

SUMMARY SHEET  
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

October 11, 2018

( ) 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 June 1, 2018, through August 31, 2018.
- III. FACTS:** For the period of June 1, 2018, through August 31, 2018, Health Regulation reports one (1) Administrative Order and thirteen (13) Consent Orders totaling seventy-two thousand four hundred fifty dollars (\$72,450) in 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 Facility	1	3	0	\$42,000
	Adult Day Care Facility	0	1	0	\$2,000
	Body Piercing Facility	0	1	0	\$0
	Hospice Program	0	1	0	\$17,700
	Tattoo Facility	0	1	0	\$6,700
	Midwives	0	1	0	\$0
EMS & Trauma	Paramedic	0	2	0	\$0
Radiological Health	X-Ray	0	3	0	\$4,050
<b>TOTAL</b>		<b>1</b>	<b>13</b>	<b>0</b>	<b>\$72,450</b>

Approved By:



Shelly Bezanson Kelly  
Director of Health Regulation

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

October 11, 2018

**Bureau of Health Facilities Licensing**

Facility Type	Total # of Beds	Total # of Licensed Facilities in South Carolina
Community Residential Care Facilities	19,701	487

**1. Haven in the Summit (CRCF) – Columbia, SC**

Investigation: The Department visited Haven in the Summit (“Haven”) on March 8, 2016, January 11, 2017, and April 5, 2017, to conduct general inspections, and March 9, 2017, and April 27, 2017, to conduct complaint investigations.

Violations: Based upon the inspections and investigations, the Department cited Haven for thirty (30) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Haven was cited three (3) times for violating Section 401, for failing to implement facility policies; one (1) time for violating Section 505.A, for failing to have documentation of a two-step tuberculin skin test for a staff member; three (3) times for violating Section 601, for failing to follow incident reporting requirements; two (2) times for violating Section 701.B.6, for failing to document notes of observation in residents’ records on at least a monthly basis and failing to document notes of observation in a resident’s record on a daily basis until the resident’s condition stabilized; three (3) times for violating Section 702, for failing to have documentation of a resident’s assessment and failing to ensure assessments were conducted no later than seventy-two (72) hours after admission; six (6) times for violating Section 703, for failing to timely complete individual care plans and failing to ensure all required information was entered; one (1) time for violating Section 801.D.3, by retaining a resident requiring the skills of a licensed nurse in excess of fourteen (14) consecutive days; three (3) times for violating Section 1101.A, for failing to comply with physical examination requirements for residents; one (1) time for violating Section 1203.F, for failing to ensure reviews of medical administration records were conducted at shift change; two (2) times for violating Section 1206.C.2, for failing to ensure reviews of control sheets were conducted at shift change; two (2) times for violating Section 1601, for failing to keep all equipment and building components in good repair and operating condition; one (1) time for violating Section 1702.A, for failing to record the millimeters of induration for the first step of a resident’s tuberculin skin test; one (1) time for violating Section 1702.D.2.a, for failing to ensure tuberculin skin tests for staff members were completed prior to resident contact; and one (1) time for violating Section 2602.A.1, for failing to ensure mattresses on resident beds had moisture-proof covers.

Enforcement Action: Pursuant to the Consent Order executed June 1, 2018, the Department assessed a fourteen thousand five hundred dollar (\$14,500) monetary penalty against Haven. The Consent Order required Haven to submit eight thousand dollars (\$8,000) of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with R.61-84 and the Consent Order. Additionally, Haven agreed to initiate action to correct the violations that initiated this enforcement action. Finally, Haven agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order. The monetary penalty was paid July 12, 2018.

Prior Sanctions: None.

**2. Anderson Oaks Assisted Living (CRCF) – Conway, SC**

Investigation: The Department visited Anderson Oaks Assisted Living (“Anderson”) on June 1, 2016, and August 29, 2017, to conduct general inspections.

