SUMMARY SHEET
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

December 8, 2016

( ) ACTION/DECISION

(X) INFORMATION

I. **TITLE:** Health Regulation Administrative and Consent Orders.

II. **SUBJECT:** Health Regulation Administrative Orders, Consent Orders, and Emergency Suspension Orders for the period of October 1, 2016, through October 31, 2016.

III. **FACTS:** For the period of October 1, 2016, through October 31, 2016, Health Regulation reports one (1) Administrative Order with no assessed monetary penalties.

Health Regulation Bureau	Health Care Facility, Provider or Equipment	Administrative Orders	Consent Orders	Emergency Suspension Orders	Assessed Penalties
Health Facilities Licensing	Community Residential Care Facilities	1	0	0	$0

Approved By:

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Shelly Bezanson Kelly
Director of Health Regulation

HEALTH REGULATION ENFORCEMENT REPORT
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

December 8, 2016

Bureau of Health Facilities Licensing

Facility Type	Total # of Beds or Participants	Total # of Licensed Facilities in South Carolina
Community Residential Care Facilities	17,684	465

1. Miles Residential Care (CRCF) – Columbia, SC

Investigation: The Department visited Miles Residential Care ("Miles") numerous times to conduct routine inspections that the Department conducts on all CRCFs, including: general inspections, resident care focused inspections, kitchen and sanitation inspections, fire and life safety inspections, as well as follow-up inspections as warranted. Most recently, the Department visited Miles on June 15, 2016, to conduct a follow-up inspection.

Violations: Based upon the inspections, conducted between January 16, 2014, and June 15, 2016, the Department cited Miles for one hundred forty-one (141) violations of Regulation 61-84, which included fifty-six (56) Class I violations, seventy-two (72) Class II violations and thirteen (13) Class III violations of Regulation 61-84. Specifically, Miles was cited one (1) time for violating 61-84, Section 202.C, by failing to allow individuals authorized by S.C. law access to all properties and areas, objects, and records of Miles; three (3) times for violating 61-84, Section 202.D, by failing to submit timely acceptable POCs to ROVs which described alleged regulatory violations; two (2) times for violating 61-84, Section 401, by failing to have available for review a policy and procedure addressing each section of Regulation 61-84; one (1) time for violating 61-84, Section 501.D, by providing supervision to three children of a staff member who was not the owner of the facility; one (1) time for violating 61-84, Section 501.E, by failing to have available for review accurate and current information for three staff members, to include at least address, phone number, and personal/work/training background; one (1) time for violating 61-84, Section 503.C, by failing to maintain documentation to ensure that the facility met minimum staff-to-resident ratios prescribed by Regulation 61-84 Section 503.B.1 and B.2; three (3) times for violating 61-84, Section 504.A, by failing to have documentation of inservice training available for review and by failing to ensure that documented inservice training was signed by the staff member receiving the training and/or the individual providing the training; two (2) times for violating 61-84, Section 504.A.3, by failing to have documentation of current annual staff training in the management/care of persons with contagious and/or communicable disease available for review; two (2) times for violating 61-84, Section 504.A.4, by failing to have documentation of staff training or current annual staff training in medication management available for review; two (2) times for violating 61-84, Section 504.A.5, by failing to have documentation of staff training or current annual staff training in specific person care available for review; two (2) times for violating 61-84, Section 504.A.6, by failing to have documentation of staff training or current annual staff training in the use of restraints; two (2) times for violating 61-84, Section 504.A.7, by failing to have documentation of current annual staff training in OSHA standards regarding blood-borne pathogens available for review; one (1) time for violating 61-84, Section 504.A.8, by failing to have documentation of staff training in cardiopulmonary resuscitation for designated staff members available for review; two (2) times for violating 61-84, Section 504.A.9, by failing to have documentation of staff training and

