

SUMMARY SHEET  
SOUTH CAROLINA BOARD OF HEALTH AND ENVIRONMENTAL CONTROL

March 12, 2020

- ( ) ACTION/DECISION  
(X) INFORMATION

- I. TITLE:** Health Regulation Administrative and Consent Orders.
- II. SUBJECT:** Health Regulation Administrative Orders and Consent Orders for the period of January 1, 2020 through January 31, 2020.
- III. FACTS:** For the period of January 1, 2020 through January 31, 2020, Health Regulation reports 6 Consent Orders totaling \$51,350 in assessed monetary penalties. No Administrative Orders or Emergency Suspension Orders were executed during the reporting period.

Health Regulation Bureau	Facility, Service, Provider, or Equipment Type	Administrative Orders	Consent Orders	Emergency Suspension Orders	Assessed Penalties
Health Facilities Licensing	Ambulatory Surgical Facility	0	1	0	\$19,100
	Community Residential Care Facility	0	2	0	\$26,400
Radiological Health	Chiropractic Facility	0	1	0	\$1,885
	Dental Facility	0	2	0	\$3,965
<b>TOTAL</b>		<b>0</b>	<b>6</b>	<b>0</b>	<b>\$51,350</b>

Submitted By:

*Gwendolyn C. Thompson*

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Gwen C. Thompson  
Director of Health Regulation

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

March 12, 2020

**Bureau of Health Facilities Licensing**

Facility Type	Total # of Licensed Facilities	Total # of Licensed Beds
Ambulatory Surgical Facility	77	296

**1. Carolina Colonoscopy Center – Columbia, SC**

Inspections and Investigations: The Department conducted inspections in November 2018 and August 2019, as well as investigations in April and August 2019, and found that the facility had violated several regulatory requirements.

Violations: The Department cited the facility for 17 violations, including one repeat violation during the April and August 2019 visits, regarding policies and procedures, operative reports, staff training records, and expired medication.

Enforcement Action: The parties conducted an enforcement conference and agreed to resolve the matter with a consent order. In January 2020, the parties executed a consent order imposing a civil monetary penalty of \$19,100 against the facility. The facility was required to pay \$9,550 of the assessed penalty within 30 days of executing the Consent Order. The remaining \$9,550 of the penalty will be held in abeyance for six months. The facility has made the required payment.

Prior Actions: The Department imposed consent orders against the facility in 2018 and 2015.

Facility Type	Total # of Licensed Facilities	Total # of Licensed Beds
Community Residential Care Facility	506	21,998

**2. Pettis Angels Residential Care – North Charleston, SC**

Inspections and Investigations: During the Department’s emergency response efforts for Hurricane Dorian, the Department found that the facility did not evacuate in accordance with the Governor’s Executive Order issued in September 2019 that required a mandatory medical evacuation of healthcare facilities located in evacuation zones.

Violations: The Department found that the facility failed to evacuate all residents in a timely manner. The Department made several attempts to contact the facility during the mandatory evacuation and never received a response. A welfare check was therefore conducted by South Carolina Law Enforcement (SLED) on September 3, 2019, where a staff member and four residents were discovered at the facility.

Enforcement Action: The parties agreed to resolve the matter with a consent order. In January 2020, the parties executed a consent order imposing a civil monetary penalty of \$4,200 against the facility. The

facility was required to pay \$2,100 of the assessed penalty in two consecutive monthly payments of \$1,050, with the first payment due within 30 days, and the second payment due within 60 days, of executing the Consent Order. The remaining \$2,100 of the penalty will be held in abeyance for six months. ``

Prior Actions: None in the past five years.

### **3. Midland Park Residential Home Care – North Charleston, SC**

Inspections and Investigations: During the Department’s emergency response efforts for Hurricane Dorian, the Department found that the facility did not evacuate in accordance with the Governor’s Executive Order issued in September 2019 that required a mandatory medical evacuation of healthcare facilities located in evacuation zones.

Violations: The Department found that the facility chose to not execute its emergency evacuation plan and therefore did not evacuate any of its residents. The Department contacted the facility several times to inquire about its evacuation status and was notified that the facility had no plans to move any of its residents. A welfare check was conducted by SLED on September 3, 2019, where several staff members and all thirty-two residents were discovered at the facility.

Enforcement Action: The parties agreed to resolve the matter with a consent order. In January 2020, the parties executed a consent order imposing a civil monetary penalty of \$22,200 against the facility. The facility was required to pay \$11,100 of the assessed penalty in three consecutive monthly payments of \$3,700, with the first payment due within 30 days, the second payment due within 60 days, and the third payment due 90 days of executing the Consent Order. The remaining \$11,100 of the penalty will be held in abeyance for six months. The facility has made the first and second required monthly payments.

Prior Actions: The Department imposed an administrative order against the facility for failing to comply with the Governor’s Executive Order issued in September 2018 in response to Hurricane Florence.

### **Bureau of Radiological Health**

<b>Facility Type</b>	<b>Total # of Licensed Facilities</b>
Chiropractic Facility	478

### **4. Colucci Chiropractic Center – Summerville, SC**

Inspections and Investigations: The Department conducted a routine inspection in May 2019 and found that the registrant had a repeat regulatory violation.

Violations: The Department found that the registrant failed to conduct equipment performance testing on its x-ray equipment. This is a repeat violation as the Department had previously cited the registrant with the same violation in 2017, 2014, and 2011 inspections.

Enforcement Action: The parties agreed to resolve the matter with a consent order. In January 2020, the parties executed a consent order imposing a \$1,885 civil monetary penalty against the registrant. The

registrant was required to pay \$471.25 of the assessed penalty within 30 days of executing the Consent Order. The remaining \$1,413.75 of the penalty will be stayed. The registrant has made the required payment.

Prior Actions: None in the past five years.