Violations: Based upon the inspections and investigations, the Department cited Anderson for eighteen (18) violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Anderson was cited two (2) times for violating Section 501.A, for failing to ensure criminal background checks for staff members were conducted

prior to hiring; one (1) time for violating Section 701.B.6, for failing to document daily notes of observation for changes in a resident's condition; two (2) times for violating Section 702, for failing to follow requirements for resident assessments; one (1) time for violating Section 703.B.1, for failing to ensure a resident's Individual Care Plan included wound care provided by a hospice provider; one (1) time for violating Section 801.C.8, for retaining a resident inappropriate for care in a CRCF for more than fourteen (14) consecutive days; two (2) times for violating Section 1101.A, for failing to follow physical examination requirements; four (4) times for violating Section 1702, for failing to maintain compliance with tuberculosis screening requirements; two (2) times for violating Section 1703.A.3, for failing to safely store harmful chemicals; one (1) time for violating Section 1706.B.3, for failing to ensure soiled linen and clothing containers were covered or enclosed; one (1) time for violating Section 2104.A, for failing to conspicuously post "No Smoking" signs in the vicinity of oxygen administration or storage; and one (1) time for violating Section 2301.B, for failing to ensure hot water fixtures accessible to residents did not exceed one hundred twenty (120) degrees Fahrenheit.

Enforcement Action: Pursuant to the Consent Order executed July 13, 2018, the Department assessed a nine thousand dollar (\$9,000) monetary penalty against Anderson. The Consent Order required Anderson to submit five thousand dollars (\$5,000) of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with R.61-84 and the Consent Order. Additionally, Anderson agreed to initiate action to correct the violations that initiated this enforcement action. Finally, Anderson agreed to schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order. The monetary penalty was paid July 11, 2018.

Prior Sanctions: None.

### **3. Harborchase of Aiken (CRCF) – Aiken, SC**

Investigation: The Department visited Harborchase of Aiken (Harborchase or the Facility) to conduct general inspections on September 26, 2016 and October 6, 2017, follow-up inspections on December 9, 2016, March 10, 2017 and January 5, 2018, and food and sanitation inspections on November 3, 2016, December 9, 2016 and October 6, 2017.

Violations: Based upon the inspections, the Department cited Harborchase for violations of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Harborchase was cited one (1) time for violation of 61-84 Section 501.A, by failing to have documentation of a criminal background check for a staff member; two (2) times for violation of 61-84 Section 504.A, by failing to have documentation of inservice training for a staff member available and by failing to ensure that annual inservice training in OSHA standards regarding blood-borne pathogens for a staff member was signed and dated by the individual receiving the training; one (1) time for violation of 61-84 Section 504.A.5, by failing to ensure that training in specific person care for a staff member was conducted prior to initial resident contact; one (1) time for violation of 61-84 Section 604.B.1, by failing to notify the Department within 72 hours of a change in administrator status and by failing to provide to the Department in writing within ten days the name of a newly-appointed administrator, the effective date of appointment, a copy of the administrator's license, and the hours each day the individual will be working as the administrator of the Facility; one (1) time for violation of 61-84 Section 702, by failing to have a resident's written assessment available and by failing to complete a resident's written assessment within 72 hours of admission; four (4) times for violation of 61-84 Section 703.A, by failing to ensure a resident's ICP was signed and dated by the administrator (or designee), and/or the sponsor or responsible party when appropriate, by failing to ensure residents' ICPs were developed within seven days of admission, by failing to ensure residents' ICPs were reviewed and/or revised at least semi-annually, and by failing to ensure a resident's ICP was available; two (2) times for violation of 61-84 Section 801.D.2, by retaining residents who were dependent in all ADLs for more than 14 consecutive days; one (1) time for violation of 61-84 Section 801.D.3, by retaining a resident needing the continuous daily attention of a licensed nurse for more than 14 consecutive days; two (2) times for violation of 61-84 Section 801.F, by failing to transfer a resident in need of continuous nursing supervision within 30 days to a location capable of providing for the resident's needs and by failing to coordinate the transfers of two residents in need of continuous nursing supervision with the residents, next-of-kin/responsible party, and sponsor; one (1) time for violation of 61-84 Section 901.C, by failing to administer a resident's medication as prescribed by the physician or other authorized healthcare provider; two (2) times for violation of 61-84 Section 1101.A, by failing to conduct residents' physical examinations annually and by failing ensure a resident's physical examination addressed the resident's self-administration status, the appropriateness of placement in a CRCF, and the need of (or lack thereof) for the continuous daily attention of a licensed nurse; one (1) time for violation of 61-84 Section 1203.A, by failing to properly record the administration of medications to residents by initialing on the residents' MARs as the medications were administered; one (1) time for violation of 61-84 Section 1203.A, by failing to properly record the administration of medications to residents