current annual staff training in confidentiality of resident information and records available for review; one (1) time for violating 61-84, Section 504.A.10, by failing to have documentation of current annual staff training in the *Bill of Rights for Long-Term Care Facilities*, S.C. Code Ann. Sections 44-81-10 *et seq.*, available for review; one (1) time for violating 61-84, Section 504.A.10, and once for Section 504.A.11, by failing to have documentation of staff training or current annual staff training in fire response available for review; one (1) time for violating 61-84, Section 504.A.11 and once time for Section 504.A.12, by failing to have documentation of staff training or current annual staff training in emergency procedures and disaster preparedness available for review; two (2) times for violating 61-84, Section 701.A, by failing to maintain an organized record for residents of the facility; three (3) times for violating 61-84, Section 701.B.2, by failing to have orders from a physician or other authorized healthcare provider for residents' diets available for review; two (2) times for violating 61-84, Section 701.B.6, by failing to ensure that notes of observation were documented in residents' records at least monthly; five (5) times for violating 61-84, Section 701.B.10, by failing to ensure that residents' records included a photograph of the resident and by failing to ensure that residents' photographs were dated and no more than twenty-four months old; three (3) times for violating 61-84, Section 702, by failing to have residents' written assessments available for review and by failing to ensure that a resident's written assessment was signed by the staff member conducting the assessment; six (6) times for violating 61-84, Section 703.A, by failing to have residents' ICPs available for review, by failing to ensure residents' ICPs were developed within seven days of residents' admissions, and by failing to ensure the Facility reviewed residents' ICPs at least semi-annually and/or revised residents' ICPs as changes in the residents' needs occurred; two (2) times for violating 61-84, Section 703.B.1, by failing to ensure that residents' ICPs described the needs of the resident, including the activities of daily living for which the residents required assistance; one (1) time for violating 61-84, Section 703.B.5, by failing to ensure that a resident's ICP described the resident's nutritional needs; one (1) time for violating 61-84, Section 703.C, by failing to ensure that a resident's ICP included specific goal-related objectives of the resident and the methods for achieving the objectives and meeting the needs in measurable terms with expected achievement dates; one (1) time for violating 61-84, Section 704.F, by failing to maintain the record of a discharged resident in an inactive/closed file; two (2) times for violating 61-84, Section 901.A, by failing to have documentation of a written agreement between a resident, and/or his/her responsible party and the Facility and by failing to ensure that the written agreement for a resident was signed and dated by the resident and/or the resident's responsible party; two (2) times for violating 61-84, Section 901.A.2, by failing to ensure that the facility's agreement with a resident disclosed the fees for all care, services, and/or equipment provided by the facility and by failing to ensure that a resident's written agreement with the facility was updated upon any changes; one (1) time for violating 61-84, Section 901.A.3, by failing to ensure that the facility's agreements with residents included advanced notice requirements to change the fee amounts; one (1) time for violating 61-84, Section 901.A.4, by failing to ensure that the facility's agreements with a resident included a refund policy to include when monies are to be forwarded to the resident upon discharge, transfer, or relocation; one (1) time for violating 61-84, Section 901.C, by failing to ensure care and services were provided in accordance with orders from a physician or other authorized healthcare provider; one (1) time for violating 61-84, Section 902.G, by failing to ensure an accurate accounting of residents' personal monies, including an accounting of monies given to the residents, purchases by the facility on behalf of the resident, and/or monies paid to the facility for care and services; four (4) times for violating 61-84, Section 902.H, by failing to have documentation of a report of the balance of residents' finances being provided to the residents on at least a quarterly basis; one (1) time for violating 61-84, Section 903.E, by failing to ensure that the facility's posted activity schedule included the times and locations of activities and by failing to ensure the facility's posted activity schedule was for the current month; one (1) time for violating 61-84, Section 1001.H, by failing to have a grievance/complaint procedure to be exercised on behalf of residents to enforce the residents' Bill of Rights; two (2) times for violating 61-84, Section 1101.A, by failing to have available for review documentation of residents' physical examinations completed within thirty (30) days prior to admission and annually thereafter; two (2) times for violating 61-84, Section 1101.B, by failing to have documentation of a two-step tuberculin

