

**STATE OF SOUTH CAROLINA
DEPARTMENT OF PUBLIC HEALTH**

**IN RE:
LAKEFIELD PROPERTIES, LLC, MARIE HEISER, AND DIRK HEISER.
d/b/a COTTONWOOD VILLAS
800 W. Church Street, Bishopville, SC 29010**

**ADMINISTRATIVE ORDER
2025-CS-03-AO**

The South Carolina Department of Public Health (the "Department" or "DPH") is the agency of the State of South Carolina responsible for licensing and regulating community residential care facilities ("CRCFs") pursuant to the *State Health Facility Licensure Act*, S.C. Code Ann. Sections 44-7-110 *et seq.* (the "Act"), and *Standards for Licensing Community Residential Care Facilities*, Regulation 60-84 (the "Regulation"). Cottonwood Villas (the "Facility") is a licensed CRCF. The Department visited Cottonwood Villas numerous times to conduct inspections and investigations, which resulted in cited violations of Regulation 60-84.

The Department may deny, suspend, or revoke licenses, or assess a monetary penalty, or both, against a person or facility for: violations of the Act or the Regulation; or engaging in conduct or practices detrimental to the health or safety of residents or employees of a facility. S.C. Code Ann. § 44-7-320(A)(1)(a) and -(b); *see also* S.C. Code Ann. Regs. 60-84 § 301. The Department considers the following factors in arriving at a decision to take an enforcement action: the number and classification of violations, including repeat violations; specific conditions of the facility and their impact or potential impact of the health, safety, or well-being of the residents, such as housekeeping/maintenance/fire and life safety-related problems that pose a health threat to residents, and power/water/gas or other utility and/or service outages; efforts by the facility to correct cited violations; the facility's history of compliance; and any other pertinent conditions that may be applicable to current statutes and regulations. *See* S.C. Code Ann. Regs. 60-84 § 302.E. Additionally, when a decision is made to impose monetary penalties, the Department may invoke S.C. Code Ann. Section 44-7-320(C) or may use the schedule at Regulation 60-84 Section 302.F to determine the dollar amount. *Id.* § 302.F. Based upon the violations and taking into consideration their impact or potential impact on the health and safety of the residents, DPH determined it appropriate to issue this Administrative Order revoking the license to operate Cottonwood Villas, effective forty-five (45) days from the date of this order.

FINDINGS OF FACT

1. Lakefield Properties, LLC, is the licensee of record of Cottonwood Villas, which is a CRCF located in Bishopville, South Carolina that is licensed for a total of 85 beds. Upon initiating this enforcement action, the Department discovered Lakefield Properties, LLC dissolved on March 16, 2020. Marie Heiser has been the signatory on license renewal applications on behalf of Lakefield Properties, LLC, from the 2020-2021 renewal through the 2023-2024 renewal application. Marie Heiser is listed as the registered agent for Lakefield Properties, LLC. Dirk Heiser was the signatory on behalf of Patriot Living, LLC for the 2024-2025 renewal application. Dirk Heiser is the registered agent of Patriot Living, LLC.

Marie Heiser listed herself as the licensee, checked the ownership type as LLC, and signed the 2025-2026 renewal application. By application dated July 30, 2025, Marie Heiser signed a request to change ownership information for the Facility from Lakefield Properties to Patriot Living of Bishopville. Ms. Heiser signed as owner on behalf of both entities. Ms. Heiser is the registered agent of Patriot Living of Bishopville, LLC.

2. On January 31, 2025, Department representatives visited the Facility to conduct a routine inspection and investigation. At that time, the Department representatives observed and cited the following violations of Regulation 60-84¹:

	Section	Description of Violation
1.	503(B)(1)	<p>There shall be at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.</p> <p>According to staff documentation sheets provided at the time of the inspection, there were only 8 staff members on duty with a census of 68 on the following dates during peak hours: 1/18/2025, 1/19/2025, 1/25/2025, and 1/26/2025.</p>
2.	703(A)	<p>Individual Care Plans were not reviewed or revised at least semi-annually.</p> <p>According to observation notes for September and October 2024, Resident A's bathing is staff assist times 2 to 3 people; dressing is staff assist times one; and toileting is extensive assistance times two with total assistance. However, Resident A's most recent ICP dated 8/5/24 documented that s/he needed reminders and minor assistance with dressing; assist with certain areas and in/out of showers for bathing; and incontinent of bowel for toileting. Resident A's individual care plan was not revised as changes in Resident A's needs occurred.</p>
3.	1301(A)	<p>The following violations of the kitchen were observed pursuant to R.60.25:</p> <p>(1) Food employees shall wear hair restraints such as hats, hair covering and nets, beard restraints, and clothing that cover body hair that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service or single-use articles. Staff member B was in the food prep area preparing fruit</p>

¹ Regulation 60-81 was amended effective May 23, 2025, to move the regulation from Chapter 61 of the South Carolina Code of Regulations to Chapter 60. The chapter designation 60-84 is used throughout this order.