by initialing on the residents' MARs as the medications were administered; three (3) times for violation of 61-84 Section 1301.A, by failing to ensure the Facility's food preparation met the requirements of Regulation 61-25, *Retail Food Establishments*; two (2) time for violation of 61-84 Section 1702.E.1.a.1, by failing to have documentation of the second step of residents' two-step TSTs available; one (1) time for violation of 61-84 Section 1706.B.3, by failing to ensure soiled clothing and linens were kept in enclosed/covered containers; and, three (3) times for violation of 61-84 Section 2301.B, by failing to ensure hot water supplied to plumbing fixtures was at least 100 degrees F, but not to exceed 120 degrees F.

**Enforcement Action:** By Consent Order (CO-HL-12-2018) executed August 13, 2018, the Department assessed a \$13,500 monetary penalty against Harborchase for its violations of Regulation 61-84. Harborchase was required to pay \$8,000 of the assessed monetary penalty to the Department within 30 days of the date of execution of the Consent Order. The remaining \$5,500 of the assessed monetary penalty was stayed upon a six-month period of substantial compliance with Regulation 61-84 and the Consent Order, as determined by the Department. Additionally, the Facility was required to initiate action to correct the violations that initiated the enforcement action and to ensure that all violations of Regulation 61-84 are not repeated, and to schedule and attend a compliance assistance meeting with representatives of the Department's Bureau of Health Facilities Licensing within 45 days of execution of the Consent Order.

**Prior Sanctions:** None.

#### **4. Betty A. Miles (Unlicensed CRCF) – Columbia, SC**

**Investigation:** The Department visited 490 Koon Store Road, Columbia, S.C. 29203-9573 on July 3, 2018 to conduct a complaint investigation.

**Violations:** Based upon the inspections, the Department cited Betty A. Miles for a violation of Regulation 61-84, Standards for Licensing Community Residential Care Facilities. Specifically, Mrs. Miles was cited one (1) time for violation of S.C. Code Ann. Section 44-7-260(A)(6) (2017 and 61-84 Section 103.A (Supp. 2017) by operating an unlicensed community residential care facility (CRCF) at 490 Koon Store Road, Columbia, S.C. 29203-9573.

**Enforcement Action:** By Administrative Order, executed August 29, 2018, the Department assessed Mrs. Miles a \$5,000 civil monetary penalty within 30 days of execution of the Administrative Order. Additionally, Mrs. Miles was ordered to immediately cease operating 490 Koon Store Road, Columbia, S.C. 29203-9573 as a CRCF, unless and until she obtained licensure<sup>1</sup> from the Department, and to ensure the safety, health, and well-being of the occupants of the Facility.

**Prior Sanctions:**

1. By Consent Order (CO-HL-08-2012), executed February 5, 2013, the Department assessed Miles Residential Care<sup>2</sup> (Miles) a civil monetary penalty in the amount of \$21,500 for its violations of Regulation 61-84. Miles Residential Care was required to pay to the Department \$4,800 of the assessed monetary penalty in twelve (12) monthly installments of \$400. The remainder of the assessed penalty (\$16,700) was stayed upon Miles Residential Care remaining in substantial compliance with Regulation 61-84 and the Consent Order for 12 months. Additionally, the Facility was required to initiate action to correct the violations that initiated the enforcement action, and scheduled and attend a compliance assistance meeting with representatives of the Department within 45 days of execution of the Consent Order. At the time of the compliance assistance meeting, the Facility was required to schedule a date and time for Department representatives to conduct food service training for the Facility's staff at the location of Miles Residential Care.

2. By Administrative Order, executed October 10, 2016, the Department revoked the license of Miles Residential Care to operate as a CRCF for its violations<sup>3</sup> and noncompliance with Regulation 61-84.

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<sup>1</sup> According to the Richland County Public Index, on July 4, 2018, an officer from the Richland County Sheriff's Office arrested Ms. Miles and charged her with four counts of knowingly and willfully neglecting a vulnerable adult. See S.C. Code Ann. § 43-35-85(C). Pursuant to S.C. Code Ann. Section 44-7-264(B)(1)(a), the Department must not issue a CRCF license to an applicant who has been convicted of neglect of a vulnerable adult, as defined by Section 43-35-10.