skin test for two residents available for review; one (1) time for violating 61-84, Section 1201.A, by failing to ensure that residents' medications prescribed by a physician or other authorized healthcare provider were available for administration; two (2) times for violating 61-84, Section 1201.B, by failing to ensure that applicable reference materials published within the previous three (3) years were available at the facility; three (3) times for violating 61-84, Section 1205.A, by failing to ensure that a resident's medication had a label with the required contents and by failing to ensure that medications with damaged and/or illegible labels were returned to the pharmacy for re-labeling or disposal; three (3) times for violating 61-84, Section 1205.B, by failing to have documentation available for review of an on-site review of the facility's medication program by a pharmacist on at least a quarterly basis and by failing to ensure that medications were kept in original containers; two (2) times for violating 61-84, Section 1206.A, by failing to ensure that expired medications for residents were not stored with residents' current medications and by failing to ensure that medications were properly stored and safeguarded to prevent access by unauthorized persons; one (1) time for violating 61-84, Section 1206.C, by failing to ensure that the facility's records of controlled substances were maintained in sufficient detail to enable an accurate reconciliation; two (2) times for violating 61-84, Section 1206.F, by failing to ensure that medications were stored in a locked cabinet/compartment in rooms occupied by residents who were not authorized by a physician or other authorized healthcare provider to self-administer medications; two (2) times for violating 61-84, Section 1303, by failing to ensure that food equipment and utensils were properly cleaned, sanitized and stored in accordance with Regulation 61-25; one (1) time for violating 61-84, Section 1306.A, by failing to ensure that menus were readily available and posted in one or more conspicuous places in a public area of the facility; one (1) time for violating 61-84, Section 1306.B, by failing to maintain records of menus as served for at least thirty (30) days; one (1) time for violating 61-84, Section 1309.A, by failing to have liquid or powdered soap dispensers available at each food service handwash sink; one (1) time for violating 61-84, Section 1403, by failing to have a written plan to be implemented to assure the continuation of essential resident support services for such reasons as power outage, water shortage, or in the event of absence from work of any portion of the workforce resulting from inclement weather or other causes; one (1) time for violating 61-84, Section 1502, by failing to ensure that fire protection and suppression systems were properly maintained in accordance with codes adopted by the South Carolina Building Codes Council and South Carolina State Fire Marshal; two (2) times for violating 61-84, Section 1504.A, by failing to have documentation available for review of fire drills conducted quarterly for all shifts; one (1) time for violating 61-84, Section 1601.A and four (4) times for violating Section 1601, by failing to ensure that the facility's structure and component parts and equipment were properly maintained; one (1) time for violating 61-84, Section 1702.B, by failing to have completed documentation of an annual tuberculosis risk assessment in accordance with CDC guidelines; five (5) times for violating 61-84, Section 1703, by failing to keep the facility free from vermin and offensive odors; three (3) times for violating 61-84, Section 1703.A.1, by failing to ensure that each specific area of the facility was cleaned; two (2) times for violating 61-84, Section 1705.A, by failing to ensure that the facility's pets had received required inoculations from a veterinarian; one (1) time for violating 61-84, Section 1705.C, by allowing pets in the facility's kitchen and in the facility's dining room during times when food was being prepared and/or served; two (2) times for violating 61-84, Section 1706.B.3, by failing to ensure that soiled linens and clothing were stored in enclosed/covered containers; one (1) time for violating 61-84, Section 1801.A, by failing to have documentation of a written quality improvement program available for review; one (1) time for violating 61-84, Section 2103, by failing to ensure window treatments provided privacy in a bathroom; one (1) time for violating 61-84, Section 2201.A, by failing to ensure fire extinguishers were installed in accordance with NFPA No. 10; one (1) time for violating 61-84, Section 2206.B, by failing to ensure "No Smoking" signs were conspicuously posted in areas where oxygen was being dispensed or stored; one (1) time for violating 61-84, Section 2207.A, by failing to maintain the facility free of fire hazards or impediments to fire prevention; one (1) time for violating 61-84, Section 2403.A and two (2) times for violating Section 2301.B, by failing to ensure water at hot water faucets accessible to residents registered at least one hundred (100) degrees F, but did not exceed one hundred twenty (120) degrees F; one (1) time for violating 61-84, Section 2403.A,

by failing to ensure the exit sign at facility's front door was electrically-illuminated; one (1) time for violating 61-84, Section 2404.C, by failing to ensure that the facility's emergency lights were operational; one (1) time for violating 61-84, Section 2505.B, by failing to provide ground-fault interrupter protection at the receptacle the washer was plugged into; one (1) time for violating 61-84, Section 2601.C and one (1) time for a violation of Section 2501.B, by failing to maintain a temperature between seventy-two (72) and seventy-eight (78) degrees F. in resident areas; one (1) time for violating 61-84, Section 2602.A.1, by failing to furnish residents' beds with moisture-proof covers; one (1) time for violating 61-84, Section 2602.C, by placing beds in locations not designated as resident room areas; two (2) times for violating 61-84, Section 2604.C, by failing to ensure a sanitary individualized method of drying hands was available at each lavatory and by allowing communal use of bar soap; one (1) time for violating 61-84, Section 2604.F, by failing to ensure privacy was provided at toilets and bathtubs/showers; one (1) time for violating 61-84, Section 2604.K, by failing to maintain a supply of toilet tissue in each bathroom; one (1) time for violating 61-84, Section 2604.M, by failing to implement a method that distinguishes linen assignment and discourages common usage of bath towels and washcloths; one (1) time for violating 61-84, Section 2611.A, by failing to have adequate storage areas for equipment and supplies; one (1) time for violating 61-84, Section 2705.J, by failing to ensure all resident room doors had closures; one (1) time for violating 61-84, Section 2714.B, by failing to provide an NFPA-approved automatic sprinkler system to a storage area that exceeded one hundred (100) square feet.

Enforcement Action: By Administrative Order executed October 10, 2016, the Department revoked the license issued to Betty A. and Louis B. Miles to operate Miles Residential care as a CRCF. On October 20, 2016, the Board of Health and Environmental Control ("the Board") received Miles's request for final review ("RFR"), which was within the fifteen (15) days allowed for filing an RFR. However, the filing fee of one hundred dollars ($100.00) was not received within the fifteen (15) days and, therefore, on November 14, 2016, the Board returned Miles's RFR unprocessed.

Prior Sanctions: Previously, by Consent Order (CO-HL-08-2012) executed February 5, 2013, the Department imposed a twenty-one thousand five hundred dollar ($21,500) monetary penalty against Miles Residential Care for initial and repeat violations of Regulation 61-84.