		<p>cups and beverages for lunch without a hair restraint. (2-402.11)</p> <p>(2) Food temperature measuring devices required for the immersion into food shall be provided and used to ensure the attainment and maintenance of food temperatures as specified under Chapter 3. A probe thermometer was not available to measure food temperatures. Staff confirmed. (4-302.12)</p> <p>(3) Cold holding equipment used for time/temperature control safety (TCS) food shall be equipped with at least one integral or permanently affixed temperature measuring device that is located to allow easy viewing of the device's temperature display. Three of the freezers did not have a thermometer. (4-204.112.B)</p> <p>(4) Non-food contact surfaces shall be cleaned and kept free of an accumulation of dust, dirt, food residue and other debris. The following non-food contact surfaces were not clean (4-601.11.C) - Ice buildup in the three of the freezers - A heavy accumulation of dust on the fan of the ice machine - An accumulation of a black residue and debris inside of the ice machine located in the pantry - Rodent droppings and cobwebs on the floors in the Pantry area next to the can goods</p> <p>(5) Disposal of mop water and similar liquid waste shall be disposed of into a service or mop sink. Inspectors saw Staff member A dump mop water outside on the ground behind the facility. (5-203.13)</p> <p>(6) Food shall be safe, unadulterated, and as specified under 3-601.12, honestly presented. Boxes of produce that include potatoes, cucumbers, cabbage, onions and peppers covered in mold-like substances. (3-101.11)</p>
4.	1601	<p>The following maintenance violations were observed during the Facility walkthrough:</p> <p>Room 1 -Paint peeling on the drywall around the doorway.</p> <p>Room 4 -Wood frame around wall a/c unit is cracking and splitting causing large gap between wall and a/c unit.</p> <p>Room 6 bathroom- Grab bar not properly secured to the wall.</p> <p>Room 8 - Water damage on ceiling causing warping.</p> <p>Right hall TV room - Broken slats on the window blinds.</p> <p>Room 11 -Chipped floor tiles exposing the wood.</p> <p>Shared bathroom 10/11 - Scratches and cracks on the drywall between the floorboards.</p> <p>Room 18 -Excessive wear and tear on chair cushion, missing wall a/c unit cover.</p> <p>Shared bathroom 18/19 - Mirror broken in the bottom right corner.</p> <p>Room 24 - Ceiling tile is bulging.</p> <p>Room 37 - Wall a/c unit is missing control knobs.</p>

		<p>Room 43 - Wall a/c unit is missing manufacturer cover exposing the internal components (coils and wires).</p> <p>Exterior back porch - Large area of peeling paint on the ceiling, missing bricks under the window.</p>
5.	1703	<p>The Facility was not clean, or free of vermin and offensive odors.</p> <p>Hallways – An accumulation of dead bugs and insects inside of the ceiling light fixtures and a strong urine odor throughout the hallways.</p> <p>Room 1 – Cigarette smoke odor upon entry.</p> <p>Rooms 4, 11,12 – Strong urine odor.</p> <p>Room 29 - A cluster of live, brown bed bug-like insects crawling on the bed sheets.</p>
6.	1703(A)(1)	<p>The following housekeeping violations were observed during the Facility walkthrough:</p> <p>Room 1 – Black mold-like substance under bathroom sink, brown sticky substance on floor throughout the room, brown liquid stains on the walls surrounding the toilet, gray ashes on the bedstand table.</p> <p>Room 2 – Brown liquid stains on the nightstand table and armoire, accumulation of cobwebs around window.</p> <p>Shared bathroom 2/4 – Trash on the floor, yellow water stain on ceiling above the toilet, brown liquid stains on the wall next to the toilet.</p> <p>Room 4 – Yellow stains on the floor covering majority of the room, accumulation of cobwebs around the window, strong urine odor present.</p> <p>Room 6 – Dirt on the floor throughout room, brown liquid stains on bathroom sink vanity doors.</p> <p>Room 8 – Layer of dust covering the floor, brown and black liquid stains covering the window blinds, accumulation of cobwebs around the window, gray wall paint spilled on the floor.</p> <p>Room 11- Brown stains on the floor near the resident beds, layer of dust on floor throughout room,</p> <p>Shared bathroom 10/11 – Brown stains on the floor along the walls.</p> <p>Room 12 – Dirt on floor throughout room, accumulation of cobwebs around the window</p> <p>Shared bathroom 18/19 – Brown rust stains under the sink vanity, dark brown dirt stains on the floor.</p> <p>Shared bathroom 28/29 – Black sticky substance on the floor throughout room, brown stains on shower walls and shower floor, thick layer of dust covering exhaust vent.</p>