<sup>2</sup> Betty A. Miles and Louis B. Miles held license number CRC-0695 to operate Miles Residential Care, 490 Koon Store Road, Columbia, S.C. 20203-9573 as a CRCF. Miles was license by the Department since December 10, 1992 and licensed for a total of 7 beds. Mrs. Miles was the administrator and owner of the parcel of land located at 490 Koon Store Road, Columbia, S.C.

<sup>3</sup> Between January 16, 2014 and June 15, 2016 the Department cited Miles Residential Care for 141 violations of Regulation 61-84,

Facility Type	Total # of Participants	Total # of Licensed Facilities in South Carolina
Day Care Facilities for Adults	4,570	95

**5. Ruth Louis Adult Health Day Care #2 (ADC) – Kingstree, SC**

Investigation: The Department visited Ruth Louis Adult Health Day Care #2 (“Ruth”) on December 16, 2015, and March 23, 2017, to conduct general inspections, and May 31, 2016, to conduct a follow-up inspection.

Violations: Based upon the inspections and investigations, the Department cited Ruth for twenty-nine (29) violations of Regulation 61-75, Standards for Licensing Day Care Facilities for Adults. Specifically, Ruth was cited one (1) time for violating Section 202.D, for failing to timely submit a Plan of Correction for the violations cited during the May 2016 follow-up inspection; three (3) times for violating Section 404, for failing to have documentation of criminal background checks for staff members and failing to maintain accurate and current information for staff members; one (1) time for violating Section 404.D, for failing to have documentation of health assessments for staff members; eight (8) times for violating Sections 404.E and 404.F, for failing to have documentation of required training for staff members; two (2) times for violating Section 404.G, for failing to have documentation of an annual performance evaluation and current job description for a staff member, and failing to maintain personnel files for staff members; one (1) time for violating Section 404.H, for failing to have documentation of CPR certification for at least one staff member present with participants; two (2) times for violating Section 503.A.1, for failing to include pictures of participants in participant records; three (3) times for violating Sections 503.A.2 and 503.A.3, for failing to follow pre-enrollment physical examination requirements for participants and failing to include the physician’s contact information in participant records; three (3) times for violating Section 503.A.4, for failing to have documentation of Individual Plans of Care, initial assessments, and quarterly notes of observation for participants; one (1) time for violating Section 803.B, for failing to store cleaning materials in a locked closet or cabinet; one (1) time for violating Section 803.D, for failing to keep floors in good repair and free from hazards; one (1) time for violating Section 807.A, for failing to have documentation of an annual tuberculosis risk assessment; one (1) time for violating Section 1201, for failing to maintain its equipment in good repair; and one (1) time for violating Section 1203.C, for failing to ensure the men’s restroom for participants had a covered waste receptacle.

Enforcement Action: Pursuant to the Consent Order executed July 14, 2018, the Department assessed a two thousand dollar (\$2,000) monetary penalty against Ruth. The Consent Order required Ruth to submit eight hundred dollars (\$800) of the assessed monetary penalty within thirty (30) days of execution of the Consent Order. The remainder of the assessed monetary penalty will be stayed upon a six (6) month period of substantial compliance with R.61-75 and the Consent Order. Additionally, Ruth agreed to initiate action to correct the violations that initiated this enforcement action. The monetary penalty was paid July 10, 2018.

Prior Sanctions: None.

Facility Type	Total # of Licensed Facilities in South Carolina
Body Piercing Facilities	37

**6. Abnormal Gifts (Body Piercing Facility) – Easley, SC**

Investigation: The Department visited Abnormal Gifts (“Abnormal”) on November 30, 2016, to conduct a routine inspection.

Violations: Based upon the inspections, the Department cited Abnormal for four (4) violations of Regulation 61-109, Standards for Permitting Body Piercing Facilities. Specifically, Abnormal was cited two (2) times for violating Section

which included 56 Class I violations, 72 Class II violations and 13 Class III violations.

302.D, for failing to timely submit a Plan of Correction for the violations cited during the November 2016 inspection; one (1) time for violating Section 1003, for failing to have documentation of charges for body piercing procedures performed; and one (1) time for violating Section 1202.A, for failing to have documentation of Hepatitis B vaccinations for technicians, or an offer and refusal, or documentation that the vaccine was contraindicated.

