at a local hospital, and consultation agreements. Department personnel also reviewed staff personnel files relating to professional licensure, orientation, in-service training, infection control, patient confidentiality, job descriptions, and 25 patient medical records. A walk through of the facility was also conducted pertinent to the collection, processing, storage, and disposal of tissue. During the walk through with Bureau of Land and Waste Management inspectors a medium size tan-colored cardboard box with red behest's markings was observed sitting in the corner on the floor in the POC (products of conception) room. The lid of the box was folded over, but not sealed. Upon opening the lid of the box, inspectors observed a red biohazard plastic bag lining the box. Inside of the red biohazard plastic bag solid waste was observed to include blue paper disposable gowns and an additional smaller red plastic biohazard bag. The smaller red biohazard bag was opened and the inspectors observed soiled gauze sponges tubing and other paper solid waste. No tissue was observed in the red biohazard bag that was inside the cardboard box. The inspector then asked if there was any other place that the products of conception were collected and/or stored while awaiting pick-up for disposal. The facility staff said, "Yes, in the POC room in the freezer". The inspectors then followed the facility staff in the POC room and opened the upright freezer which had a biohazard sticker in the top right corner. Inside the freezer were several metal shelves lined with blue disposable pads. One shelf had a large red biohazard plastic bag that was tied with numerous (in excess of 20) smaller red plastic bags. The facility reports that individual products of conception are placed in a smaller red biohazard bag after examination by the physician and placed in the large bag in the freezer. The large bag was not contained in any type of container. Inspectors asked the staff what</i>	Detailed Results

<i>would be the next step for the tissue in the freezer and the facility reports that on the morning of scheduled waste pick up the large red biohazard bag would be placed in the cardboard box in the Biohazard room where it would then be sealed and labeled with facility generator information sticker, and that a manifest form would be started. The manifest form would then be signed by the facility staff who released it to the transporter and the transporter personnel at the time of pick-up. The facility staff reported that they do not weigh the waste to be disposed before it leaves the facility, but the waste is weighed upon receipt to the disposal location and a copy of the completed manifest sheet was returned to the facility. Violations of Health Facilities Licensing standards were cited as a result of this investigation.</i>	
Is this an Unlicensed Facility/Activity?	NO
Has the Initial QI Review Been Completed?	
What Date Did the Auditor Arrive at the Facility?	31 Aug 2015
What Time Did the Auditor Arrive at the Facility?	9:35:30 AM
Facility Administrator:	Emily Adams
Enter the name and title of the Facility/Activity Representative for this Report of Visit.	Sandie Bowers, Health Center Manager and Stephanie Addison, Director of Nursing.
Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
Are there any other individuals accompanying the auditor for this visit? <i>Janice McFaddin, RN, DHEC Bureau of Health Facilities Licensing and Charlene Bell, Field Manager, DHEC Bureau of Health Facilities Licensing.</i>	YES
AC REGULATION PARTS I-VII 61-12	
204.H. A personnel file shall be maintained for each employee and for each volunteer. The records shall be completely and accurately documented, readily available, and systematically organized to facilitate the compilation and retrieval of information. The file shall contain a current job description that reflects the individual's responsibilities and work assignments, and documentation of the person's orientation, in-service education, appropriate licensure, if applicable, and TB skin testing. (Class III Violation) <i>The job description for staff member A was not current with Section 302. A. of this regulation. The Appendix A of the job description stated, in part, "...per surgical abortion procedure between 16.0 and 19.6 weeks".</i>	OUT
301.D.4. Abortion clinics shall not serve patients whose needs exceed the resources and/or capabilities of the clinic. The facility shall formulate and adhere to written patient care policies and procedures designed to ensure professional and safe care for patients, to include but not limited to: The actual abortion procedure, to include the use of: Tissue examination/disposal. (Class II Violation) <i>The facility did not adhere to its Infection Prevention Manual which included a policy specific to South Carolina generator requirements. Chapter 3 of the manual stated, in part, "...weigh waste prior to sending off site for disposal." Staff was asked if the Facility's infectious waste was weighed prior to the waste leaving the facility and the staff responded, "No. We do not weigh the waste at the facility.'</i>	OUT
	OUT