Facility Type	Total # of Licensed Facilities
Dental Facility	1757

### **5. Coastal Smile Center – Myrtle Beach, SC**

Inspections and Investigations: The Department conducted a routine inspection in May 2019 and found that the registrant had a repeat regulatory violation.

Violations: The Department found that the registrant failed to conduct equipment performance testing on its x-ray equipment. This is a repeat violation as the Department had previously cited the registrant with the same violation in 2015 and 2009 inspections.

Enforcement Action: The parties agreed to resolve the matter with a consent order. In January 2020, the parties executed a consent order imposing a \$1,700 civil monetary penalty against the registrant. The registrant was required to pay \$425 of the assessed penalty within 30 days of executing the Consent Order. The remaining \$1,275 of the penalty will be stayed. The registrant has made the required payment.

Prior Actions: None in the past five years.

### **6. Smile Center of Knightsville – Summerville, SC**

Inspections and Investigations: The Department conducted a routine inspection in March 2019 and found that the registrant had several regulatory violations.

Violations: The Department cited the registrant with four violations regarding change of status reports, equipment registration fees, operating equipment, and equipment performance testing.

Enforcement Action: The parties agreed to resolve the matter with a consent order. In January 2020, the parties executed a consent order imposing a \$2,265 civil monetary penalty against the registrant. The registrant was required to pay \$566 of the assessed penalty within 30 days of executing the Consent Order. The remaining \$1,699 of the penalty will be stayed. The registrant has made the required payment.

Prior Actions: None in the past five years.

SUMMARY SHEET  
BOARD OF HEALTH AND ENVIRONMENTAL CONTROL  
March 12, 2020

\_\_\_\_\_ ACTION/DECISION

  X   INFORMATION

1. **TITLE:** Administrative and Consent Orders issued by the Office of Environmental Affairs.
2. **SUBJECT:** Administrative and Consent Orders issued by the Office of Environmental Affairs during the period January 1, 2020, through January 31, 2020.
3. **FACTS:** For the reporting period of January 1, 2020, through January 31, 2020, the Office of Environmental Affairs issued sixty-six (66) Consent Orders with total assessed civil penalties in the amount of one hundred five thousand, nine hundred sixty dollars (\$105,960.00). Also, ten (10) Administrative Orders were reported during this period with total assessed civil penalties in the amount of thirty-four thousand, six hundred dollars (\$34,600.00).

Bureau and Program Area	Administrative Orders	Assessed Penalties	Consent Orders	Assessed Penalties
<b>Land and Waste Management</b>				
UST Program	2	\$10,100.00	2	\$1,300.00
Aboveground Tanks	0	0	0	0
Solid Waste	1	\$20,000.00	0	0
Hazardous Waste	0	0	2	\$18,000.00
Infectious Waste	0	0	0	0
Mining	0	0	0	0
<b>SUBTOTAL</b>	<b>3</b>	<b>\$30,100.00</b>	<b>4</b>	<b>\$19,300.00</b>
<b>Water</b>				
Recreational Water	0	0	1	\$4,760.00
Drinking Water	0	0	2	\$4,000.00
Water Pollution	0	0	4	\$14,100.00
Dam Safety	0	0	0	0
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>\$22,860.00</b>
<b>Air Quality</b>				
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Environmental Health Services</b>				
Food Safety	2	\$4,500.00	54	\$62,800.00
Onsite Wastewater	5	0	1	\$1,000.00
<b>SUBTOTAL</b>	<b>7</b>	<b>\$4,500.00</b>	<b>55</b>	<b>\$63,800.00</b>
<b>OCRM</b>				
<b>SUBTOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>10</b>	<b>\$34,600.00</b>	<b>66</b>	<b>\$105,960.00</b>

Submitted by:

*Myra C. Reece*

Myra C. Reece  
Director of Environmental Affairs



Mailing Address: 2743 Flat Creek Road  
Lancaster, SC 29720  
County: Lancaster  
Previous Orders: AO 19-0043-UST (\$1,200.00)  
Permit/ID Number: 05566  
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988, S.C. Code Ann. § 44-2-10 et seq. (2018) (SUPERB Act); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92, 280.93(a), and 280.110(c) (2012 & Supp. 2018).

Summary: The Estate of Donald F. Small, Sr. (Individual/Entity) owns and operates underground storage tanks in Lancaster, South Carolina. The Department issued Notices of Alleged Violations on August 7, 2019, and August 19, 2019. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Regulation, as follows: failed to pay annual tank registration fees for fiscal year 2020; failed to demonstrate financial responsibility for an UST system; and failed to provide evidence of financial assurance to the Department upon request.

Action: The Individual/Entity is required to: submit a completed Certificate of Financial Responsibility form and evidence of financial assurance; pay annual tank registration fees and associated late fees for fiscal year 2020, in the amount of six hundred five dollars (\$605.00); and pay a civil penalty in the amount of four thousand, four hundred fifty dollars (**\$4,450.00**).

3) Order Type and Number: Consent Order 19-0357-UST  
Order Date: January 14, 2020  
Individual/Entity: **Bandit's Foods, Inc.**  
Facility: Bandit's Foods, Inc. dba Westside Grocery  
Location: 300 West Broadway Street  
Johnsonville, SC  
Mailing Address: 589 Cooktown Road  
Lake City, SC 29560  
County: Florence  
Previous Orders: None  
Permit/ID Number: 12343  
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann. § 44-2-10 et seq. (2018), and the South Carolina Underground Storage Tank Control Regulations, 7 S.C. Code Ann. Regs. 61-92.280.93(a) and 280.110(c) (2012 & Supp. 2018).

Summary: Bandit's Foods, Inc. (Individual/Entity), owns and operates underground storage tanks located in Johnsonville, South Carolina. The Department issued Notice of Alleged Violations on July 7, 2019, and August 14, 2019. The Individual/Entity

has violated the SUPERB Act and the S.C. Underground Storage Tank Control Regulation, as follows: failed to pay annual tank registration fees for fiscal year 2020; failed to demonstrate financial responsibility for an underground storage tank system; and failed to submit evidence of financial assurance to the Department upon request.