Enforcement Action: Pursuant to the Consent Order executed July 23, 2018, the Department placed Abnormal on probation until the conditions of the Consent Order are satisfied, as determined by the Department. Additionally, pursuant to the terms of the Consent Order, Abnormal was required to post a probationary letter from the Department in a conspicuous location in the facility. Moreover, Abnormal agreed to correct the violations which prompted this enforcement action, ensure that all violations of R.61-109 are not repeated, and schedule and attend a compliance assistance meeting with Department representatives within forty-five (45) days of execution of the Consent Order. Finally, Abnormal acknowledged that the Department will conduct a follow-up inspection within thirty (30) days following the compliance assistance meeting. If no violations are found during the follow-up inspection, the probation will be lifted. However, if violations are found, Abnormal will be required to timely submit an acceptable Plan of Correction (“POC”). Upon receipt of an acceptable POC, the Department will lift the probation.

Prior Sanctions: None.

Facility Type	Total # of Licensed Outpatient Hospices in South Carolina	Total # of Counties Served
Hospice Programs	1,650	88

## 7. Hospice Care of Sumter (Hospice Program) – Sumter, SC

Investigation: The Department visited Hospice Care of Sumter (the Facility) to conduct a general inspection on February 2, 2016, a complaint investigation on April 7, 2017 and follow-up inspections on November 4, 2016 and February 10, 2017. Additionally, the Department issued citations-by-mail on February 8, 2017 and March 10, 2017.

Violations: Based upon the inspections, the Department cited Hospice Care of Sumter for violations of Regulation 61-78, Standards for Licensing Hospices. Specifically, Hospice Care of Sumter was cited two (2) times for violation of 61-78 Section 302.D (Supp. 2016), by failing to timely submit a POC for the violations cited as a result of inspections; two (2) times for violation of 61-78 Section 601.B (Supp. 2016), by failing to have documentation of criminal background checks for staff members; two (2) times for violation of 61-78 Section 501.C (Supp. 2016), by failing to have documentation of assigned duties and responsibilities for staff members; one (1) time for violation of 61-78 Section 505.A.1 (2012), by failing to have documentation of training in management/care of persons with contagious and/or communicable diseases for a staff member; one (1) time for violation of 61-78 Section 505.A.2 (2012), by failing to have documentation of training in care of persons specific to the physical/mental condition being cared for by the hospice for a staff member; one (1) time for violation of 61-78 Section 505.A.3 (2012) and one (1) time for a violation of Section 605.A.3 (Supp.2016), by failing to have documentation of training in use of restraints for designated staff members; one (1) time for violation of 61-78 Section 505.A.4 (2012) and one (1) time for Section 605.A.4 (Supp. 2016), by failing to have documentation of training in OSHA standards regarding bloodborne pathogens for staff members; one (1) time for violation of 61-78 Section 505.A.6, by failing to have documentation of training in confidentiality of patient information and records and the protection of patient rights for a staff member; one (1) time for violation of 61-78 Section 505.B (2012) and one (1) time for Section 605.B (Supp. 2016), by failing to have documentation of orientation for staff members; one (1) time for violation of 61-78 Section 506.A (2012) and one time for violation of Section 606.A (Supp. 2016), by failing to have documentation of health assessments for staff members; one (1) time for violation of 61-78 Section 702.B.2 (2012), by failing to ensure all orders for care from physicians or other authorized healthcare providers are completed prior to, or at the time of admission, and updated when revised; two (2) times for violation of 61-78 Section 802.B.3 (Supp. 2016), by failing to have documentation of care, treatment, and services provided; one (1) time for violation of 61-78 Section 802.B.7 (Supp. 2016), by failing to have documentation of the time and circumstances of a patient’s death; one (1) time for violation of 61-78 Section 704 (2012), by failing to develop a plan of care for a patient within 48 hours of admission. In addition, the Facility violated Section 804 (Supp. 2016) on February 10, 2017, by failing to have documentation of plans of care for patients; one (1) time for violation of 61-78 Section 801.C.1 (2012), by failing to have documentation verifying that a patient was certified by the physician to