<p>304.H. Products of conception resulting from the abortion procedure must be managed in accordance with requirements for pathological waste pursuant to Department R.61-105, Infectious Waste Management Regulations. All contaminated dressings and/or similar waste shall be properly disposed of in accordance with R.61-105. (Class II Violation)</p> <p><i>Manifest sheets dated October 17, 2015, October 31, 2015, December 5,2015 and December 12, 2015 were stamped "steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.</i></p>	
<p>401.A.1. The record shall include as a minimum the following information: A face sheet with patient identification data, to include but not be limited to: name, address, telephone number, social security number, date of birth, father's and mother's names when patient is a minor, husband's name, and name, address and telephone number of person to be notified in the event of an emergency; (Class II Violation)</p> <p><i>In one (1) of one (1) medical records reviewed for minors, the name of the father was not documented in the record.</i></p>	OUT
<p>401.A.12. The record shall include as a minimum the following information: Complete record of abortion procedure to include: a. Vital signs, i.e., temperature, pulse, respiration, and blood pressure, prior to and following the procedure; b. Name of procedure performed; c. Anesthetic agent utilized; d. Name of attending physician performing the procedure; e. Names of clinical assistants in attendance, to include other physicians, physician's assistants, anesthesiologists, nurses, or specially-trained technicians; f. Signature of physician performing the procedure. (Class II Violation)</p> <p><i>In (25) of (25) medical records reviewed for this investigation, the names of clinical assistants in attendance during abortion procedures were not documented in the record . Staff revised the electronic documentation during the investigation to add a field for persons in attendance during the procedure.</i></p>	OUT w/ COS
<p>403.A.1. The following shall be reported to Vital Records and Public Health Statistics of this Department: Any abortion performed, to be reported by the performing physician on the standard form for reporting abortions, within seven days after the abortion is performed; (Class II Violation)</p> <p><i>In 4 of 25 medical records reviewed, the record document that the abortion procedure were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required.</i></p>	OUT
<p>605.D. All waste meeting the definition of "infectious waste" as defined in Regulation 61-105 must be managed according to the requirements of that regulation. (Class II Violation)</p> <p><i>Manifest sheets dated October 17, 2015, October 31, 2015, December 5,2015 and December 12, 2015 were stamped " steam sterilized." The Facility did not ensure the waste was managed according to the requirements of Regulation 61-105, South Carolina Waste Management.</i></p>	OUT
OTHER VIOLATIONS/STATUTES	
The following violation of the regulation was cited during this inspection as being Out of Compliance.	OUT
DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention
PROTECTED INFORMATION	
Is this information CONFIDENTIAL? This section names or identifies certain individuals related to cited violations. If you identify by name any patient, client,	YES

resident, participant, or staff you must check 'YES' by CONFIDENTIAL.
Otherwise, check 'NO.'

Auditor Signature: Michell Hatcher

No Signature Available

Representative Signature:

No Signature Available



Catherine E. Heigel, Director

Promoting and protecting the health of the public and the environment

September 11, 2015

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

CERTIFIED MAIL
ELECTRONIC RECEIPT REQUESTED
91 7199 9991 7033 6612 9698

Dear Ms. Black:

Please find enclosed the Department's Administrative Order, executed September 11, 2015. This Administrative Order represents a final staff determination regarding the Department's enforcement action against Planned Parenthood of South Atlantic.

Also, enclosed are instructions regarding the process should you elect to submit a Request for Final Review (RFR) by the S.C. Board of Health and Environmental Control.

Should you have questions, please contact me at (803) 545-4370.