Action: The Individual/Entity is required to: pay annual tank registration fees and associated late fees for fiscal year 2020, in the amount of one thousand, two hundred ten dollars (\$1,210.00); submit a completed Certificate of Financial Responsibility form; submit evidence of financial assurance; pay a civil penalty in the amount of eight hundred dollars (**\$800.00**); and pay a stipulated penalty in the amount of eight hundred dollars (\$800.00) should any requirement of the Order not be met.

4) Order Type and Number: Consent Order 18-0325-UST  
Order Date: January 29, 2020  
Individual/Entity: **Ketan D. Patel**  
Facility: Three Way Food Mart 2  
Location: 1261 North Main Street  
Allendale, SC 29810  
Mailing Address: Same  
County: Allendale  
Previous Orders: None  
Permit/ID Number: 00324  
Violations Cited: The State Underground Petroleum Environmental Response Bank Act of 1988 (SUPERB Act), S.C. code Ann., § 44-2-10 et seq. (2018); and South Carolina Underground Storage Tank Control Regulation, 7 S.C. Code Ann., Regs. 61-92.280.52 (2012 & Supp. 2018).

Summary: Ketan D. Patel (Individual/Entity) owns underground storage tanks (USTs) located in Allendale, South Carolina. The Department conducted an inspection on September 10, 2018. The Individual/Entity has violated the SUPERB Act and the South Carolina Underground Storage Tank Control Regulation, as follows: failed to investigate and confirm a suspected release within seven (7) days of discovery.

Action: The Individual/Entity is required to: submit a site check around the spill buckets for the regular and premium tanks and pay a civil penalty in the amount of five hundred dollars (**\$500.00**).



### Solid Waste Enforcement

- 5) Order Type and Number: Administrative Order 19-22-SW  
Order Date: January 13, 2020  
Individual/Entity: **Greenwood Rental Center, LLC**  
Facility: Greenwood Rental Center, LLC  
Location: 1902 Edgefield Street, Building 7  
Greenwood, SC  
Mailing Address: P.O. Box 137  
Greenwood, SC 29646  
County: Greenwood  
Previous Orders: None  
Permit/ID Number: N/A  
Violations Cited: Solid Waste Policy and Management Act of 1991, S.C. Code Ann. 44-96-10 et seq. (Rev. 2018 & Supp. 2019); Solid Waste Management: Waste Tires, R.61-107.3, Part III.A.1.a. (2015)

Summary: Greenwood Rental Center, LLC (Individual/Entity), owns property in Greenwood, South Carolina, that has approximately 10,000 waste tires stored on it. The Department conducted an inspection on April 24, 2019. The Individual/Entity has violated the Solid Waste Policy and Management Act and the Solid Waste Management: Waste Tire Regulation, as follows: failed to obtain a permit to operate a waste tire collection facility from the Department before storing greater than one hundred twenty (120) waste tires.

Action: The Individual/Entity is required to: dispose of the waste tires at a facility permitted by the Department to accept waste tires; provide disposal receipts to the Department; and pay a civil penalty in the amount of twenty thousand dollars (**\$20,000.00**).

### Hazardous Waste Enforcement

- 6) Order Type and Number: Consent Order 19-28-HW  
Order Date: January 7, 2020  
Individual/Entity: **SEM Products, Inc.**  
Facility: SEM Products, Inc.  
Location: 1685 Overview Drive  
Rock Hill, SC 29730  
Mailing Address: Same  
County: York  
Previous Orders: None  
Permit/ID Number: SCR 000 007 245  
Violations Cited: The South Carolina Hazardous Waste Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South

Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2018).

Summary: SEM Products, Inc. (Individual/Entity) manufactures coatings, adhesives, fillers, and sealers for the automotive, aerospace and marine markets at its facility located in Rock Hill, South Carolina. The Department conducted an inspection on July 11, 2019. The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations as follows: failed to accurately determine if a waste was a hazardous waste; failed to store solvent-contaminated wipes in closed containers labeled “Excluded Solvent-Contaminated Wipes”; failed to close containers during accumulation, except when adding, removing, or consolidating waste, and venting the container when necessary; failed to label or mark containers with the words “Hazardous Waste”; failed to comply within three (3) consecutive calendar days with the applicable central accumulation regulations; failed to clean up a hazardous waste spill that occurred during storage; failed to have a written description of the type and amount of both introductory and continuing training given to each person filling a hazardous waste position; failed to at least weekly, inspect the central accumulation areas; failed to maintain lamps in a manner to prevent a release and to keep such containers closed; failed to label or mark clearly each lamp or container of lamps with one of the following phrases: “Universal Waste – Lamp(s),” or “Waste Lamp(s),” or “Used Lamps(s)”; and failed to review and immediately amend the contingency plan whenever the list of emergency coordinators changed. All violations were returned to compliance prior to the consent order.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of twelve thousand dollars (**\$12,000.00**).

7) Order Type and Number: Consent Order 20-01-HW  
Order Date: January 30, 2020  
Individual/Entity: **GKN Aerospace South Carolina, Inc.**  
Facility: GKN Aerospace South Carolina, Inc.  
Location: 174 Millennium Drive  
Orangeburg, SC 29115  
Mailing Address: Same  
County: Orangeburg  
Previous Orders: None  
Permit/ID Number: SCR 000 784 041  
Violations Cited: The South Carolina Hazardous Waste Management Act, S.C. Code Ann. §§ 44-56-10 et seq. (2018), and the South Carolina Hazardous Waste Management Regulation, 6 and 7 S.C. Code Ann. Regs. 61-79 (2012 and Supp. 2018).

Summary: GKN Aerospace South Carolina, Inc. (Individual/Entity) manufactures aerospace structures, engine systems, and special technologies at its facility located in Orangeburg, South Carolina. The Department conducted an inspection on July 11, 2019.