		Room 37 – Brown sticky substance on the floor throughout the room, accumulation of cobwebs around the window. Room 43 – Brown stains on the floor throughout the room, brown rust stains on the window ledge, dirt and dust in the corners of the floor. Room 41 – Yellow stains on the floor in various spots. Right Hall TV room – accumulation of cobwebs on (3) windows sills.
7.	2611(D)	Cardboard boxes were stored directly on the floor containing the following: Room 6 & 11 -Clothing Room 8 -Snacks Room 24 -Two (2) boxes of adult briefs

3. On February 11, 2025, a Department representative emailed to the Facility a copy of the report of visit (“ROV”) for the investigation which described the violations and required submission of a plan of correction (“POC”) no later than February 26, 2025. On April 11, 2025, the Facility submitted to the Department its POC for the investigation. On February 24, 2025, a Department representative emailed to the Facility a copy of the ROV for the routine inspection which described the violations and required submission of a POC no later than February 29, 2025. On February 25, 2025, the Facility submitted to the Department its POC for the routine inspection.
4. On April 11, 2025, Department representatives visited the Facility to conduct multiple investigations. At that time, the Department representatives observed and cited the following violations of Regulation 60-84:

	Section	Description of Violation
1.	503(B)(1)	There shall be at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours. The Facility failed to maintain at least one staff member/direct care volunteer for each eight (8) residents during all peak hours. According to Facility staffing documentation, on 2/4/2025 from 8:00AM to 12:15PM the Facility had a census of 67 residents with 4 staff members/direct care volunteers in the Facility.
2.	703(A)	Individual Care Plans were not reviewed or revised at least semi-annually. The most recent care plan for Resident A was dated August 8, 2024.
3.	1703(A)(1)	The following housekeeping violations were observed during the Facility walkthrough: Rooms #5, #7, #11, #15, and #39, brown stains were observed on the bed sheets. Rooms #1, #5, #7, #8, #9, #11, #13, #16, #28 and #29, dead insects and food particles on the floor.

5. On April 28, 2025, a Department representative emailed to the Facility a copy of the ROVs, which described the violations and required submission of POCs no later than May 3, 2025. On May 2, 2025, the Facility submitted to the Department its POCs.
6. On April 15, 2025, a Department representative visited the Facility to conduct a routine Fire Life and Safety inspection. At that time, the Department representative observed and cited the following violations of Regulation 60-84:

	Section	Description of Violation
1.	503(B)(1)	<p>There shall be at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.</p> <p>At the time of arrival at the Facility, staff-to-resident ratio was not compliant. There were 61 residents in the building and 5 staff members in the building.</p>
2.	1502	<p>The following fire protection and suppression system issues were observed during the Facility walkthrough:</p> <ol style="list-style-type: none"> 1. The fire alarm system and the fire sprinkler system do not comply with SC Fire Code 901.6 <ol style="list-style-type: none"> a) The fire alarm system is past due for annual inspection, last inspection dated 2/14/2024. b) The fire sprinkler system is past due for annual inspection, last inspection dated 2/27/2023. c) The sidewall sprinkler in the laundry room was observed with intumescent caulking filling the gap at the wall. 2. Hood ventilation system does not comply with SC Fire Code 606.3.3.1. <ol style="list-style-type: none"> a) Last hood cleaning dated February 2023. 3. Fire extinguishers do not comply with SC Fire Code 906.2. <ol style="list-style-type: none"> a) 7 of 7 dry chemical extinguishers were not correctly signed and dated for monthly inspections. b) 5 of 5 water extinguishers not correctly signed and dated for monthly inspections. c) The Class K fire extinguisher in the kitchen is not correctly signed and dated for monthly inspections. d) The Class K fire extinguisher in the kitchen is indicating recharge required on the gauge. e) The dry chemical fire extinguisher in the laundry room is past due for annual service, last service dated October 2020. 4. Fire-rated doors do not comply with SC Fire Code 702.2. <ol style="list-style-type: none"> a) Resident rooms: 33, 43, 40, storage room adjacent to laundry room, kitchen pantry, and kitchen office doors were observed blocked in the open position.

		b) Cross-corridor doors near resident room 18/17 do not close and achieve a positive latch. c) Cross-corridor door leading to the service hall has an excessive gap when closed. d) Door to communication room has a penetration at the doorknob. e) 4 of 7 resident room doors in memory care were observed blocked in the open position.
3.	1601	The following maintenance violations were observed during the Facility walkthrough: 1. Extension cord use does not comply with SC Fire Code 603.9.4. a) Two extension cords were observed in use at the nurse's station across from resident room 34. b) An extension cord was observed in use in the kitchen near the three-compartment sink. c) Resident room 7 has an extension cord in use operating a small refrigerator and an oxygen concentrator. 2. Electrical room storage does not comply with SC Fire Code 315.3.3. a) The electrical room across from resident room 12 has storage.
4.	2105(A)	The Facility was not free of fire hazards or impediments to fire prevention. 1. Clothes dryers do not comply with SC Fire Code 310.1.2. Two clothes dryer lint filters were observed with excessive lint buildup. 2. A resident was observed coming out of room 31 holding a lighter and cigarette; this room is posted no smoking, oxygen in use.
5.	2404.(A)	1. The exit/emergency light in the corridor near resident room 24 did not activate when tested. 2. The exit/emergency light in the service corridor did not activate when tested.