Sincerely,

Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing

Enclosures: Administrative Order, executed September 11, 2015
Appeal Guidelines

CC: Shelly Bezanson Kelly, DHEC
Eva C. Johnson, DHEC

Ashley C. Biggers, DHEC
Emily Adams, Administrator

CERTIFICATE OF SERVICE

The undersigned for the South Carolina Department of Health and Environmental Control (DHEC) states that he/she has on September 11, 2015, served upon the necessary parties the Department's certified letter and contents (91 7199 9991 7033 6612 9698), dated September 11, 2015, to the facility listed below by depositing copies of same in the U.S. Mail, return address clearly stated with sufficient postage affixed thereto, addressed as follows:

Jenny Black, CEO
Planned Parenthood South Atlantic
P.O. Box 3258
Chapel Hill, N.C. 27515-3258

Additional copies were mailed to the following address:

Emily Adams, Administrator
Planned Parenthood of South Atlantic
2712 Middleburg Drive, STE 107
Columbia, S.C. 29204-2478

(If applicable) Additional copies of this letter were sent to the facility's legal representative(s) at the following address:


DHEC Employee

Columbia, South Carolina

September 11, 2015
Date

Sworn to before me this 11
Day of September, 2015
Katrina S Davis
Katrina S Davis
NOTARY PUBLIC for S.C.
My Commission Expires: 3/23/19

**Embossed Hereon is My
State of South Carolina Notary Public Seal
My Commission Expires March 23, 2019
Katrina S Davis**

STATE OF SOUTH CAROLINA
THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

IN RE:

Planned Parenthood South Atlantic, Licensee
Planned Parenthood of South Atlantic
2712 Middleburg Drive, Suite 107
Columbia, S.C. 29204-4908

ADMINISTRATIVE ORDER

Planned Parenthood of South Atlantic ("Planned Parenthood" or "the Facility") is an abortion clinic licensed by the South Carolina Department of Health and Environmental Control ("DHEC" or "the Department") pursuant to the *State Certification of Need and Health Facility Licensure Act* ("the Act"), S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.*, and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2011). The Department visited Planned Parenthood of South Atlantic on August 31, 2015, to conduct a general inspection and complaint investigation. Based upon the violations cited and taking into consideration the severity of the violations, the Department has determined it appropriate to suspend the license of Planned Parenthood of South Atlantic and impose a civil monetary penalty.

FINDINGS OF FACT

1. Planned Parenthood South Atlantic is the licensee of Planned Parenthood of South Atlantic, an abortion clinic located in Columbia, South Carolina.
2. On August 31, 2015, Department representatives conducted a general inspection and a complaint investigation. As a result of the inspections, the Department representatives cited the following violations of Regulation 61-12:

	Section	Description of violation
1.	204.A	Documentation of personal background information for 2 staff members was not available for review.
2.	204.C	The Facility did not have documentation of training/certification in cardiopulmonary resuscitation (CPR) for 3 staff members.
3.	204.E	The Facility did not have documentation of orientation for 3 staff members.
4.	204.F.1	The Facility did not have documentation of training in infection control for 2 staff members.
5.	204.F.2	The Facility did not have documentation of training in fire protection for 3 staff members.
6.	204.F.3	The Facility did not have documentation of training in patient confidentiality for a staff member.
7.	204.F.4	The Facility did not have documentation of training in licensing regulations for a staff member.
8.	204.G.1	The Facility did not have a job description for 2 staff members.
9.	204.H	The job description documented in the personnel file of a Facility physician was not in accordance with the requirements of § 302.A, Regulation 61-12, <i>Standards for Licensing Abortion Clinics</i> , which states, in part, "Abortions performed in abortion clinics shall be

