

# FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	CRC-2187	Audit Name:	CRC GENERAL ROV 20190924
Facility Name:	ABOVE THE REST RESIDENTIAL CARE	Type:	L07 Investigation
Address:	2385 PAMPLICO HWY	Start Date:	06 Jun 2025 02:15 PM
City/State/Zip:	FLORENCE, SC 29505 Florence	End Date:	06 Jun 2025 04:00 PM
Phone 1:	843-407-7809	Inspector:	Dustin Ransdell
Email:	ATRFACILITY@YAHOO.COM		
Contact Name:	LUCILLE GREGG		
Contact Email:	null		
Contact Phone:	843-407-7809		

Overall Score  
0.0%

## Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Healthcare Quality 2100 Bull St Columbia SC 29201-1708</p> <p>REPORT NOTICE: If applicable, this Report of Visit includes a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee (owner) from the need to meet all applicable standards, regulations and laws. The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure (permitting), maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses (permits) or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service. If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion. If this Report of Visit is required by regulation to be made available in a conspicuous place in a public area within the facility, redaction of the names of those individuals in the report is required as provided by Sections 44-7-310 and 44-7-315 of the S.C. Code of Laws, 1976, as amended.</p>	Report Notice

## Administrator's Signature - Plan of Correction

Question ID	Question	Answer
SIGN01	<p>PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes:</p> <ol style="list-style-type: none"><li>(1) the actions taken to correct each cited deficiency,</li><li>(2) the actions taken to prevent similar recurrences, and</li><li>(3) the actual or expected completion dates of those actions.</li></ol> <p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>SIGNATURE: _____</p> <p>DATE: _____</p> <p>Any violations cited in this report of visit were observed at the time of the inspection.</p> <p>The Administrator submits an electronic plan of correction by visiting the website <a href="http://dph.sc.gov/professionals/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions">http://dph.sc.gov/professionals/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions</a> and following the instructions online.</p> <p>Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to:</p> <p>SCDPH, Bureau of Healthcare Quality, 2100 Bull St, Columbia, SC, 29201</p> <p>Your response to this report must be received in our office by close of business (5:00 p.m.) no later than the date listed below:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"><li>• The Plan of Correction (POC) is due online no later than three (3) days from the receipt of the Report. It must be submitted online at <a href="https://dph.sc.gov/professionals/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions">https://dph.sc.gov/professionals/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions</a></li></ul>	POC REQUIRED

## Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FOOD	Inspection Includes Food/Sanitation:	NO
COMBO-FLSC	Inspection Includes Fire & Life Safety:	NO
ONSITE	Is this an On-Site Visit?	YES
INSP	Select the Type of Inspection to be Performed:	CRCF Investigation
COMPL-01	Section Team Log Number: <b>Comments</b> <ul style="list-style-type: none"> <li>C06027-25</li> </ul>	Section Team Log Number
COMPL-03	Reason for Investigation: <b>Comments</b> <ul style="list-style-type: none"> <li>A complaint was received by the Department's Healthcare Quality on 6/6/2025. The complaint alleged the following: <ul style="list-style-type: none"> <li>1) Facility staff member was arrested while on duty. Facility staff was found sleep/passed out while on duty</li> <li>2) Facility did not have enough staff to provide care for residents.</li> <li>3) Facility staff had cocaine and marijuana in the facility that residents could have had access to.</li> </ul> </li> </ul>	Reason for Investigation:
COMPL-04	What is the Source: <b>Comments</b> <ul style="list-style-type: none"> <li>Florence County Law Enforcement</li> </ul>	Other
COMPL-10	Date Agency (DPH) Notified: <b>Comments</b> <ul style="list-style-type: none"> <li>06/06/2025</li> </ul>	Date Agency (DPH) Notified:
COMPL-05	Detailed Results of this Investigation: <b>Comments</b> <ul style="list-style-type: none"> <li>To investigate this complaint, an unannounced visit was made by two (2) representatives from the Department. The investigation consisted of the following: <ul style="list-style-type: none"> <li>1) Interviews with the Facility Administrator, Owner, and Med Tech A.</li> <li>2) Walkthrough of the facility to confirm appropriate staffing ratio. At the time of the investigation there were 8 staff members for 38 residents.</li> <li>3) Interviews with multiple residents. All residents interviewed stated they did receive breakfast and their morning medications the day of the investigation.</li> <li>4) Review of resident medication administration records (MAR's) and narcotic control sheets.</li> <li>5) Review of multiple staff records to include background checks, (including Staff A's.), in-service trainings, and staffing schedules from May 18-June 14 2025.</li> <li>6) Review of facility incident reports dated 5/30/25 and 6/5/25.</li> </ul> </li> <li>As a result of the investigation, the following violations of S.C. Regulation 60-84 (Standards for Licensing Community Residential Care Facilities) were cited.</li> </ul>	Detailed Results
COMPL98	Is this an Unlicensed Facility/Activity Complaint?	NO
COMPL-06	Has the Initial QI Review Been Completed?	NO
VERIFY02	Is the Current Facility/Activity Administrator the same as the Administrator of Record?	YES
INSP04	Are there any other individuals accompanying the auditor for this visit? <b>Comments</b> <ul style="list-style-type: none"> <li>Everette Williams, SC DPH Residential Facilities Section Support Manager</li> </ul>	YES

## CRCF Regulation Sections 100-800 61-84

Question ID	Question	Answer
R-61-84-503.A.	503.A. There shall be a staff member 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. This staff member shall recognize and report significant changes in the physical or mental condition of each resident and shall ensure that appropriate action is taken. (Class I Violation) <b>Comments</b> <ul style="list-style-type: none"> <li>On the evening of 5/30/2025, there was no staff member actively on duty and present in the facility for a</li> </ul>	OUT

	<i>resident to report an illness. Resident A contacted local authorities at approximately 10:30pm. Upon arrival, law enforcement and EMS verified there were 36 residents but no staff present. Shortly after, Staff B arrived to the facility. According to the staff schedule, no one was listed to work between 10p-11p that evening. The next staff was scheduled to work from 11p-7a.</i>	
R-61-84-503.B.2	<p>503.B.2. The number and qualifications of staff members/direct care volunteers shall be determined by the number and condition of the residents. There shall be sufficient staff members/direct care volunteers to provide supervision, direct care and basic services for all residents. The minimum number of staff members/direct care volunteers that shall be maintained in all facilities: In each building, during non-peak hours, there shall be at least one staff member/volunteer on duty for each thirty (30) residents or fraction thereof. A staff member/volunteer shall be awake and dressed at all times. Staff member(s)/volunteer(s) shall be able to appropriately respond to resident needs during non-peak hours. (Class I Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>During non peak hours the morning of 6/6/2025, Staff A was the only staff member present in the facility with 38 residents. Resident A contacted local authorities. Upon arrival to the facility at approximately 6:40am, law enforcement and EMS found Staff A sleeping in the activity room. According to the administrator and licensee, Staff C was scheduled to work from 7pm to 7am but left the facility at 5:00am.</i></li> </ul>	OUT (Repeat)

## Record Retention

Question ID	Question	Answer
RETENTION	DHEC 0282 (05/2010) AUDIT - [Records Retention Schedule #SBH-F&S-17]	Retention