7. On April 21, 2025, a Department representative emailed to the Facility a copy of the ROV for the routine Fire Life and Safety inspection, which described the violations and required submission of a POC no later than May 6, 2025. On May 2, 2025, the Facility submitted to the Department its POCs for the inspection.
8. On May 20, 2025, Department representatives visited the Facility to conduct multiple investigations. At that time, the Department representatives observed and cited the following violations of Regulation 60-84:

	Section	Description of Violation
1.	901(C)	The Facility failed to take precautions for residents with special conditions. According to a physical examination dated 4/11/25, Resident A has a diagnosis of Parkinson's, Asthma, COPD, and Diabetes. Resident A was admitted to the Facility unit on 4/11/25.

		<p>According to Resident A's Police Report dated 4/27/25, the local Police Department received a call from a local motorist stating a person was in a ditch. The Police went to investigate discovering that Resident A, whom is a resident at Cottonwood Villas was laying on the ground located down the road from the Facility. The police contacted Cottonwood to see if they were missing a resident. They confirmed and resident was taken back to the Facility.</p> <p>The Facility failed to implement precautions to prevent the elopement of Resident A, who had a diagnosis of Parkinson's, Asthma, COPD, and Diabetes, and Dementia who had previously exhibited wandering and elopement behavior.</p>
2.	1703(A)(1)	<p>The following housekeeping issues were observed during the Facility walkthrough:</p> <p>Dining Room Area: Scattered brown film on dining room floor with visible food debris on floor.</p> <p>Ice Scooper had visible dried bloodlike substance on handle and on the outside of ice Scooper holder.</p> <p>Resident Room #2: Visible rodent-like droppings between nightstand and Resident B bed.</p> <p>Resident Room #9: A moderate amount of food and dust particles are located on the floor throughout the room. Multiple brown stains on the floor and black film located near floor baseboards. Soiled shirts on the floor near the front entrance of the room.</p> <p>Resident Room #15: Cobwebs and rodent-like dropping observed between nightstand and stationary closet. Brownish-gray stains on pillowcase and bed spread. Food debris and trash scattered on floor near and underneath bed. Several items of clothing, bedspread, DVD, toilet seat and shoe were observed on the ground outside of bedroom window.</p> <p>Resident Room #18: Small trash can containing discarded wound dressings, gloves and food items. Several rodent-like droppings located in rear left corner of the bedroom. Heavily soiled tile floor throughout the room.</p> <p>Resident Room #19: Scant number of rodent-like droppings in corner near toilet. During interview of Resident B, s/he stated, "I saw one go under the bathroom door about two weeks ago."</p>

9. On May 27, 2025, a Department representative emailed to the Facility a copy of the ROV, which described the violations and required submission of a POC no later than June 11, 2025. On June 13, 2025, the Facility submitted to the Department its POC.
10. On May 29, 2025, Department representatives visited the Facility to conduct a routine follow-up inspection and food/sanitation follow-up inspection. At that time, the Department representatives observed and cited the following violations of Regulation 60-84:

	Section	Description of Violation
1.	1301(A)	<p>The following violations of the kitchen were observed pursuant to R.60.25:</p> <p>1) PRIORITY FOUNDATION VIOLATION: Equipment food contact surfaces and utensils shall be clean to sight and touch. The following food contact surfaces were not clean: a. The microwave inside the kitchen had a heavy accumulation of yellow food splatter on the inside top surface. b. The can opener had an accumulation of black food debris on the blade. c. The resident microwave in the Hall 2 dining room had a heavy accumulation of black and brown food splatter on the inside top surface. 14(4-601.11. A)</p> <p>2) PRIORITY VIOLATION: Food contact surfaces of equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment shall be cleaned at a frequency specified by the manufacturer, or absent manufacturer specifications at a frequency necessary to preclude accumulation of soil and mold. In the main kitchen's ice machine, an accumulation of a black mold-like residue was on the deflector. 14(4-602.11. E.4.A-B)</p> <p>3) REPEAT: Time/temperature control for safety food shall be thawed under refrigeration that maintains the food temperature at 41 degrees or below; or submerged under cold running water (70 degrees or below); or as part of the cooking process. Two (2) packs of frozen turkey deli meat, three (3) Ziploc bags of frozen raw chicken, and one (1) large Ziploc bag of frozen raw ground beef were thawing inside and on the counter space above the three (3) compartment sink at room temperature. 33(5-501.13)</p> <p>4) PRIORITY FOUNDATION VIOLATION: The premises shall be maintained free of insects, rodents, and other pests. Multiple fly-like insects were flying throughout the kitchen and Hall 2 dining room during the inspection. 36 (6-501.111)</p> <p>5) REPEAT: Non-food contact surfaces shall be cleaned and kept free of an accumulation of dust, dirt, food residue and other debris. A heavy accumulation of ice buildup was inside the top surface and drawer of the reach in freezer unit located to the right of the kitchen's side exit door. 47 (4-601.11.C)</p> <p>6) Physical facilities shall be cleaned as often as necessary to keep them clean. There was a heavy accumulation of dust on the ceiling tiles and vents located above the cooking, serving, and food prep areas in the kitchen. 53(6-501.12).</p>