		performed only on patients who are within 18 weeks from the first day of their last menstrual period. Those beyond 18 weeks shall be performed in a hospital. Specifically, Appendix A of the job description documented, in part, "...per surgical abortion procedure between 16.0 and 19.6 weeks."
10.	208	The Facility did not comply with a provision of the Woman's Right to Know Act, specifically S.C. Code Ann. § 44-41-330(A)(1). In 5 of 25 medical records reviewed, the record documented that an abortion procedure was performed sooner than 60 minutes following completion of the ultrasound.
11.	301.D.4	The Facility did not adhere to and follow the provisions for tissue examination and disposal in its Infection Prevention Manual, which in Chapter 3 included a policy specific to South Carolina generator requirements and which stated, in part, "...weigh waste prior to sending off site for disposal." When asked if the Facility's infectious waste was weighed prior to it leaving the Facility, staff stated, "No. We do not weigh the waste at the Facility."
12.	301.K	The Facility did not have a written policy and procedure regarding registration of fetal death or death certificates.
13.	303.A.1	The Facility's emergency drug cart did not have a listing of the contents on the cart.
14.	303.C	Expired medications were stored in the Facility's patient care areas and pharmacy., e.g., Methylergonovine 0.2 mg expired 6/15/15 (9 bottles with 12 tablets per bottle); RhoGam expired 8/8/15 (2 boxes with 5 syringes per box); Influenza Virus Vaccine expired 6/2015 (1 vial); Lactated Ringers IV fluid expired 10/2014 (2-1000 ml bags).
15.	304.H	Products of conception resulting from abortion procedures were not managed and properly disposed of by incineration in accordance with Regulation 61-105, <i>South Carolina Infectious Waste Management</i> . See 8 S.C. Code Ann. Regs. 61-105 § T.9 (2012)
16.	401.A.1	A) For 25 records of clients reviewed during the general inspection, 8 of whom were minors, 8 of the minors' records either did not include the name of the minor's mother or did not include the name of the minor's father. B) For 25 records of clients reviewed during the investigation, 1 of whom was a minor, the minor's record did not include the name of the minor's father.
17.	401.A.12.e	A) In 25 of 25 client records review during the general inspection, the records did not document the names of clinical assistants in attendance during the abortion procedure. B) In 25 of 25 client records review during the investigation, the records did not document the names of clinical assistants in attendance during the abortion procedure.
18.	403.A.1	A) In 4 of 5 records reviewed, the record documented that the abortion procedures were reported to the Department's Office of Vital Records at time intervals ranging from 13 to 33 days after the abortion procedures were performed and not within 7 days of the procedure as required. B) In 1 of 5 records review, the record did not document that the abortion procedure was reported to the Department's Office of Vital Records.
19.	602.B	Sterile gloves were stored and mixed with non-sterile supplies, including non-sterile examination gloves, in the work cabinet of the procedure room nearest to the waiting room.
20.	605.D	Waste meeting the definition of "infectious waste" as defined in Regulation 61-105, <i>South Carolina Infectious Waste Management</i> , was not managed and properly disposed of by incineration in accordance with the requirements of Regulation 61-105. Manifest dated 10/17/14, 10/31/14, 12/5/14 and 12/12/14 were stamped "steam sterilized."

21.	808.A	<p>The water temperature measured in excess of 125 degrees Fahrenheit when tested at the following hand sink fixtures:</p> <p>A) At the staff hand washing sink in the procedure room nearest the waiting room (133.6 degrees F).</p> <p>B) At the staff hand washing sink in the recovery room (133.4 degrees F).</p> <p>C) At the patient bathroom sink in the recovery area (131.3 degrees F).</p>
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3. As a result of the above, the Department determined that suspension of the license of Planned Parenthood of South Atlantic and the imposition of a civil monetary penalty is appropriate at this time.

CONCLUSIONS OF LAW

1. The Department is the agency of the State of South Carolina responsible for licensing abortion facilities pursuant to the *State Certification of Need and Health Facility Licensure Act*, S.C. Code Ann. §§ 44-7-110, *et seq.* (2002 and Supp. 2014), *Abortions Generally*, S.C. Code Ann. §§ 44-41-10, *et seq.* (2002), and *Standards for Licensing Abortion Clinics*, 3 S.C. Code Ann. Regs. 61-12 (2012).