The Individual/Entity has violated the South Carolina Hazardous Waste Management Act and the Hazardous Waste Management Regulations, as follows: failed to have all containers holding hazardous waste closed during accumulation, except when adding, removing, or consolidating waste, or temporary venting; failed to mark or label its container with the words "Hazardous Waste" and an indication of the hazards of the contents; failed to at least weekly, inspect central accumulation areas; failed to have a written tank assessment reviewed and certified by a qualified Professional Engineer; failed to obtain and keep on file at the facility written statements by those persons required to certify the design of the tank system; failed to maintain records documenting the arrangements with the local emergency response teams; and failed to review and immediately amend the contingency plan, whenever the generator makes changes. All violations cited were returned to compliance prior to the consent order.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of six thousand dollars (\$6,000.00).

## **BUREAU OF WATER**

### **Recreational Waters Enforcement**

8) <u>Order Type and Number:</u>	Consent Order 20-001-RW
<u>Order Date:</u>	January 10, 2020
<u>Individual/Entity:</u>	<b>Peppertree by the Sea Homeowner's Association, Inc.</b>
<u>Facility:</u>	Peppertree by the Sea
<u>Location:</u>	305 South Ocean Boulevard Myrtle Beach, SC 29582
<u>Mailing Address:</u>	Same
<u>County:</u>	Horry
<u>Previous Orders:</u>	None
<u>Permit/ID Number:</u>	26-D73-1 & 26-D74-1
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-51.J & 61-51.K.1(c)

Summary: Peppertree by the Sea Homeowner's Association, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a pool and a spa. On May 23, 2019, August 9, 2019, and November 18, 2019, the pool was inspected, and violations were issued for failure to properly operate and maintain. On May 23, 2019, and November 18, 2019, the spa was inspected, and violations were issued for failure to properly operate and maintain. On November 22, 2019, the pool and spa were inspected, and violations were issued for failure to properly operate and maintain and re-opening prior to receiving Department approval. The Individual/Entity has violated the Public Swimming Pools Regulation as follows: the main drain grate was not visible due to

cloudy water; the chlorine, bromine, and pH levels were not within the acceptable range of water quality standards; the bound and numbered log book was not maintained on a daily basis; a ladder was not tight and secure; the emergency notification device was not operational; a skimmer was missing a weir; and, the pool and spa were re-opened prior to receiving Department approval.

Action: The Individual/Entity is required to: pay a civil penalty in the amount of four thousand, seven hundred sixty dollars (**\$4,760.00**). The civil penalty has been paid.

### **Drinking Water Enforcement**

9) Order Type and Number: Consent Order 20-001-DW  
Order Date: January 27, 2020  
Individual/Entity: **Draytonville Water Works, Inc.**  
Facility: Draytonville Water District  
Location: 3142 Union Highway  
Gaffney, SC 29340  
Mailing Address: P.O. Box 1256  
Gaffney, SC 29342  
County: Cherokee  
Previous Orders: None  
Permit/ID Number: 1120003  
Violations Cited: S.C. Code Ann. Regs. 61-58.5.P(2)(b)

Summary: Draytonville Water Works, Inc. (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On December 5, 2019, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS exceeded the maximum contaminant level (MCL) for total trihalomethanes.

Action: The Individual/Entity is required to: submit a corrective action plan to include proposed steps to address the MCL violation; and, pay a civil penalty in the amount of four thousand dollars (**\$4,000.00**).

10) Order Type and Number: Consent Order 20-002-DW  
Order Date: January 30, 2020  
Individual/Entity: **Derrich and Katrin Phillips, LLC**  
Facility: Lowry's Animal Hospital  
Location: 2501 Lowry's Highway  
Chester, SC 29706  
Mailing Address: Same  
County: Chester  
Previous Orders: None

Permit/ID Number: 1270214  
Violations Cited: S.C. Code Ann. Regs. 61-58.17.K(1)(b)

Summary: Derrich and Katrin Phillips, LLC (Individual/Entity) owns and is responsible for the proper operation and maintenance of a public water system (PWS). On December 6, 2019, a violation was issued as a result of review of monitoring records. The Individual/Entity has violated the State Primary Drinking Water Regulation as follows: the PWS tested present for total coliform and E. coli, which resulted in a violation of the maximum contaminant level (MCL) for E. coli.

Action: The Individual/Entity is required to: submit a corrective action plan to include proposed steps to address the MCL violation; and, pay a **stipulated penalty** in the amount of four thousand dollars (**\$4,000.00**) should any requirement of the Order not be met.

### **Water Pollution Enforcement**

11) Order Type and Number: Consent Order 20-001-W  
Order Date: January 10, 2020  
Individual/Entity: **City of Manning**  
Facility: City of Manning WWTF  
Location: 1 Wastewater Lane  
Manning, SC 29102  
Mailing Address: P.O. Box 546  
Manning, SC 29102  
County: Clarendon  
Previous Orders: None  
Permit/ID Number: NPDES Permit SC0020419  
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1-110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41 (a) (2011).

Summary: The City of Manning (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Clarendon County, South Carolina. On August 8, 2019, a Notice of Violation was issued as a result of failure to submit a pretreatment program update as required by its NPDES Permit. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permit Regulations, as follows: failed to submit a timely pretreatment program update as required by its NPDES Permit.

Action: The Individual/Entity is required to: submit to the Department any information requested during review of the pretreatment update; and, pay a civil penalty in the amount of seven hundred dollars (**\$700.00**).

12) Order Type and Number: Consent Order 20-003-W  
Order Date: January 13, 2020  
Individual/Entity: **City of York**  
Facility: Fishing Creek WWTF  
Location: 2498 Ecology Road  
York, SC 29745  
Mailing Address: P.O. Box 500  
York, SC 29745-0500  
County: York  
Previous Orders: None  
Permit/ID Number: NPDES Permit SC0038156  
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1-110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.41 (a) and (d) (2011).