2.	1301(D)	Lunch served at the time of the inspection (white rice, ground beef, corn and a roll) and previously served meals were not palatable and lacked quality according to several residents. Residents interviewed stated the food was not seasoned, lacked flavor, was overcooked and tasted like rubber. The Administrator stated she was aware of the resident's concerns regarding the food.
3.	1601	<p>The following maintenance violations were observed during the Facility walkthrough:</p> <p>Room 2 – The rubber chair tip was missing on the bottom of one of the legs causing the chair to wobble when sat on.</p> <p>Room 5 – The vent on the air conditioner was missing slats, ceiling tile unsecured and loosely hanging.</p> <p>Room 8 – Missing floor tiles in the bathroom along the edge of the sink vanity; Rubber baseboard pulled off the wall and hanging loosely at the edge of sink vanity.</p> <p>Room 10 – AC unit was not mounted to the wall properly creating a gap and exposing the screws; toilet seat broken, molding around the walls missing; Ceiling tiles cracked and sagging.</p> <p>Room 15 – Baseboard missing along the wall, AC unit cover missing.</p> <p>Room 17 – Water slow to drain in the bathroom sink, missing tile on ceiling.</p> <p>Room 18 – Air conditioner missing the front cover, missing electrical outlet covers.</p> <p>Room 24 – Ceiling tile is bulging; broken toilet lid; Scratches and cracks on the drywall between the floorboards.</p> <p>Room 28 - Missing floor tiles exposing the wood below.</p> <p>Room 30 – Fist-sized hole in the wall near the floor.</p> <p>Shared Restroom 29 & 30 - ceiling tiles damaged and bulging.</p> <p>Room 37 – (2) Broken dresser drawers, ceiling tile not properly secured & loosely hanging.</p> <p>Room 38- Broken dresser drawers; handles missing; exposed opening (inch) where ceiling and wall meets at the top of the room.</p> <p>Shared Restroom 37 & 38 - Toilet tissue holder is detached from the wall.</p> <p>Room 45 - Light fixture cover missing.</p> <p>Room 49- AC unit not properly mounted on the wall with an exposed gap.</p>
4.	1703	<p>The Facility was not clean, or free of vermin and offensive odors.</p> <p>Hallways – An accumulation of dead bugs and insects inside of the ceiling light fixtures; a strong offensive odor throughout the hallways and resident's rooms; several fly-like insects flying throughout the facility</p> <p>Room 28 – strong cigarette smoke upon entry</p>
5.	1703(A)(1)	The following housekeeping issues were observed during the Facility walkthrough:

		<p>Floors were heavily stained throughout the facility's halls and common areas, as well as in the residents' bedroom.</p> <p>Room 1 – A cobweb was hanging from the sprinkler.</p> <p>Room 2 – Mold-like stains under shower chair.</p> <p>Room 3 - Black and brown Stains on shower chair, the floor around the toilet was heavily stained with a dark mold-like substance. Numerous dead insects on windowsill.</p> <p>Room 4 – Mold-like substance inside of the refrigerator & strong urine odor present.</p> <p>Room 8 – Dark colored stains on the bottom of the toilet bowl, dirt buildup on the top of the AC unit cover.</p> <p>Room 10 – Numerous dark brown and black mold like spots on the bathroom floor. Trash in bathroom overflowing and spilling out onto floor.</p> <p>Room 12 – Stains inside of the shower, strong urine odor present.</p> <p>Room 13 – Mold-like substance in the refrigerator around the door, moldy food products present inside of resident's refrigerator. Strong urine odor present.</p> <p>Room 18 – Cobwebs near the floor in area between entrance door and bathroom door.</p> <p>Hall 1 Day Room – Cobwebs in the corners of the room; large spider in the cobweb, numerous dead insects stuck to walls</p> <p>Shared bathroom 24/26 – Brown rust stains under the sink vanity, dark brown dirt stains on the floor, bugs in light fixture.</p> <p>Shared bathroom 28/29 – Sticky substance on the floor throughout room, brown stains on shower walls and shower floor, thick layer of dust covering exhaust vent.</p> <p>Room 28 - Clothes on the floor.</p> <p>Room 37 – Brown sticky substance on the floor throughout the room, accumulation of cobwebs around the window.</p> <p>Room 38 - Brown substance on the floor throughout the room.</p> <p>Room 43 – Brown stains on the floor throughout the room, brown rust stains on the window ledge, dirt and dust in the corners of the floor.</p> <p>Right Hall TV room – Accumulation of cobwebs on (3) windowsills.</p> <p>Multiple fabric chairs in the Hallway 2 dining room were soiled with black and brown substances on them.</p>
6.	2104(B)	<p>Upon entrance to bedroom 28, a heavy smell of smoke was present as well as cigarette ashes on the floor. The resident that resides in that room is a smoker and is known to smoke inside of the room.</p>
7.	2611(D)	<p>Supplies/equipment were stored directly on the floor/under sink containing the following:</p> <p>Room 45 – Clothing.</p> <p>Room 37 – Adult briefs under the sink and paper.</p> <p>Room 28 – adult briefs on floor.</p> <p>Room 30- toilet tissue under the sink.</p>