2. An abortion facility may not be operated in South Carolina without first obtaining a license from the Department. S.C. Code § 44-7-260(A)(4) (2002), S.C. Code Ann. § 44-41-75(A) (2002), and 3 S.C. Code Ann. Regs. 61-12 § 102.A (2012).

3. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) (2002) and 3 S.C. Code Ann. Regs. 61-12 § 102.F.1 (2012).

4. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both, against a person or facility for violation of the Act or departmental regulations. S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014); *see also* 3 S.C. Code Ann. Regs. 61-12 § 103 (2012).

5. Abortion clinics shall obtain and verify information on applications for employment from all employees as to the personal background of the employee. 3 S.C. Code Ann. Regs. 61-12 § 204.A.

6. Abortion clinics shall ensure that all staff members are currently certified in CPR by the American Red Cross or American Heart Association. *Id.* § 204.C.

7. Abortion clinics shall have and execute a written orientation program to familiarize each new staff member with the facility and its policies and procedures. *Id.* § 204.E.

8. Abortion clinics shall plan and provide inservice training in infection control to all employees and volunteers. *Id.* § 204.F.1.

9. Abortion clinics shall plan and provide inservice training in fire protection to all employees and volunteers. *Id.* § 204.F.2.

10. Abortion clinics shall plan and provide inservice training in confidentiality of patient information and records, and protecting patient rights to all employees and volunteers. *Id.* § 204.F.3.

11. Abortion clinics shall plan and provide inservice training in licensing regulations to all employees and volunteers. *Id.* § 204.F.4.
12. Abortion clinics shall maintain written job descriptions that adequately describe the duties of every position. *Id.* § 204.G.1.
13. Abortion clinics shall maintain a personnel file for each employee and volunteer that accurately documents a current job description that reflects the individual's responsibilities and work assignments. *Id.* § 204.H.
14. Abortion clinics shall comply with the Woman's Right to Know Act, S.C. Code Ann. § 44-41-310, *et seq.* *Id.* § 208.
15. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include tissue examination/disposal. *Id.* § 301.D.4.
16. Abortion clinics shall formulate and adhere to written patient care policies and procedures to ensure professional and safe care for patients, to include registration of fetal death or death certificates. *Id.* § 301.K.
17. Abortion clinics shall place a listing of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. *Id.* § 303.A.1.
18. Abortion clinics shall ensure that medicines and drugs maintained and used in the Facility shall not be expired. *Id.* § 303.C.
19. Abortion clinics shall ensure that products of conception resulting from abortion procedures are managed in accordance with requirements for pathological waste pursuant to Regulation 61-105, *South Carolina Infectious Waste Management*. *Id.* § 304.H.
20. Abortion clinics shall ensure that patients' records include the father's and mother's names when the patient is a minor. *Id.* § 401.A.1.
21. Abortion clinics shall ensure that patients' records include the names of clinical assistants in attendance when abortion procedures are performed. *Id.* § 401.A.12.e.
22. Abortion clinics shall ensure that any abortion performed is reported to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure. *Id.* § 403.A.1.
23. Abortion clinics shall ensure that sterile equipment and supplies are not mixed with unsterile supplies. *Id.* § 602.B.
24. Abortion clinics shall ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, is managed in accordance with Regulation 61-105. *Id.* § 605.D.
25. Abortion clinics shall ensure that patient and staff handwashing lavatories supplied with hot water are thermostatically controlled to a temperature between 100 and 125 degrees Fahrenheit. *Id.* § 808.

