S.C. Department of Public Health
Healthcare Quality Enforcement Report

SUBJECT: Healthcare Quality Administrative Orders and Consent Orders for the period of April 1, 2026 to April 30, 2026.

Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Assessed Penalties	Required Payment
Hospitals, Community Services, and Emergency Management	Community Residential Care Facility (CRCF)	2	4	$34,700	$34,700
	EMTs / Paramedics	0	3	0	0
TOTAL		**2**	**7**	**$34,700**	**$34,700**

1. Rosewood Assisted Living, LLC, d/b/a Rosewood Assisted Living – Licensed Community Residential Care Facility (CRCF)

Inspection(s), Violation(s), and Enforcement: Department staff conducted routine and/or multiple investigation inspections of the Facility on January 29, 2024, January 31, 2024, May 5, 2024, November 18, 2024, February 11, 2025, August 14, 2025, September 2, 2025, and September 10, 2025. As a result of these visits, Department staff cited the Facility for violating Regulation 60-84 by:

- The Facility failed to grant access to all documents required in the course of inspections or investigations.
- The Facility failed to timely submit an acceptable written plan of correction to the Department as a result of violations from inspection/investigations.
- The Facility failed to have criminal background checks available for review for staff members pursuant to 1976 code Section 44-7-2910.
- The Facility failed to have a licensed CRCF administrator.
- The Facility failed 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.
- The Facility failed to have documentation of initial in-service staff training signed by the individuals receiving the training.
- The Facility failed to have documentation of a health assessment to include a two-step tuberculin skin test conducted within 12 months prior to initial resident contact.
- The Facility failed to notify the Department within 24 hours of an incident that involved a resident.
- The Facility failed to notify the Department within 72 hours of a change in administrator status.
- The Facility failed to have physician ordered medications available and managed in accordance with local, State, and Federal laws and regulations.
- The Facility failed to properly record each medication dose by initialing on the resident's medication administration record (MAR) as the medication is administered.

- The Facility failed to keep medications for each resident in the original container(s) including unit dose systems.
- The Facility failed to maintain and test fire protection and suppression systems in accordance with codes adopted by the South Carolina Building Codes Council and the South Carolina State Fire Marshal.
- The Facility failed to keep all equipment and building components in good repair and operating condition.
- The Facility failed to keep its grounds free of vermin and offensive odors.
- The Facility failed to ensure that each specific interior area of the Facility was clean.
- The Facility failed to keep its exterior grounds clean.
- The Facility failed to provide a comfortable single bed to include sheets.

The Department notified the Facility by certified mail that it was considering enforcement. The Facility declined to attend the conference. As a result of the foregoing, the Department decided to resolve the matter by issuance of a Consent Order. On April 28, 2026, the Department and the Facility executed a consent order whereby the Facility agreed to an assessment of a $19,700 monetary penalty, suspension of new admissions until the Department determined the Facility to be in substantial compliance with Regulation 60-84, immediate retention of a CRCF administrator licensed by the S.C. Board of Long Term Health Care Administrators, scheduling and attendance at a compliance assistance meeting, and correction of violations that prompted the enforcement.

Prior Orders:
On January 30, 2023, and as a result of various violations, the Department and the Facility executed a Consent Order whereby the Facility agreed to an assessment of a $13,750 monetary penalty. Ten thousand dollars ($10,000) of the monetary penalty was to be paid within 30 days of the execution of the consent order and the remaining $3,750 of the assessed monetary penalty was stayed upon a six-month period of substantial compliance with Regulation 60-84 and the consent order. The Facility further agreed to schedule and attend a compliance assistance meeting and to correct violations that prompted the enforcement.

2. Mainstay Healthcare Mill Creek, LLC., d/b/a Millcreek Manor – Licensed CRCF

Inspection(s), Violation(s), and Enforcement: Department staff received allegations involving the Facility and potential regulatory violations. Department staff initiated an investigation into the allegations on August 5, 2025. As a result of this visit, Department staff cited the Facility for violating Regulation 60-84 by failing to comply with S.C. Code Ann. Section 44-81-40(G) which requires residents be free from mental and physical abuse.

The Department notified the Facility by certified mail that it was considering enforcement. The Parties met on February 26, 2026, and agreed to resolve the matter by Consent Order. On April 17, 2026, the Department and the Facility executed a Consent Order whereby the Facility agreed to a monetary penalty of $5,000 to be paid within 30 days of the executed Consent Order and to correct the violation that prompted the enforcement.

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

3. West Columbia MC., LLC., d/b/a Colonial Gardens at Alzheimer's Special Care Center – Licensed CRCF

Inspection(s), Violation(s), and Enforcement: Department staff received allegations involving the Facility and potential regulatory violations. Department staff initiated an investigation into the allegations on November 26, 2025. As a result of this visit, Department staff cited the Facility for violating Regulation 60-84 by failing to comply with S.C. Code Ann. Section 44-81-40(G) which requires residents be free from mental and physical abuse.