be terminally ill; one (1) time for violation of 61-78 Section 801.C.4 (2012) and one time (1) time for violation of Section 900.C.4 (Supp. 2016), by failing to have documentation verifying patients are not likely to endanger themselves or others as determined by a physician or other authorized healthcare provider; one (1) time for violation of 61-78 Section 1200.A (Supp. 2016), by failing to have documentation of medical history and physical assessment for patients; one (1) time for violation of 61-78 Section 1202.B.1 (2012) and one (1) time for a violation of Section 1303.B.1 (Supp. 2016), by failing to have documentation of two-step TSTs for staff members; one (1) time for violation of 61-78 Section 1401.A (2012) and one (1) time for a violation of Section 1500.A (Supp. 2016), by failing to have documentation of a written, implemented quality improvement program; and, one (1) time for violation of 61-75 Section 1602.A (Supp. 2016), by failing to ensure a verbal order for treatment was signed by a physician and received by an authorized healthcare provider.

**Enforcement Action:** By Consent Order (CO-HL-03-2018), executed August 8, 2018, the Department assessed a \$17,700 monetary penalty against Hospice Care of Sumter for its violations of Regulation 61-78. Hospice Care of Sumter was required to pay \$10,000 of the assessed monetary penalty to the Department in five (5) consecutive installment of \$2,000. The remaining \$7,700 of the assessed monetary penalty was stayed upon a six-month period of substantial compliance with Regulation 61-78 and the Consent Order, as determined by the Department. Additionally, Hospice Care of Sumter was required to initiate action to correct the violations that initiated the enforcement action and to ensure that all violations of Regulation 61-78 are not repeated.

**Prior Sanctions:** None.

Facility Type	Total # of Participants	Total # of Licensed Facilities in South Carolina
Tattoo Facilities	4,570	95

**8. Devine Street Tattoo (Tattoo Facility) – Columbia, SC**

**Investigation:** The Department visited Devine Street Tattoo to conduct a routine inspection on April 21, 2017 and a follow-up inspection on July 14, 2017. Additionally, the Department issued a citation-by mail on August 1, 2017 for Devine Street Tattoo's failure to provide a plan of correction (POC) to the April 21, 2017 inspection report of visit.

**Violations:** Based upon the inspections, the Department cited Devine Street Tattoo for violations of Regulation 61-111, Standards for Licensing Tattoo Facilities. Specifically, Devine Street Tattoo was cited one (1) time for violation of 61-111 Section 301.C, by failing to allow Department representatives access to all objects at the time of the inspection; one (1) time for violation of 61-111 Section 302.D, by failing to submit an acceptable POC to the violations cited as a result of the Department's inspection on April 21, 2017; one (1) time for violation of 61-111 Section 500.A, by failing to have documentation of policies and procedures. In addition, the Facility violated Section 500.A on July 14, 2017, by failing to implement its policies and procedures; one (1) time for violation of 61-111 Section 601.D, by failing to have documentation of training backgrounds for staff members; one (1) time for violation of 61-111 Section 801.B.1, by failing to have documentation of a means of verification of a client's identity; two (2) times for violation of 61-111 Section 801.B.2, by failing to ensure the explanation of client rights and informed consents for clients were signed by the tattoo artist; two (2) times for violation of 61-111 Section 801.B.3, by failing to have documentation of the site of tattoo procedures performed; one (1) time for violation of 61-111 Section 801.B.6, by failing to ensure documentation of emergency contact information for clients included an address; one (1) time for violation of 61-111 Section 1204.E, by failing to test the effectiveness of the autoclave in killing bacterial endospores on a monthly basis; one (1) time for violation of 61-111 Section 1205.A.3, by failing to store chemicals and cleaning materials in a cabinet, closet, or room that is inaccessible to clients; one (1) time for violation of 61-111 Section 1602.A.3, by failing to ensure a sink with hot running water was provided for every five work stations for hand washing; was cited one (1) time for violation of 61-111 Section 1603.B, by failing to ensure expired supplies are removed from the Facility and destroyed; and, one (1) time for violation of 61-111 Section 1701, by failing to ensure fire extinguishers are provided as required by the applicable codes in Section 1502.