26. Based upon the foregoing findings of fact, the Department finds that the Facility violated Regulation 61-12 as follows:

a. The Facility violated Section 204.A on August 31, 2015, by failing to have documentation of personal background information for 2 staff members. Violation of Section 204.A is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

b. The Facility violated Section 204.C on August 31, 2015, by failing to have documentation of training/certification in CPR for 3 staff members. Violation of Section 204.C is a Class I penalty and carries a penalty range of \$200-1,000 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

c. The Facility violated Section 204.E on August 31, 2015, by failing to have documentation of orientation for 3 staff members. Violation of Section 204.E is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

d. The Facility violated Section 204.F.1 on August 31, 2015, by failing to have documentation of training in infection control for 2 staff members. Violation of Section 204.F.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

e. The Facility violated Section 204.F.2 on August 31, 2015, by failing to have documentation of training in fire protection for 3 staff members. Violation of Section 204.F.2 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

f. The Facility violated Section 204.F.3 on August 31, 2015, by failing to have documentation of training in confidentiality of patient information and records, and protecting patient rights for a staff member. Violation of Section 204.F.3 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

g. The Facility violated Section 204.F.4 on August 31, 2015, by failing to have documentation of training in licensing regulations for a staff member. Violation of Section 204.F.4 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

h. The Facility violated Section 204.G.1 on August 31, 2015, by failing to have documentation of job descriptions for 2 staff members. Violation of Section 204.G.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

i. The Facility violated Section 204.H on August 31, 2015, by failing to have a current job description for a staff member that was in accordance with Section 302.A. Regulation 61-12, *Standards for Licensing Abortion Clinics*. Violation of Section 204.H is a Class II penalty and carries a penalty range of

\$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

j. The Facility violated Section 208 on August 31, 2015, by failing on five occasions to comply with Section 44-41-330(A)(1) of the Woman's Right to Know Act. Violation of Section 208 is a Class I penalty and carries a penalty range of \$200-1,000 for a first occurrence. The Department has determined to impose a \$1,000 monetary penalty for this violation.

k. The Facility violated Section 301.D.4 on August 31, 2015, by failing to adhere to its written patient care policies and procedures with respect to tissue examination/disposal. Violation of Section 301.D.4 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

l. The Facility violated Section 301.K on August 31, 2015, by failing to have a written procedure and policy regarding registration of fetal death or death certificate. Violation of Section 301.K is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

m. The Facility violated Section 303.A.1 on August 31, 2015, by failing to have a listing of the of contents by drawer or shelf on the cabinet or cart where emergency drugs are maintained. Violation of Section 303.A.1 is a Class I penalty and carries a penalty range of \$200-1,000 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

n. The Facility violated Section 303.C on August 31, 2015, by failing to ensure that medications and drugs maintained in the Facility were not expired. Violation of Section 303.C is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

o. The Facility violated Section 304.H on August 31, 2015, by failing to ensure that products of conception resulting from abortion procedures were managed and properly disposed of by incineration in accordance with Section T.9 of Regulation 61-105, *South Carolina Infectious Waste Management*. Violation of Section 304.H is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

p. The Facility violated Section 401.A.1 on August 31, 2015, by failing to document the names of the father and/or mother in the medical record of minors. Violation of Section 401.A.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

q. The Facility violated Section 401.A.12.e on August 31, 2015, by failing to document in medical records the names of clinical assistants in attendance during abortion procedures. Violation of Section 401.A.12 is a Class III penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

r. The Facility violated Section 403.A.1 on August 31, 2015, by failing to report abortion procedures performed to the Office of Vital Records of the South Carolina Department of Health and Environmental Control within 7 days of the procedure being performed. Violation of Section 403.A.1 is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

s. The Facility violated Section 602.B on August 31, 2015, by failing to ensure that sterile supplies and equipment were not mixed with unsterile supplies. Violation of Section 602.B is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$500 monetary penalty for this violation.

t. The Facility violated Section 605.D on August 31, 2015, by failing to ensure that waste meeting the definition of "infectious waste" as defined in Regulation 61-105, *South Carolina Infectious Waste Management*, was managed in accordance with Regulation 61-105. Violation of Section 605.D is a Class III penalty.

u. The Facility violated Section 808.A on August 31, 2015, by failing to ensure that patient and staff handwashing lavatories supplied with hot water were maintained at a temperature between 100 and 125 degrees Fahrenheit. Violation of Section 808.A is a Class II penalty and carries a penalty range of \$100-500 for a first occurrence. The Department has determined to impose a \$250 monetary penalty for this violation.