The Department notified the Facility by certified mail that it was considering enforcement. The Parties met on March 5, 2026, and agreed to resolve the matter by Consent Order. On April 2, 2026, the Department and the Facility executed a Consent Order whereby the Facility agreed to a monetary penalty of $5,000 to be paid within 30 days of the executed consent order and to correct the violation that prompted the enforcement.

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

4. PSL Simpsonville Subtenant., LLC., d/b/a Pearl at Five Forks – Licensed CRCF

Inspection(s), Violation(s), and Enforcement: Department staff received allegations involving the Facility and potential regulatory violations. Department staff initiated an investigation into the allegations on July 22, 2025. As a result of this visit, Department staff cited the Facility for violating Regulation 60-84 by failing to comply with S.C. Code Ann. Section 44-81-40(G) which requires residents be free from mental and physical abuse.

The Department notified the Facility by certified mail that it was considering enforcement. The Parties met on March 16, 2026, and agreed to resolve the matter by Consent Order. On April 1, 2026, the Department and the Facility executed a Consent Order whereby the Facility agreed to a monetary penalty of $5,000 to be paid within 30 days of the executed consent order and to correct the violation that prompted the enforcement.

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

5. Windsor Hill RCF, LLC, d/b/a Park Circle 1 -Licensed CRCF

Inspection(s), Violation(s), and Enforcement: Department staff received notification by the South Carolina Office of Attorney General's Vulnerable Adults and Medicaid Provider Fraud Unit (VAMPF), of its issuing arrest warrants for two staff at Park Circle 1 and/or Park Circle 2. Department staff initiated an investigation into this matter. On March 6, 2026, and as a result of the seriousness of the allegations, Department issued an order suspending the Facility's license for operation on an emergency basis.

Department staff completed the investigation and cited the Facility for the following violations of Regulation 60-84 by:

- failing to have staff members have at least the following qualifications: capable of rendering care/services to residents;
- failing to have staff members at least demonstrate a working knowledge of applicable regulations;
- failing to have a licensed CRCF administrator;
- failing to have a staff member designated in writing to act in the absence of the administrator;
- failing to have all physician orders for medication available for review;
- failing to have notes of observation documented at least monthly for all residents;

- failing to review and/or revised individual care plans at least semi-annually and as resident needs occur and failing to develop an individual care plan within seven days of admission;
- failing to describe the needs of residents within the individual care plan that requires assistance;
- failing to ensure residents are assured freedom of movement; and
- engaging in conduct or practices that were detrimental to the health or safety of its residents.

By certified letter, the Department notified the Facility it was considering enforcement action. On April 9, 2026, the Department held the scheduled enforcement conference and a representative from the Facility failed to attend the conference. On April 16, 2026, and as a result of the foregoing, the Department decided to issue an Administrative Order revoking the license for operation of Park Circle Home 1 as a CRCF.

Prior Orders:
None in the past five (5) years (except for the referenced Emergency Suspension Order).

6. Windsor Hill RCF, LLC., d/b/a Park Circle 2 -Licensed CRCF

Inspection(s), Violation(s), and Enforcement: Department staff received notification by the South Carolina Office of Attorney General's VAMPF of its issuing arrest warrants for two staff at Park Circle 1 and/or Park Circle 2. Department staff initiated an investigation into this matter. On March 6, 2026, and as a result of the seriousness of the allegations, Department issued an order suspending the Facility's license for operation on an emergency basis.

Department staff completed the investigation and cited the Facility for the following violations of Regulation 60-84 by:
- allowing a non-resident or non-staff member reside in a licensed bed designed for a resident or staff member;
- failing to have staff members that are capable of rendering care/services to residents;
- failing to have a licensed CRCF administrator,
- failing to have an administrator that was capable of operating a Facility and demonstrating knowledge of Regulation 60-84;
- failing to have an individual designed in writing to act in the absence of the administrator;
- failing to have staff members actively on duty and present in the Facility at all times that the Facility is occupied by residents and to whom the residents can immediately report injuries, symptoms of illness, or emergencies;
- failing to have physician orders for resident medications;
- failing to have notes of observation completed at least monthly for residents;
- failing to review and/or revise individual care plans at least semi-annually and as resident needs occur;
- retaining a resident whose condition changed to a degree that required hospitalization and was no longer appropriate for a CRCF; and
- Engaging in conduct or practices that were detrimental to the health or safety of its residents.

By certified letter, the Department notified the Facility it was considering enforcement action. On April 9, 2026, the Department held the scheduled enforcement conference and a representative from the Facility failed to attend the conference. On April 16, 2026, and as a result of the foregoing, the Department decided to issue an Administrative Order revoking the license for operation of Park Circle Home 2 as a CRCF.

Prior Orders:
None in the past five (5) years (except for the referenced Emergency Suspension Order).