11. On June 3, 2025, a Department representative emailed the Facility a copy of the ROVs, which described the violations and required submission of POCs no later than June 18, 2025. On June 6, 2025, the Facility submitted to the Department its POCs.
12. On June 6, 2025, a Department representative visited the Facility to conduct a Fire Life and Safety routine follow-up inspection. At that time, the Department representative observed and cited the following violations of Regulation 60-84:

	Section	Description of Violation
1.	1502	<p>The following fire protection and suppression system issues were observed during the Facility walkthrough:</p> <ol style="list-style-type: none"> 1. The fire alarm system and the fire sprinkler system do not comply with SC Fire Code 901.6. <ol style="list-style-type: none"> a) The fire alarm system is past due for annual inspection, last inspection dated 2/14/2024. The vendor cancelled and has not rescheduled. b) The sidewall sprinkler in the laundry room was observed with intumescent caulking 2nd gap at the wall. c) The fire sprinkler inspection report dated 5/20/2025 indicates deficiencies to the system. 2. Fire-rated doors do not comply with SC Fire Code 702.2. <ol style="list-style-type: none"> a) Cross-corridor doors at the service hall does not close and achieve a positive latch.
2.	1601	<p>The following maintenance issues were observed during the Facility walkthrough:</p> <ol style="list-style-type: none"> 1. Extension cord use does not comply with SC Fire Code 603.9.4. <ol style="list-style-type: none"> a) One extension cord was observed in use at the nurse's station across from resident room 34. b) An extension cord was observed in use in the kitchen near the three-compartment sink. This was removed by the administrator during the inspection. c) Resident room 7 has an extension cord in use operating a small refrigerator and an oxygen concentrator. This was removed by the administrator during the inspection.
3.	2105(A)	<p>The Facility was not free of fire hazards or impediments to fire prevention.</p> <ol style="list-style-type: none"> 1. Clothes dryers do not comply with SC Fire Code 310.1. 2. Two clothes dryer lint filters were observed with excessive lint buildup.
4.	2404(A)	<ol style="list-style-type: none"> 1. The exit/emergency light in the service corridor did not activate when tested.

13. On June 12, 2025, a Department representative emailed the Facility a copy of the ROV, which described the violations and required submission of a POC no later than June 27, 2025. On June 26, 2025, the Facility submitted to the Department its POC.
14. On July 1, 2025, the Department notified the Facility by certified mail that it was considering enforcement. The enforcement conference was scheduled for July 21, 2025.
15. On July 21, 2025, the Department and the Facility met for an enforcement conference at which the above-referenced cited violations were discussed. The Facility administrator was in attendance, but the Facility owners, Marie and Dirk Heiser, failed to attend.
16. During initiation of enforcement proceedings, the Department discovered Lakefield Properties, LLC dissolved on March 16, 2020. On July 28, 2025, a Department representative emailed the Facility a citation-by-mail ("CBM"), which described the following violation of Regulation 60-84 and required submission of a POC no later than July 30, 2025:

	Section	Description of Violation
1.	103(M)	<p>The Department was not notified of a change of ownership (CHOW) that occurred with Cottonwood Villas. The licensee listed on Department records is Lakefield Properties, LLC.</p> <p>According to the SC Secretary of State website, the LLC dissolved 3/16/2020. As of July 28, 2025, the Department had not received a request for issuance of an amended license by application for a CHOW.</p>

17. On July 30, 2025, the Facility submitted to the Department its POC to the CBM, along with an application to change ownership information for the Facility from Lakefield Properties to Patriot Living of Bishopville. Ms. Heiser is registered agent and owner of both business entities. To date, no action has been taken on the application.
18. On August 13, 2025, a Department representative visited the Facility to conduct a Fire Life and Safety routine follow-up inspection. At that time, the Department representative observed and cited the following violations of Regulation 60-84:

	Section	Description of Violation
1.	1502	<p>The following fire protection and suppression system issues were observed during the Facility walkthrough:</p> <ol style="list-style-type: none"> 1. The fire alarm system and the fire sprinkler system do not comply with SC Fire Code 901.6 <ol style="list-style-type: none"> a) The fire alarm system is past due for annual inspection, last inspection dated 2/14/2024. The vendor cancelled and has not rescheduled. b) The fire sprinkler inspection report dated 5/20/2025 indicates deficiencies to the system.