Summary: City of York (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in York County, South Carolina. On October 17, 2018, a Notice of Violation was issued as a result of violations of the permitted discharge limits for chronic toxicity (CTOX) as reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permit Regulations, as follows: failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for CTOX.

Action: The Individual/Entity is required to: submit to the Department a corrective action plan (CAP) addressing the deficiencies; complete quarterly CTOX testing for a period of eighteen (18) months; perform a Toxicity Identification Evaluation/Toxicity Reduction Evaluation if there is a CTOX failure observed during the eighteen (18) month monitoring period; and, pay a civil penalty in the amount of two thousand, eight hundred dollars (**\$2,800.00**).

13) Order Type and Number: Consent Order 20-003-W  
Order Date: January 28, 2020  
Individual/Entity: **Town of Bowman**  
Facility: Town of Bowman WWTF  
Location: Off Kizer Road  
Bowman, SC 29018  
Mailing Address: P.O. Box 37  
Bowman, SC 29018  
County: Orangeburg  
Previous Orders: None  
Permit/ID Number: NPDES Permit SC0040037  
Violations Cited: Pollution Control Act, S.C Code Ann § 48-1-110 (d) (2008 & Supp. 2018); Water Pollution Control Permits, S.C. Code Ann Regs. 61-9.122.21(d) (2011).

Summary: The Town of Bowman (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Orangeburg County, South Carolina. On September 12, 2019, a Notice of Violation was issued as a result of violations of the permitted discharge limits for ammonia-nitrogen and pH reported to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulations, as follows: failed to comply with the effluent discharge limits of the National Pollutant Discharge Elimination System Permit for ammonia-nitrogen and pH.

Action: The Individual/Entity is required to: submit to the Department a corrective action plan (CAP) addressing the deficiencies; and, pay a civil penalty in the amount of five thousand, six hundred dollars (**\$5,600.00**).

14) Order Type and Number: Consent Order 20-004-W  
Order Date: January 30, 2020  
Individual/Entity: **Town of Batesburg-Leesville**  
Facility: Town of Batesburg-Leesville WWTF  
Location: 100 Commissioner Street  
Lexington, SC 29006  
Mailing Address: P.O. Box 2329  
Calhoun Falls, SC 29070  
County: Lexington  
Previous Orders: None  
Permit/ID Number: NPDES Permit SC0024465  
Violations Cited: Pollution Control Act, S.C. Code Ann. § 48-1-110(d) (2008 & Supp. 2016), Water Pollution Control Permits, 3 S.C. Code Ann Regs. 61-9.122.41(a) (2011), and Part III. A of NPDES Permit SC0024465

Summary: Town of Batesburg-Leesville (Individual/Entity) owns and is responsible for the proper operation and maintenance of a wastewater treatment facility (WWTF) located in Lexington County, South Carolina. On October 31, 2019, a Notice of Violation was issued as a result of violations of the permitted discharge limits for biochemical oxygen demand (BOD) and BOD percent removal as reported on discharge monitoring reports submitted to the Department. The Individual/Entity has violated the Pollution Control Act and Water Pollution Control Permits Regulation, as follows: failed to comply with the effluent limits of its National Pollutant Discharge Elimination System permit for BOD and BOD percent removal.

Action: The Individual/Entity is required to: submit a Corrective Action Plan (CAP) and a schedule of implementation to adequately address the potential source(s) contributing to the BOD and BOD percent removal violations; and pay to the Department a civil penalty of five thousand dollars (**\$5,000.00**).

**BUREAU OF ENVIRONMENTAL HEALTH SERVICES**

**Food Safety Enforcement**

- 15) Order Type and Number: Administrative Order 2019-206-01-068  
Order Date: January 6, 2020  
Individual/Entity: **Hamid Mohsseni, D/B/A Tucker's Restaurant**  
Facility: Hamid Mohsseni, D/B/A Tucker's Restaurant  
Location: 3501 Clemson Boulevard  
Anderson, SC 29621  
Mailing Address: Same  
County: Anderson  
Previous Orders: 2014-206-01-030 (\$400.00)  
Permit Number: 04-206-02307  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Tucker's Restaurant (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on August 29, 2018, September 6, 2018, September 14, 2018, and August 22, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars (**\$500.00**).

- 16) Order Type and Number: Administrative Order 2019-206-05-011  
Order Date: January 6, 2020  
Individual/Entity: **Xiu Rong Zhau, D/B/A China**  
Facility: Xiu Rong Zhau, D/B/A China  
Location: 2595 Jefferson Davis Highway  
Warrenville, SC 29851  
Mailing Address: Same  
County: Aiken  
Previous Orders: 2018-206-05-016 (\$800.00)  
Permit Number: 02-206-02315  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: China (Individual/Entity) is a restaurant located in Aiken, South Carolina. The Department conducted inspections on November 6, 2018, January 4, 2019, May 21, 2019, May 30, 2019, and June 7, 2019. The Individual/Entity has violated the



South Carolina Retail Food Establishment Regulation, as follows: failed to keep equipment food contact surfaces and utensils clean to sight and touch; failed to ensure that all equipment installed in a retail food establishment after the effective date of this regulation shall be certified or classified and listed to National Sanitation Foundation (NSF)/American National Standards Institute (ANSI) Commercial Food Equipment Standards, or Baking Industry Sanitation Standards Committee (BISSC), or other accredited ANSI food equipment sanitation certification recognized by the Department; failed to ensure that outer openings of the retail food establishment were protected against the entry of insects and rodents by filling or closing the holes and other gaps along floors, walls, and ceiling; closed tight-fitting windows; and solid, self-closing doors; failed to maintain proper holding temperatures of time/temperature control for safety foods; and failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four thousand dollars (**\$4,000.00**).