7. Wajid Edwards – Certified Paramedic

Inspection(s), Violation(s), and Enforcement: Department staff received allegations involving Edwards and potential violations of statute and/or regulation. On October 30, 2025, and as a result of the seriousness of the allegations, Department issued an order suspending Edward's certificate on an emergency basis pending further investigations.

The Department concluded its investigation and determined Edwards committed misconduct, as defined by statute and regulation, by:

- creating a substantial possibility that death or serious physical harm could result from his actions or inactions;
- using a false, fraudulent, or forged statement or document or practiced a fraudulent, deceitful, or dishonest act in connection with the certification requirements or official documents required by the department; and
- disregarding an appropriate order by a physician concerning emergency treatment, including protocol violations without appropriate justification.

The Department notified Edwards by certified mail it was considering enforcement action. The Department and Edwards agreed to resolve this matter by Consent Order. On April 14, 2026, the Department and Edwards executed a Consent Order. Pursuant to the Consent Order, Edwards agreed to the suspension of his Paramedic Certificate. The Department agreed to issue Edwards an EMT Basic certification that would be effective for three months but not to exceed 12 months. Upon completion of the agreed upon training, but not earlier than three months from April 14, 2026, the Department agreed to lift the suspension of the Paramedic certificate. Edward agreed to successfully complete an Advanced Cardiovascular Life Support class, Advanced Medical Life Support class, and an eight-hour course with the Commission on Accreditation for Pre-Hospital Continuing Education within one year of April 14, 2026.

Prior Orders:
None in the past five (5) years (except for the referenced Emergency Suspension Order).

8. Terry Hodge – Certified Paramedic

Inspection(s), Violation(s), and Enforcement: Department staff received allegations involving Hodge and potential statutory and/or regulatory violations. On February 13, 2026, and as a result of the seriousness of the allegations, Department issued an order suspending Hodge's Paramedic certificate on an emergency basis pending further investigation of the allegations.

The Department concluded its investigation and determined Hodge committed misconduct, as defined by statute and regulation, by:

- disregarding an appropriate order by a physician concerning emergency treatment including protocol violations without appropriate justification;
- using a false, fraudulent, or forged statement or document or practiced a deceitful, or dishonest act in connection with the certification requirements or official documents required by the Department;
- failing to provide to a patient emergency medical treatment of a quality deemed acceptable by the Department; and
- creating a substantial possibility that death or serious physical harm could result from his inactions or actions.

The Department notified Hodge by certified mail it was considering enforcement action. On April 6, 2026, the Parties met and decided to resolve this matter by Consent Order. On April 14, 2026, the Department and Hodge executed a Consent Order. Pursuant to the Consent Order, Hodge agreed to the suspension of his Paramedic Certificate. The Department agreed to issue Hodge an EMT Basic certification that would be effective for three months but not to exceed 12 months. Upon completion of the agreed upon training, but not earlier than three months from April 16, 2026, the Department agreed to lift the suspension of the Paramedic certificate. Hodge agreed to successfully complete an Advanced Cardiovascular Life Support class, Advanced Medical Life Support class, and an eight-hour course with the Commission on Accreditation for Pre-Hospital Continuing Education within one year of April 16, 2026.

Prior Orders:
None in the past five (5) years (except for the referenced Emergency Suspension Order).

9. David Pendarvis – Certified Paramedic

Inspection(s), Violation(s), and Enforcement: Department staff received allegations involving Pendarvis and potential statutory and/or regulatory violations. On February 26, 2026, and as a result of the seriousness of the allegations, Department issued an order suspending Pendarvis's Paramedic certificate on an emergency basis pending further investigation of the allegations.

The Department concluded its investigation and determined Edwards committed misconduct, as defined by statute and regulation, by:
- disregarding an appropriate order by a physician concerning emergency treatment, including protocol violations without appropriate justification;
- failing to provide to a patient emergency medical treatment of a quality deemed acceptable by the Department; and
- creating a substantial possibility that death or serious physical harm could result from his actions or inactions.

The Department notified Pendarvis by certified mail it was considering enforcement action. The Parties agreed to resolve this matter by Consent Order. On April 23, 2026, the Department and Pendarvis executed a Consent Order. Pursuant to the Consent Order, Pendarvis agreed to the suspension of his Paramedic Certificate. The Department would issue Pendarvis an EMT Basic certification that would be effective for three months but not to exceed 12 months. Upon completion of the agreed upon training, but not earlier than three months from April 23, 2026, the Department agreed to lift the suspension of the Paramedic certificate. Pendarvis agreed to successfully complete an Advanced Cardiovascular Life Support class, Advanced Medical Life Support class, and an eight-hour course with the Commission on Accreditation for Pre-Hospital Continuing Education within one year of April 23, 2026.

Prior Orders:
None in the past five (5) years (except for the referenced Emergency Suspension Order).