FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
Permit:	HTL-0729	**Audit Name:**	HTL ROV 20190109
Facility Name:	PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH	**Type:**	L07 Investigation
Address:	2777 SPEISSEGGER DR	**Start Date:**	20 May 2021 01:03 PM
City/State/Zip:	NORTH CHARLESTON, SC 29405-8229 Charleston	**End Date:**	20 May 2021 03:30 PM
Phone 1:	843-745-5102	**Inspector:**	Joseph Chandler
Email:	STAN.MARKOWSKI@UHSINC.COM		
Contact Name:	CLINT HAUGER		
Contact Email:	null		
Contact Phone:	843-747-5830		

Overall Score
0.0%

Report Notice

Question ID	Question	Answer
NOTICE01	Bureau of Health Facilities Licensing 2600 Bull St Columbia SC 29201-1708 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.	Report Notice

Administrator's Signature - Plan of Correction

Question ID	Question	Answer

SIGN01	PLAN OF CORRECTION - Administrators Certification: I certify that the attached plan of correction describes: (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. PRINT NAME:_____ TITLE:_____ SIGNATURE:_____ DATE:_____ Any violations cited in this report of visit were observed at the time of the inspection. The Administrator submits an electronic plan of correction by visiting the website http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/ and following the instructions online. Or the Administrator returns a copy of this report (original signature required) with description of corrective actions to: SCDHEC, Bureau of Health Facilities Licensing, 2600 Bull St, Columbia, SC, 29201 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: **Comments** • *The Plan of Corrections is due within fifteen (15) days of receipt of this report, due on or before June 4, 2021.*	POC REQUIRED

Inspection Information

Question ID	Question	Answer
COMBO-LIC	Inspection Includes Licensing:	YES
COMBO-FOOD	Inspection Includes Food/Sanitation:	NO
COMBO-PN	Inspection Includes Perinatal:	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:	HTL Investigation
COMPL-01	Section Team Log Number: **Comments** • *M05064-21*	Section Team Log Number
COMPL-03	Reason for Investigation: **Comments** • *A complaint was received by the Department's Division of Health Licensing on 05/18/2021. The complaint alleges,Incident occurred that resulted in transport of patient to jail due to assaulting others while admitted to the Facility.*	Reason for the Investigation.
COMPL-04	What is the Source:	Consumer Complaint
COMPL-10	Date Agency (DHEC) Notified: **Comments** • *05/18/2021*	Date Agency (DHEC) Notified:
COMPL-05	Detailed Results of this Investigation: **Comments**	Detailed Results

	• *To investigate this complaint an unannounced visit was made to the facility by three (3) Representatives of the Department. This investigation consisted of the following:* *(1) An interview with the Staff to include, an* *(2) Review of Facility's Policy and Procedures to include, Incident/Serious Occurrence Reporting Risk Management.* *(3) Review of the Facility's Risk/Clinical Summary to include, Brief Description of Incident, Investigation Findings/Risk Issues/Process Failures and Facility Immediate Actions.* *(4) Walk through of Housing units.* *(5) Reviewed Patient record to include Diagnosis, Physician orders, Treatment Plan, Medications, Labs, Physician progress notes, Consents, Pre-Discharge Evaluation and Discharge summary.* *As a result of the investigation, the following violation of Minimum Standards for Licensing Hospitals and Institutional General Infirmaries Regulation 61-16 was cited.*	
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? **Comments** • *Marreayetta Rogers, Program Coordinator I & Holly Barber, Perinatal Nurse Administrator Manager*	YES

HTL Regulation Sections 100 - 900

Question ID	Question	Answer
R.61-16-702.A	702.A. Accident and/or Incident Report. A record of each accident and/or incident occurring in the facility, including serious medication errors and adverse drug reactions, shall be retained. Incidents resulting in death or serious injury shall be reported, in writing, to the Department within 10 days of the occurrence. Information included in a facilities' report that is acquired from a peer review committee shall maintain its privilege pursuant to S.C. Code of Laws Sections 40-71-20, 44-30-60, and 44-7-315. However, the duty of hospitals to report serious accidents and incidents is not affected by any privilege or confidentiality. The following incidents, including but not limited to those stated, shall be reported: 1. Suicides. 2. Wrong site surgery. 3. Medication errors resulting in death or serious injury. 4. Major fractures or head injuries resulting from falls or other events. 5. Patient death or serious injury resulting from being in a restraint. 6. Criminal events and assaults. 7. Transfusion errors. 8. Neonatal injuries. 9. Maternal deaths or injuries. 10. Elopement events. 11. Anesthesia-related events resulting in death or serious injury. 12. Ventilator errors resulting in death or serious injury. 13. Infant abductions. (Class II Violation) **Comments** • *A review of the Facility's Risk/Clinical Summary documents that on Patient A, had been all shift; attempted to jump Nursing station to run to other side. Multiple Staff attempted to intervene to prevent this when Patient A, struck Staff in face, threw him/her to ground, and kicked him/her repeatedly in stomach and back. Patient A succeeded then in running to other Unit, where multiple Staff were required to walk him/her back to Unit #2. Patient A was discharged into police custody. However, the Facility failed to report said incident involving criminal events and assaults to the Department within ten (10) days of the occurrence in writing or by electronic means pursuit to the Facility's Policy and Procedure titled: Incident/Serious Occurrences Reporting Risk Management, Policy # LD.002, Facility Reporting of Incident, paragraph #1.*	OUT

Record Retention

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