17) <u>Order Type and Number:</u>	Consent Order 2019-206-01-078
<u>Order Date:</u>	January 2, 2020
<u>Individual/Entity:</u>	<b>Bojangles #923</b>
<u>Facility:</u>	Bojangles #923
<u>Location:</u>	7610 US Highway 76 Pendleton, SC 29670
<u>Mailing Address:</u>	131 Glenbridge Road Arden, NC 28704
<u>County:</u>	Anderson
<u>Previous Orders:</u>	2018-206-01-055 (\$800.00)
<u>Permit Number:</u>	04-206-04145
<u>Violations Cited:</u>	S.C. Code Ann. Regs. 61-25

Summary: Bojangles #923 (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted an inspection on October 23, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

18) Order Type and Number: Consent Order 2019-206-04-045  
Order Date: January 2, 2020  
Individual/Entity: **Huddle House 475**  
Facility: Huddle House 475  
Location: 400 Pamplico Highway  
Florence, SC 29505  
Mailing Address: Same  
County: Florence  
Previous Orders: None  
Permit Number: 21-206-02744  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Huddle House 475 (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted inspections on August 28, 2018, July 2, 2019, and July 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

19) Order Type and Number: Consent Order 2019-206-04-059  
Order Date: January 2, 2020  
Individual/Entity: **Bojangles #458**  
Facility: Bojangles #458  
Location: 405 Highway 301 North  
Dillon, SC 29536  
Mailing Address: 8611 Woodmere Crossing Lane  
Charlotte, NC 28226  
County: Dillon  
Previous Orders: None  
Permit Number: 17-206-00843  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Bojangles #458 (Individual/Entity) is a restaurant located in Dillon, South Carolina. The Department conducted inspections on October 16, 2018, May 22, 2019, and August 23, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

20) Order Type and Number: Consent Order 2019-206-04-070  
Order Date: January 2, 2020  
Individual/Entity: **Sam Kendall's**  
Facility: Sam Kendall's  
Location: 134 East Carolina Avenue  
Hartsville, SC 29550  
Mailing Address: 1043 Broad Street  
Camden, SC 29020  
County: Darlington  
Previous Orders: 2019-206-04-001 (\$200.00)  
Permit Number: 16-206-03187  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Sam Kendall's (Individual/Entity) is a restaurant located in Hartsville, South Carolina. The Department conducted inspections on June 4, 2018, November 7, 2018, and October 29, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

21) Order Type and Number: Consent Order 2019-206-04-071  
Order Date: January 2, 2020  
Individual/Entity: **KJ's Deli & Bakery**  
Facility: KJ's Deli & Bakery  
Location: 400 West Main Street  
Dillon, SC 29536  
Mailing Address: P.O. Box 1629  
Lake City, SC 29560  
County: Dillon  
Previous Orders: None  
Permit Number: 17-206-01012  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: KJ's Deli & Bakery (Individual/Entity) is a deli/bakery located in Dillon, South Carolina. The Department conducted inspections on February 15, 2018, January 3, 2019, and October 16, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

22) Order Type and Number: Consent Order 2019-206-04-072  
Order Date: January 2, 2020  
Individual/Entity: **Kentucky Fried Chicken**  
Facility: Kentucky Fried Chicken  
Location: 2060 West Evans Street  
Florence, SC 29501  
Mailing Address: P.O. Box 3929  
Florence, SC 29501  
County: Florence  
Previous Orders: None  
Permit Number: 21-206-10311  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Kentucky Fried Chicken (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted inspections on January 9, 2018, November 16, 2018, and September 17, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to ensure food employees kept their fingernails trimmed, filed, and maintained so the edges and surfaces are cleaned and not rough.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

23) Order Type and Number: Consent Order 2019-206-04-073  
Order Date: January 2, 2020  
Individual/Entity: **KJ's Deli & Bakery #69**  
Facility: KJ's Deli & Bakery #69  
Location: 525 South Ebenezer Road  
Lake City, SC 29560  
Mailing Address: P.O. Box 1629  
Lake City, SC 29560  
County: Florence  
Previous Orders: None  
Permit Number: 21-206-02503  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: KJ's Deli & Bakery #69 (Individual/Entity) is a deli/bakery located in Lake City, South Carolina. The Department conducted inspections on November 21, 2018, September 30, 2019, and October 10, 2019. The Individual/Entity has violated the South

Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

24) Order Type and Number: Consent Order 2019-206-04-074  
Order Date: January 2, 2020  
Individual/Entity: **China King Restaurant**  
Facility: China King Restaurant  
Location: 360 North Cashua Drive  
Florence, SC 29501  
Mailing Address: Same  
County: Florence  
Previous Orders: None  
Permit Number: 21-206-02624  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: China King Restaurant (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted inspections on May 7, 2018, April 2, 2019, August 22, 2019, and October 2, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

25) Order Type and Number: Consent Order 2019-206-06-119  
Order Date: January 2, 2020  
Individual/Entity: **Checkers #2712**  
Facility: Checkers #2712  
Location: 541 Seaboard Street  
Myrtle Beach, SC 29577  
Mailing Address: Same  
County: Horry  
Previous Orders: None  
Permit Number: 26-206-13744  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Checkers #2712 (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on October 2, 2018, November 30, 2018, and August 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that the handwashing sinks were accessible at all times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

26) Order Type and Number: Consent Order 2019-206-06-143  
Order Date: January 2, 2020  
Individual/Entity: **Patricia Grand Resort**  
Facility: Patricia Grand Resort  
Location: 2710 North Ocean Boulevard  
Myrtle Beach, SC 29577  
Mailing Address: Same  
County: Horry  
Previous Orders: 2016-206-06-025 (\$800.00)  
Permit Number: 26-206-10846  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Patricia Grand Resort (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on May 28, 2019, September 10, 2019, and September 30, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to provide individual disposable towels at each hand washing sink or group of adjacent handwashing sinks.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars (**\$500.00**).