27. In consideration of the above, the Department determined that the following discipline is warranted at this time.

NOW, THEREFORE IT IS ORDERED THAT, pursuant to S.C. Code Ann. § 44-7-320(A)(1)(a) (Supp. 2014) and 3 S.C. Code Ann. Regs. 61-12 § 103 (2011):

1. The license of Planned Parenthood of South Atlantic is hereby suspended until further notice from the Department, which will be contingent upon the facility complying with the conditions set forth below.

2. The Department assesses a \$7,500 monetary penalty against Planned Parenthood of South Atlantic for the above noted violations. Payment of the \$7,500 assessed monetary penalty is due within 30 days of execution of this Administrative Order by certified check or money order payable to the S.C. Department of Health and Environmental Control. Payment shall be sent to the following address:

Attention: Gwen C. Thompson, Chief
Bureau of Health Facilities Licensing
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, S.C. 29201

If payment is late for any reason not otherwise approved by the Department, the Department may assess additional monetary penalties and/or initiate additional enforcement action against Planned Parenthood of South Atlantic, up to and including revocation of the Facility's license to operate as an abortion clinic.

3. The Department will lift the suspension upon the following conditions:

a) Planned Parenthood's payment of the imposed monetary penalty.

b) Planned Parenthood's timely submission of a plan of correction ("POC") to the Department addressing the corrective actions taken, the preventive actions taken and the date of those action in

regard to the violations contained in the Department's reports of visits for the August 31, 2015 general inspection and August 31, 2015 investigation.

c) Planned Parenthood providing to the Department evidence of Planned Parenthood's training of all employees and volunteers in the Facility's policies and procedures, the requirements of the Women's Right To Know Act, S.C. Code Ann. §§ 44-41-310, *et seq.*, and all inservice/training requirements set forth in Section 204.F of Regulation 61-12.

4. Planned Parenthood shall ensure that all files and records are maintained and preserved as required by Regulation 61-12.

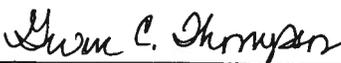
IT IS SO ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL



Shelly Bezanson Kelly
Director of Health Regulation

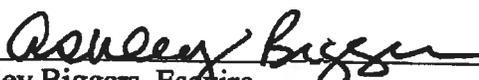
9-11-15
Date



Gwen C. Thompson
Bureau Chief for Health Facilities Licensing

9/11/15
Date

Reviewed by:



Ashley Biggers, Esquire
Chief Counsel for Health Regulation

9-11-15
Date

South Carolina Board of Health and Environmental Control

Guide to Board Review

Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of \$100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars (\$100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
 - The grounds for amending, modifying, or rescinding the staff decision;
 - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
 - the relief requested;
 - a copy of the decision for which review is requested; and
 - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:
South Carolina Board of Health and Environmental Control
Attention: Clerk of the Board
2600 Bull Street
Columbia, South Carolina 29201
Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.
7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will

respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.

NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.

9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
 - include the place, date and time of the Conference;
 - state the presentation times allowed in the Conference;
 - state evidence may be presented at the Conference;
 - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
 - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:
 - Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
 - Type of decision (permit, enforcement, etc.) and description of the program.
 - Parties
 - Description of facility/site
 - Applicable statutes and regulations
 - Decision and materials relied upon in the administrative record to support the staff decision.
 - Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
 - Rebuttal by Department staff [15 minutes]
 - Rebuttal by Requestor(s) [10 minutes]

Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review Conference or by the presiding officer.
2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.