

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:	17 Jan 2023 11:30 AM
City/State/Zip:	FLORENCE, SC 29505 Florence	End Date:	17 Jan 2023 01:45 PM
Phone 1:	843-468-6543	Inspector:	Pamela Williams
Email:	FELICIATHOMAS0781@YAHOO.COM		

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> <p>Comments</p> <ul style="list-style-type: none">Emailed to facility on 1/18/23 - PW	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> <p>(1) the actions taken to correct each cited deficiency, (2) the actions taken to prevent similar recurrences, and (3) the actual or expected completion dates of those actions.</p> <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 http://dph.sc.gov/professionals/healthcare-quality/healthcare-facility-licensing/plan-correction-submissions 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>Comments</p> <ul style="list-style-type: none">The online plan of correction is due no later than 1/20/23. <p>The link for submission is:</p>	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: Comments <ul style="list-style-type: none"> C01039-23 	Section Team Log Number
COMPL-03	Reason for Investigation: Comments <ul style="list-style-type: none"> A complaint (#C01039-23) was received by Healthcare Quality on 01/17/23. The complaint alleged that: <ul style="list-style-type: none"> 1)The facility does not have any staff in the building. 2)There is also a resident who has dementia leaving the building and was found crossing a four lane highway. 	Reason for Investigation:
COMPL-04	What is the Source:	Consumer Complaint
COMPL-10	Date Agency (DPH) Notified: Comments <ul style="list-style-type: none"> 1/17/23 	Date Agency (DPH) Notified:
COMPL-05	Detailed Results of this Investigation: Comments <ul style="list-style-type: none"> To investigate this complaint an unannounced visit was made by a Representative of the Department. This investigation consisted of: <ul style="list-style-type: none"> 1)Interview with staff, designee, and residents. 2)Review of resident record, to include but not limited to: care plan, physician orders, hospital discharge summary, notes of observation, and physical exam. 3)Review of medication administration record and medication cart 4)Review of staff schedule 5)Facility walk through 6)Review of staff records to include inservice training <p>As a result of this investigation, violations of Standards for Licensing Community Residential Care Facilities:7 S.C.Code Ann Regs 61-84(Supp 2016), were cited.</p>	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?	NO

CRCF Regulation Sections 100-800 61-84

Question ID	Question	Answer
R-61-84-505.A.	505.A. All staff members/direct care volunteers who have contact with residents, including food service staff members/direct care volunteers, shall have a health assessment within 12 months prior to initial resident contact. The health assessment shall include tuberculin skin testing as described in Section 1702. (Class I Violation) Comments <ul style="list-style-type: none"> At the time of the inspection, documentation of a health assessment to include a two-step tuberculin skin test conducted within 12 months prior to initial resident contact was not available for review for Staff A. A health assessment was observed but was not dated and could not be determined when it was completed. Staff A's resident contact date was 10/7/22. Staff B confirmed. 	OUT

R-61-84-601.C.	<p>601.C. A facility shall immediately report every serious accident and/or incident to the attending physician, next-of-kin or responsible party, and the Department via telephone, email or facsimile within twenty-four (24) hours of the serious accident and/or incident. (Class III Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <i>The facility did not immediately report a serious accident and/or incident to the Department within twenty-four (24) hours of the serious accident and/or incident. According to an internal incident/accident report, on 1/15/23, Resident A eloped from the facility grounds through the front door and wandered across a four lane highway. Resident A was returned to the facility by law enforcement. Staff B confirmed that the Department was not notified of this incident within twenty-four (24) hours.</i> 	OUT
R-61-84-703.A.	<p>703.A. Individual Care Plan. Using the written assessment, the facility shall develop within seven (7) days of admission an ICP with participation of the resident, administrator (or designee), and/or the sponsor or responsible party when appropriate, as evidenced by their signatures and date. The ICP shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually with the resident, administrator (or designee), and/or the sponsor or responsible party as evidenced by their signatures and date. (Class II Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <i>The individual care plan for Resident A was not revised as changes in the resident needs occurred for elopement and any other wandering/exit seeking issues. According to the facility incident report, Resident A wandered from the facility on 1/15/23, making them at risk for elopement. However, documentation of elopement risk was not observed on Resident A's individual care plan dated 1/10/23. Confirmed by Staff B.</i> 	OUT

CRCF Regulation Sections 900-1800 61-84

Question ID	Question	Answer
R-61-84-901.C.	<p>901.C. The facility shall render care and services in accordance with orders from physicians or other authorized healthcare providers and take precautions for residents with special conditions, e.g., pacemakers, wheelchairs, dementia, etc. The facility shall assist in activities of daily living as needed and appropriate. Each facility is required to provide only those activities of daily living and only to the levels specifically designated in the written agreement between the resident, and/or his/her responsible party/guardian, and the facility. (Class I Violation)</p> <p>Comments</p> <ul style="list-style-type: none"> <i>The facility did not take special precautions for Resident A with a special condition. According to a physical examination dated 1/9/23, the resident has a diagnosis of Dementia. A discharge plan dated 1/8/23 from Carolina Pines Medical Center stated Resident A brought in by EMS after Darlington County Deputy EPC'D. Pt has history of dementia and has been wandering around. Resident at ED on adult protective orders. According to an interview with Staff B at the time of the investigation, on 1/15/23, the resident called 911 and left the facility, walking across a four lane highway. Staff on duty was unaware that the resident eloped. The resident was brought back to the facility by a law enforcement representative. The resident was assessed by staff and no injuries were present but appeared to be disturbed, anxious and confused. A physician was called by the designee to schedule an evaluation as well as the responsible party. During interview with Resident A, it was confirmed that he/she eloped from the facility by walking across a four lane highway. Resident A could not remember why he/she left the facility and stated that he/she did not want to be in any trouble.</i> 	OUT

Record Retention

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