**Enforcement Action:** By Consent Order (CO-HL-08-2018), executed August 21, 2018, the Department assessed a \$6,700 monetary penalty against Devine Street Tattoo for its violations of Regulation 61-111. Devine Street Tattoo was required to pay \$4,000 of the assessed monetary penalty to the Department within 30 days of execution of the Consent Order. The

remaining \$2,700 of the assessed monetary penalty was stayed upon a six-month period of substantial compliance with Regulation 61-111 and the Consent Order, as determined by the Department. Additionally, Devine Street Tattoo was required to initiate action to correct the violations that initiated the enforcement action and to ensure that all violations of Regulation 61-111 are not repeated, and to schedule and attend a compliance assistance meeting with representatives of the Department's Bureau of Health Facilities Licensing within 45 days of execution of the Consent Order.

Prior Sanctions: None.

License Type	Total # of Licensed Midwives
Midwives	43

**9. Linda Weaver (Midwife) – Spartanburg, SC**

Investigation: The Department conducted a complaint investigation on July 24, 2018, which included reviews of a mother's and a newborn's record.

Violations: Based upon the investigation, the Department cited Linda Weaver for violations of Regulation 61-24, Midwives. Specifically, Linda Weaver was cited one (1) time for violation of 61-24 Section K.34 (Supp. 2017), for failing to obtain medical consultation, or refer for medical care, a mother who had meconium-stained amniotic fluid; and, one (1) time for violation of 61-24 Section M.1 (Supp. 2017), for failing to carry out emergency measures in the absence of medical help.

Enforcement Action: By Consent Order (CO-HL-14-2018), executed August 31, 2018, the Consent Order imposed a 90-day suspension of Ms. Weaver's midwife license which was held in abeyance pending her completion of a training module entitled, *Fetal Assessment In Labor*, available through HiveCR: Online Continuing Education for Midwives. Additionally, Ms. Weaver was required to submit proof of completion of the training module within thirty days of execution of the Consent Order and to implement action to correct the violations that initiated this enforcement action and to ensure that all violations of Regulation 61-24 are not repeated. The Department received evidence of completion of the training module on August 28, 2018.

Prior Sanctions: None.

**Bureau of EMS & Trauma**

EMS Provider Type	Total # of Providers in South Carolina
EMT	6,218
Advanced EMT	399
Paramedic	3,688
Athletic Trainers	1,000
Ambulance Services Provider	264
First Responder Services Provider	2



## **10. Harry R. Hill, II (Paramedic)**

Investigation: The Department received notification that an EMT class was being instructed by an individual that was not certified as an EMT instructor. The Department initiated an investigation and made the following findings. On November 13, 2017, Mr. Hill acted as the lead instructor for Class 0100051, an EMT-Basic course conducted by Spartanburg Community College Continuing Education at the Boiling Springs Fire Department. Mr. Hill was the only instructor present and teaching the course. Mr. Hill does not hold a current South Carolina instructor certification at any level.

Violations: As a result of its investigation, the Department found Mr. Hill committed misconduct, as defined by S.C. Code Section 44-61-80(F)(17) and Section 1100(B)(17) of Regulation 61-7, Emergency Medical Services, by violating S.C. Code Section 44-61-80(G) and Section 907(E) of Regulation 61-7, which require that instructors of EMT courses be certified by the Department and all training courses be supervised by certified instructors.

Enforcement Action: Pursuant to the Consent Order executed June 20, 2018, Mr. Hill agreed to not supervise or instruct any EMT-Basic, Advanced, or Paramedic classes in South Carolina. Mr. Hill further agreed to not submit to the Department an application for instructor certification for a period of one (1) year from execution of the Consent Order.

Prior Sanctions: None.

## **11. Matthew C. McLellan (Paramedic)**

Investigation: The Department received allegations regarding the standard of care provided by Mr. McLellan while working for Florence County EMS. The Department initiated an investigation and made the following findings. On October 22, 2017, Mr. McLellan violated protocol by ambulating a patient who was suffering from respiratory distress and shortness of breath. The patient subsequently deteriorated during transport, became unresponsive, and went into cardiac arrest. On October 24, 2017, Mr. McLellan violated protocol by failing to perform a 12-lead EKG on a patient exhibiting signs and symptoms of cardiac illness and/or injury. The patient refused transport to the hospital, but patient care report did not include the patient's informed refusal, the EMT's efforts to convince the patient to accept care, and efforts by the EMTs to protect the patient after the refusal. The patient later presented to a hospital emergency room in cardiac arrest.