		2. Fire-rated doors do not comply with SC Fire Code 702.2 a) Cross-corridor doors at the service hall does not close and achieve a positive latch.
2.	1601	The following maintenance issues were observed during the Facility walkthrough: 1. Extension cord use does not comply with SC Fire Code 603.9.4. a) One extension cord was observed in use at the nurse's station across from resident room 34. b) Resident room 7 has an extension cord in use operating a small refrigerator and an oxygen concentrator. 2). Electrical installation does not comply with SC Fire Code 603.2.2. a. Electrical junction box above the ceiling in the maintenance closet was missing required cover.
3.	2404(C)	1. The exit/emergency light in the service corridor did not activate when tested.

19. On August 14, 2025, a Department representative emailed the Facility a copy of the ROV, which described the violations and required submission of a POC no later than August 19, 2025. On August 21, 2025, the Facility submitted to the Department its POC.
20. On August 28, 2025, a Department representative visited the Facility to conduct an investigation regarding, among other things, the Facility's failure to pay utilities and operation without a business license. The Department subsequently received a letter from the City of Bishopville ("the City"), dated August 29, 2025, regarding a past due balance for water and sewer services. The City explained that water service will be discontinued if the total balance is not paid in its entirety by September 20, 2025. Moreover, the Facility was unable to produce its business license. Instead, the Facility provided an application for a business license which was dated August 28, 2025.
21. On September 9, 2025, the Department notified the Facility by certified mail and electronic mail that following the July 21, 2025 enforcement conference, the Department was considering recently cited violations related to the CHOW and the August 13, 2025, Fire and Life Safety inspection, as part of its enforcement action, in addition to the previously discussed violations. Moreover, the Department notified the Facility that the Facility's failure to possess a business license as required by local ordinance, Bishopville, SC Code of Ordinances § 8-21, violated Section 103.B of Regulation 60-84 and would be considered as part of the Department's enforcement action. Finally, the Department notified the Facility that the Facility's repeated failure to pay accrued charges for water and sewer services and the resulting threat to terminate water and sewer services to the Facility constituted conduct or practices detrimental to the health and safety of the residents of the Facility and would be considered as part of the enforcement action pursuant to S.C. Code

Section 44-7-320(A)(1)(b) and Regulation 60-84 Section 302.E.2. A second enforcement conference was scheduled for September 12, 2025 to discuss the additional violations.

22. On September 12, 2025, the Department held a virtual enforcement conference. Marie and Dirk Heiser, the owners of the Facility, failed to attend the conference. The Administrator was in attendance and stated that she was the representative of the Facility owners, the Heisers. During the enforcement conference, the Administrator was unable to answer some of the Department's questions. The Administrator stated that the Department would need to direct those questions to the Facility owners.
23. As a result of the foregoing, the Department has decided to issue this Administrative Order revoking the license for operation of Cottonwood Villas as a CRCF.

CONCLUSIONS OF LAW

1. DPH is the agency of the State of South Carolina responsible for administering the licensure of health facilities and other activities necessary to be carried out under the Act. S.C. Code Ann. § 44-7-140.
2. The Department is authorized to make inspections and investigations as considered necessary. S.C. Code Ann. § 44-7-150(1) and S.C. Code Ann. Regs. 60-84 § 202(A).
3. The Department may deny, suspend, or revoke licenses or assess a monetary penalty, or both against a person or facility for: violating a provision of the Act or departmental regulation; or engaging in conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. S.C. Code Ann. § 44-7-320(A)(1)(a) and -(b); *see also* S.C. Code Ann. Regs. 60-84 Sections 301-302.
4. Consideration of the decision to deny, suspend, or revoke licenses or assess monetary penalties, or both, is not limited to information relating to the current licensing period, but includes consideration of all pertinent information regarding the facility and the applicant. S.C. Code Ann. § 44-7-320(A)(2).
5. 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 schedule in Regulation 60-84 Section 302(F). *See* S.C. Code Ann. Regs. 60-84 Section 302(F). Section 44-7-320(C) states the penalty imposed by the Department for a violation must be not less than \$100 nor more than \$5,000 for each violation of any of the provisions and that each day's violation is considered a subsequent offense. The schedule in Regulation 60-84 Section 302(F) provides monetary penalty ranges depending upon the class level of the violation (Class I being the highest in severity level and Class III being the lowest), as well as the frequency with which the violation occurred within a 36-month period.
6. Based upon the foregoing facts, the Department finds Cottonwood Villas in violation of Regulation 60-84 as follows:

- a. The Facility violated Section 103(M) on July 28, 2025, by failing to notify the Department of a change of ownership (CHOW) that occurred with Cottonwood Villas.
- b. The Facility violated Section 503(B)(1) on January 31, 2025, April 11, 2025, and April 15, 2025, by failing to maintain at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours.
- c. The Facility violated Section 703(A) on January 31, 2025, and April 11, 2025, by failing to review and/or revise individual care plans at least semi-annually and as resident needs occur.
- d. The Facility violated Section 901(C) on May 20, 2025, by failing to take special precautions for residents with special conditions.
- e. The Facility violated Section 1301(A) on January 31, 2025, and May 29, 2025, by failing to prepare food on-site pursuant to R.60-25.
- f. The Facility violated Section 1301(D) on May 29, 2025, by failing to serve food that is not palatable and of quality.
- g. The Facility violated Section 1502 on April 15, 2025, June 6, 2025, and August 13, 2025, by failing to comply with fire protection and suppression systems as adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.
- h. The Facility violated Section 1601 on January 31, 2025, April 15, 2025, May 29, 2025, June 6, 2025, and August 13, 2025, by failing to have all equipment and building components in good repair and operating condition, and by failing to comply with the codes adopted by the South Carolina Building Codes Council and South Carolina State Fire Marshal applicable to CRCFs.
- i. The Facility violated Section 1703 on January 31, 2025, and May 29, 2025, by failing to have the Facility and its grounds free from vermin and offensive odors.
- j. The Facility violated Section 1703(A)(1) on January 31, 2025, April 11, 2025, May 20, 2025, and May 29, 2025, by failing to ensure that each specific interior area of the Facility was clean.
- k. The Facility violated Section 2104(B) on May 29, 2025, by failing to ensure that smoking is only permitted in designated areas and to prevent smoking in resident rooms.
- l. The Facility violated Section 2105(A) on April 15, 2025, and June 6, 2025, by failing to ensure the physical plant to be free of fire hazards or impediments to fire prevention.

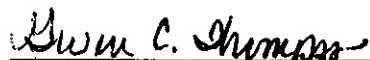
- m. The Facility violated Section 2404(A) on April 15, 2025 and June 6, 2025, by failing to ensure that emergency electric services such as exit/emergency lights are activated when tested.
 - n. The Facility violated Section 2404(C) on August 13, 2025, by failing to ensure emergency electric services such as illumination of means of egress are activated when tested.
 - o. The Facility violated Section 2611(D) on January 31, 2025, and May 29, 2025, by failing to ensure that supplies/equipment susceptible to water damage are not stored directly on the floor or under a sink.
7. Regulation 60-84 Section 302(E) provides that in determining an enforcement action, the Department shall consider several factors including: the specific conditions and their impact or potential impact on the health, safety or well-being of the residents; repeated failure of the licensee/facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services; efforts by the facility to correct cited violations; overall conditions of the facility; history of compliance; and other pertinent conditions that may be applicable to current statutes and regulations. Cottonwood Villas has a history of noncompliance including a consent order executed on September 24, 2024. Further, the City has threatened to discontinue water service for a past due balance for its water and sewer services. The Facility has had continuous repeat violations related to maintenance and housekeeping. Moreover, despite attempts to assist by the Department, the Facility's efforts to obtain compliance have been minimal.
8. In accordance with S.C. Code Ann. Section 44-7-320 and based upon the foregoing findings of fact and conclusions of law and placing particular emphasis on the Facility's history of noncompliance, the Department has determined to revoke the license issued for operation of Cottonwood Villas as a CRCF.

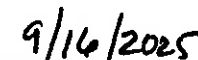
NOW THEREFORE IT IS ORDERED, pursuant to S.C. Code Section 44-7-320 and Regulation 60-84 Sections 301 and 302(E), that the license (License No. CRC-1186) issued for operation of Cottonwood Villas be revoked, effective forty-five (45) days from the date of this order.

Instructions regarding the appeals process are enclosed.

IT IS ORDERED.

THE SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

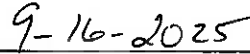

Gwen C. Thompson, Deputy Director
SCDPH/Healthcare Quality


Date



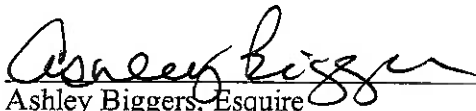
Russell Morrison, Director

Bureau of Hospitals, Community Services & Emergency Management
SCDPH/Healthcare Quality

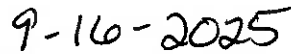


Date

Reviewed by:



Ashley Biggers, Esquire
SCDPH/Office of General Counsel



Date