27) Order Type and Number: Consent Order 2019-206-06-156  
Order Date: January 2, 2020  
Individual/Entity: **Newton's General Store**  
Facility: Newton's General Store  
Location: 410 East Brooks Street  
Andrews, SC 29510  
Mailing Address: Same  
County: Georgetown  
Previous Orders: 2019-206-06-114 (\$1,750.00)  
Permit Number: 22-206-06377  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Newton's General Store (Individual/Entity) is a restaurant located in Andrews, South Carolina. The Department conducted an inspection on October 21, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

28) Order Type and Number: Consent Order 2019-206-07-083  
Order Date: January 2, 2020  
Individual/Entity: **Eli's Table**  
Facility: Eli's Table  
Location: 129 Meeting Street  
Charleston, SC 29401  
Mailing Address: P.O. Box 22454  
Charleston, SC 29413  
County: Charleston  
Previous Orders: None  
Permit Number: 10-206-08063  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Eli's Table (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on September 14, 2017, July 11, 2018, July 17, 2018, July 10, 2019, and July 18, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods and failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

29) Order Type and Number: Consent Order 2019-206-07-124  
Order Date: January 2, 2020  
Individual/Entity: **Blend Juice Bar**  
Facility: Blend Juice Bar  
Location: 320 West Coleman Boulevard, #E  
Mount Pleasant, SC 29464  
Mailing Address: Same  
County: Charleston  
Previous Orders: None

Permit Number: 10-206-10040  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Blend Juice Bar (Individual/Entity) is a restaurant located in Mount Pleasant, South Carolina. The Department conducted an inspection on October 31, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: obscured, covered, defaced, relocated, or removed the grade decal that was posted by the Department.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five hundred dollars (**\$500.00**).

30) Order Type and Number: Consent Order 2019-206-07-125  
Order Date: January 2, 2020  
Individual/Entity: **Shem Creek Bar & Grill**  
Facility: Shem Creek Bar & Grill  
Location: 508 Mill Street  
Mount Pleasant, SC 29464  
Mailing Address: Same  
County: Charleston  
Previous Orders: 2019-206-07-026 (\$2,000.00)  
Permit Number: 10-206-06490  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Shem Creek Bar & Grill (Individual/Entity) is a restaurant located in Mount Pleasant, South Carolina. The Department conducted inspections on March 5, 2019, March 14, 2019, and October 28, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to keep shellstock tags or labels attached to the container in which the shellstock are received until the container is empty; failed to properly cool cooked time/temperature control for safety foods; and failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, two hundred fifty dollars (**\$1,250.00**).



31) Order Type and Number: Consent Order 2019-206-07-127  
Order Date: January 2, 2020  
Individual/Entity: **Carrigg's Seafood Market & Restaurant**  
Facility: Carrigg's Seafood Market & Restaurant  
Location: 4143 Rivers Avenue  
North Charleston, SC 29405  
Mailing Address: Same  
County: Charleston  
Previous Orders: None  
Permit Number: 10-206-01075  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Carrigg's Seafood Market & Restaurant (Individual/Entity) is a restaurant located in North Charleston, South Carolina. The Department conducted inspections on October 29, 2019, November 1, 2019, and November 4, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods and failed to provide equipment sufficient in number and capacity to maintain food temperatures for cooling and heating food and holding cold and hot food.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

32) Order Type and Number: Consent Order 2019-208-04-004  
Order Date: January 2, 2020  
Individual/Entity: **Dillon Christian School**  
Facility: Dillon Christian School  
Location: 337 South Commerce Drive  
Dillon, SC 29536  
Mailing Address: P.O. Box 151  
Dillon, SC 29536  
County: Dillon  
Previous Orders: None  
Permit Number: 17-208-00723  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Dillon Christian School (Individual/Entity) operates a cafeteria located in Dillon, South Carolina. The Department conducted inspections on May 17, 2017, March 13, 2018, December 7, 2018, and October 17, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

33) Order Type and Number: Consent Order 2019-206-01-078  
Order Date: January 6, 2020  
Individual/Entity: **Mr Salsa Mexican Restaurant**  
Facility: Mr Salsa Mexican Restaurant  
Location: 5000 Old Buncombe Road  
Greenville, SC 29617  
Mailing Address: Same  
County: Anderson  
Previous Orders: None  
Permit Number: 23-206-09678  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Mr Salsa Mexican Restaurant (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted inspections on June 19, 2019, August 19, 2019, and August 29, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to properly cool cooked time/temperature control for safety foods and failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

34) Order Type and Number: Consent Order 2019-206-01-080  
Order Date: January 6, 2020  
Individual/Entity: **Pizza Buffet**  
Facility: Pizza Buffet  
Location: 3420 Clemson Boulevard  
Anderson, SC 29621  
Mailing Address: Same  
County: Anderson  
Previous Orders: 2019-206-01-077  
Permit Number: 04-206-02096  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Pizza Buffet (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on January 19, 2018, November 2, 2018, October 16, 2019, October 17, 2019, October 25, 2019, November 4, 2019, and November 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature

control for safety foods and failed to use effective methods to cool cooked time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of five thousand dollars (**\$5,000.00**).

35) Order Type and Number: Consent Order 2019-206-06-144  
Order Date: January 7, 2020  
Individual/Entity: **Denny's**  
Facility: Denny's  
Location: 1200 US Highway 17 North  
Surfside Beach, SC 29575  
Mailing Address: 2160 Scenic Highway North  
Snellville, GA 30078  
County: Horry  
Previous Orders: 2019-206-06-103 (\$3,200.00);  
2019-206-06-136 (\$2,750.00)  
Permit Number: 26-206-13752  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Denny's (Individual/Entity) is a restaurant located in Surfside Beach, South Carolina. The Department conducted inspections on September 23, 2019, and October 3, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand dollars (**\$2,000.00**). Due to the facility's previous orders, the Individual/Entity is required to obtain and provide documentation of its designated staff members completion of an accredited Food Handler Certification program.