Violations: As a result of its investigation, the Department found that Mr. McLellan committed misconduct, as defined by S.C. Code Section 44-61-80(F)(6) and Section 1100(B)(6) of Regulation 61-7, Emergency Medical Services, by disregarding physician orders regarding emergency medical treatment. In addition, the Department found Mr. McLellan committed misconduct, as defined by S.C. Code Section 44-61-80(F)(17) and Section 1100(B)(17) of Regulation 61-7, by violating Regulation 61-7, Section 1303(c), which requires PCRs involving refusals to include, among other things, information regarding the provider's efforts to convince the patient to accept care and efforts by the provider to protect the patient after the refusal if the patient becomes incapacitated.

Enforcement Action: Pursuant to the Consent Order executed August 2, 2018, Mr. McLellan agreed to immediately surrender his paramedic certification and will be issued an advanced EMT certification for a period of one-year or upon submission of proof of successful completion of prescribed course.

Prior Sanctions: None.

### **Bureau of Radiological Health**

## **12. Ashley Dental Associates, P.A. (X-Ray Facility)**

Investigation: On January 9, 2018, the Department conducted a routine inspection and found that Ashley Dental Associates, P.A. failed to show current records of equipment performance records. The Department cited the same violations during inspections on November 26, 2007 and March 27, 2013.

Violations: As a result of the investigation, the Department found Ashley Dental Associates, P.A. repeatedly violated Regulation 61-64, X-Rays (Title B), by failing to complete equipment performance testing.

Enforcement Action: Pursuant to the Consent Order executed August 28, 2018, the Department assessed a \$1,700 monetary penalty with \$425 due within 30 days of the execution of the Consent Order and \$1,275 stayed. The Department reserved the right to collect the stayed amount if Ashley Dental Associates, P.A failed to pay the initial balance within 30 days or was found to be not compliant with Regulation 61-64, RHB 4.2.16.1 during the 36 months following the Consent Order.

Prior Sanctions: None.

### **13. Interstate Health Physics Consulting, LLC (X-Ray Vendor)**

Investigation: On March 23, 2018, the Department received an Equipment Replacement Notification signed by Interstate Health Physics Consulting, LLC's Bruce Gossett, for Palmetto Wellness & Injury Center, that indicated Carolina Radiology Solutions as the sales vendor. On March 29, 2018, the Department received documentation that indicted that Mr. Gossett was aware that the actual vendor where the equipment was purchased was not registered in SC. On April 3, 2018, the Department received a Report of Sale or Installation of X-Ray Equipment from Sharp Medical, Inc., indicating his company sold x-ray equipment at Palmetto Wellness & Injury Center. On April 9, 2018, the Department received a letter from Carolina Radiology Solutions indicating that Mr. Gossett contacted the company to obtain their vendor number for use for the Palmetto Wellness & Injury Center installation.

Violations: As a result of the investigation, the department found that Interstate Health Physics Consulting, LLC violated Regulation 61-64, X-Rays (Title B), by making a material false statement to the Department.

Enforcement Action: Pursuant to the Consent Order executed July 30, 2018, the Department assessed a \$650 civil penalty with \$450 due within 30 days of the execution on the Consent Order and \$200 stayed. The Department reserved the right to collect the stayed amount if Interstate Health Physics Consulting, LLC failed to pay the initial balance within 30 days or was found to be not compliant with Regulation 61-64, RHB 1.12.2.

Prior Sanctions: None.

### **14. Charleston Non-Surgical Center, LLC (X-Ray Facility)**

Investigation: On January 9, 2018, the Department conducted a routine inspection and found that Charleston Non-Surgical Center, LLC failed to show current records of equipment performance testing. The Department cited the same violations during inspections on April 18, 2012 and March 26, 2015.

Violations: As a result of the investigation, the Department found that Charleston Non-Surgical Center, LLC repeatedly violated Regulation 61-64, X-Rays (Title B), by failing to complete equipment performance testing.

Enforcement Action: Pursuant to the Consent Order executed August 28, 2018, the Department assessed a \$1,700 monetary penalty with \$425 due within 30 days of the execution of the Consent Order and \$1,275 stayed. The Department reserved the right to collect the stayed amount if Charleston Non-Surgical Center, LLC failed to pay the initial balance within 30 days or was found to be not compliant with Regulation 61-64, RHB 4.2.16.1 during the 24 months following the Consent Order.

Prior Sanctions: None.