



## FREEDOM OF INFORMATION REPORT

Facility Information		Audit Information	
<b>Permit:</b>	CRC-1210	<b>Audit Name:</b>	CRC GENERAL ROV 20190924
<b>Facility Name:</b>	TWILITE MANOR ADULT RESIDENTIAL CARE	<b>Type:</b>	L07 Investigation
<b>Address:</b>	2306 FORREST ST	<b>Start Date:</b>	18 Feb 2022 12:00 PM
<b>City/State/Zip:</b>	CAYCE, SC 29033-2124 Lexington	<b>End Date:</b>	18 Feb 2022 04:00 PM
<b>Phone 1:</b>	803-794-7561	<b>Inspector:</b>	JoMonica Taylor
<b>Phone 2:</b>			
<b>Fax:</b>			
<b>Email:</b>	LONELLPHAIRE@GMAIL.COM		
<b>Contact Name:</b>	LONELL PHAIRE		
<b>Contact Email:</b>	null		
<b>Contact Phone:</b>	803-662-9701		

Overall Score
<b>0.0%</b>

### Report Notice

Question ID	Question	Answer
NOTICE01	<p>Bureau of Health Facilities Licensing 2600 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><b>Comments</b></p> <ul style="list-style-type: none"> <li>Report of visit sent via e-mail 2/22/2022.</li> </ul>	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,</p> <p>(2) the actions taken to prevent similar recurrences, and</p> <p>(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 <a href="http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/">http://www.scdhec.gov/Health/FHPF/HealthFacilityRegulationsLicensing/HealthcareFacilityLicensing/CorrectionPlan/</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>SCDHEC, Bureau of Health Facilities Licensing, 2600 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><i>A plan of correction is due online no later than February 24, 2022. The link for submission is:</i></li> </ul> <p><i><a href="https://scdhec.gov/health-regulation/healthcare-facility-licensing/plan-correction-submissions-0">https://scdhec.gov/health-regulation/healthcare-facility-licensing/plan-correction-submissions-0</a></i></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	<p>Section Team Log Number:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>C02058-22</i></li> </ul>	Section Team Log Number
COMPL-03	<p>Reason for Investigation:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>The Bureau Director received a call from the Lt. Thomas of the Cayce Police Department stating that a resident died at the facility. Lt. Thomas' call was returned. During the call he stated that he was considering pressing charges against the administrator and EPCing the residents at the facility.</i></li> </ul>	Reason for Investigation:
COMPL-04	<p>What is the Source:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>Cayce Police Department</i></li> </ul>	Other
COMPL-10	<p>Date Agency (DHEC) Notified:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>02-18-2022</i></li> </ul>	Date Agency (DHEC) Notified:

COMPL-05	<p>Detailed Results of this Investigation:</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>To investigate this complaint, an unannounced visit was made to the facility by two (2) representatives of Healthcare Quality (Department). The investigation consisted of the following:</i></li> </ul> <p><i>(1) A walk through of the entire facility and its grounds including: resident's rooms, kitchen, bathrooms, common areas, medication room, office, storage and vacant building.</i></p> <p><i>(2) An interview with the administrator, staff, residents and law enforcement.</i></p> <p><i>(3) Review of documentation including: resident &amp; staff records, menus, and the medication administration record (MAR).</i></p> <p><i>(4) Medication cart audit</i></p> <p><i>(5) Food audit</i></p> <p><i>As a result of the investigation, violations of Standards for Licensing Community Residential Care Facilities: 7 S.C. Code Ann. Regs. 61-84 (Supp.2015) were cited.</i></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	<p>Are there any other individuals accompanying the auditor for this visit?</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>Angie Smith- Director, Bureau of Community Care</i></li> </ul>	YES

## CRCF Regulation Sections 100-800 61-84

Question ID	Question	Answer
R-61-84-503.B.1	<p>503.B.1. 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, there shall be at least one staff member/direct care volunteer for each eight residents or fraction thereof on duty during all periods of peak hours. (Class I Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>The facility did not have sufficient staff members to provide supervision, direct care and basic services for all residents. On the day of the investigation, the facility did not maintain one (1) staff member for each eight (8) residents or fraction thereof on duty at 7:00am. According to the schedule posted on the bulletin board in the kitchen, Staff A and Staff B were both scheduled to work at 7:00am. Staff B was the only staff member on duty with sixteen (16) residents present in the facility.</i></li> </ul>	OUT (Repeat)

## 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><b>Comments</b></p>	OUT (Repeat)

	<ul style="list-style-type: none"> <li><i>The facility did not render care and services in accordance with orders from physicians or other authorized healthcare providers. Two (2) representatives from the Department reviewed the medication administration record (MAR) and observed that all of the residents present at the facility were not administered their medications scheduled for 8:00am. Staff B on duty confirmed that medications were not administered. During an interview, the administrator stated that medications were not administered.</i></li> </ul>	
R-61-84-1303.C.	<p>1303.C. A minimum of three nutritionally-adequate meals, in accordance with Section 1303.A above, in each 24-hour period, shall be provided for each resident unless otherwise directed by the resident's physician or other authorized healthcare provider. Not more than 14 hours shall elapse between the serving of the evening meal and breakfast the following day. (Class II Violation)</p> <p><b>Comments</b></p> <ul style="list-style-type: none"> <li><i>Residents present at the facility were not provided breakfast the morning of the investigation. According to the "Dining Room Schedule" posted on the bulletin board in the kitchen, breakfast is to be served from 8:00-8:30am. Staff B on duty confirmed that breakfast was not provided to the residents.</i></li> </ul>	OUT

## Record Retention

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