36) Order Type and Number: Consent Order 2019-206-06-154  
Order Date: January 7, 2020  
Individual/Entity: **Denny's**  
Facility: Denny's  
Location: 730 Highway 17 South  
North Myrtle Beach, SC 29582  
Mailing Address: 2160 Scenic Highway North  
Snellville, GA 30078  
County: Horry  
Previous Orders: 2019-206-06-058 (\$800.00);

Permit Number: 2019-206-06-093 (\$3,250.00)  
Violations Cited: 26-206-13733  
S.C. Code Ann. Regs. 61-25

Summary: Denny's (Individual/Entity) is a restaurant located in North Myrtle Beach, South Carolina. The Department conducted an inspection on October 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

37) Order Type and Number: Consent Order 2019-206-07-099  
Order Date: January 7, 2020  
Individual/Entity: **Sonic Drive-In #3829**  
Facility: Sonic Drive-In #3829  
Location: 6301 Rivers Avenue  
North Charleston, SC 29406  
Mailing Address: Same  
County: Charleston  
Previous Orders: None  
Permit Number: 10-206-11491  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Sonic Drive-In #3829 (Individual/Entity) is a restaurant located in North Charleston, South Carolina. The Department conducted inspections on August 9, 2018, October 25, 2018, July 30, 2019, and August 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to ensure that physical facilities were maintained in good repair and failed to clean the physical facilities as often as necessary to keep them.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

38) Order Type and Number: Consent Order 2019-206-07-114  
Order Date: January 7, 2020  
Individual/Entity: **Juanita Greenberg's Nacho Royal**  
Facility: Juanita Greenberg's Nacho Royal  
Location: 439 King Street  
Charleston, SC 29403  
Mailing Address: P.O. Box 20547

County: Charleston, SC 29413  
Previous Orders: Charleston  
Permit Number: None  
Violations Cited: 10-206-02812  
S.C. Code Ann. Regs. 61-25

Summary: Juanita Greenberg's Nacho Royal (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on December 15, 2017, November 30, 2018, and September 10, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation, as follows: failed to ensure employees wash hands after engaging in activities that contaminate their hands.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

39) Order Type and Number: Consent Order 2019-206-07-119  
Order Date: January 7, 2020  
Individual/Entity: **Carolina Ale House**  
Facility: Carolina Ale House  
Location: 145 Calhoun Street, Suites 200 & 300  
Charleston, SC 29401  
Mailing Address: P.O. Box 7367  
Columbia, SC 29202  
County: Charleston  
Previous Orders: 2016-206-07-039 (\$800.00);  
2017-206-07-014 (\$1,200.00)  
Permit Number: 10-206-09627  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Carolina Ale House (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on April 24, 2019, April 25, 2019, and October 11, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the proper sanitization concentration in a chemical sanitizer used in a manual or mechanical operation during contact times.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

40) Order Type and Number: Consent Order 2019-206-07-122  
Order Date: January 8, 2020  
Individual/Entity: **Smoothie King- West Ashley**  
Facility: Smoothie King- West Ashley  
Location: 1654 Sam Rittenberg Boulevard  
Charleston, SC 29407  
Mailing Address: 13777 Ballantyne Corporate Place,  
Suite 320  
Charlotte, NC 28277  
County: Charleston  
Previous Orders: None  
Permit Number: 10-206-11407  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Smoothie King- West Ashley (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted inspections on September 27, 2019, October 2, 2019, October 17, 2019, and October 25, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods and failed to provide equipment sufficient in number and capacity to maintain food temperatures for cooling and heating food and holding cold and hot food.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

41) Order Type and Number: Consent Order 2019-206-07-126  
Order Date: January 10, 2020  
Individual/Entity: **H & R Sweet Shop Café**  
Facility: H & R Sweet Shop Café  
Location: 102 Royal Avenue  
Mount Pleasant, SC 29464  
Mailing Address: Same  
County: Charleston  
Previous Orders: None  
Permit Number: 10-206-06744  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: H & R Sweet Shop Café (Individual/Entity) is a restaurant located in Mount Pleasant, South Carolina. The Department conducted inspections on October 22, 2019, October 31, 2019, and November 7, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

42) Order Type and Number: Consent Order 2019-206-03-111  
Order Date: January 13, 2020  
Individual/Entity: **Taco's Locos & Grill**  
Facility: Taco's Locos & Grill  
Location: 103 North 12<sup>th</sup> Street, Suite D  
West Columbia, SC 29169  
Mailing Address: Same  
County: Lexington  
Previous Orders: None  
Permit Number: 32-206-06745  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Taco's Locos & Grill Restaurant (Individual/Entity), is a restaurant located in Lexington, South Carolina. The Department conducted inspections on August 1, 2018, September 26, 2018, October 5, 2018, September 25, 2019, September 26, 2019, November 18, 2019, November 19, 2019, and November 20, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure employees wash hands after engaging in activities that contaminate their hands; failed to properly cool cooked time/temperature control for safety foods; failed to use effective methods to cool cooked time/temperature control for safety foods; failed to maintain proper holding temperatures of time/temperature control for safety foods; failed to maintain the premises free of insects, rodents, and other pests; and failed to convey sewage to the point of disposal through an approved sanitary sewage system or other system, including use of sewage transport vehicles, waste retention tanks, pumps, pipes, hoses, and connections that are constructed, maintained, and operated according to law.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four thousand, eight hundred dollars (**\$4,800.00**).

43) Order Type and Number: Consent Order 2019-206-04-068  
Order Date: January 13, 2020  
Individual/Entity: **Short Trip #6**  
Facility: Short Trip #6  
Location: 415 Boykin Avenue  
Lamar, SC 29069  
Mailing Address: Same  
County: Darlington  
Previous Orders: 2016-206-04-008 (\$800.00)

Permit Number: 16-206-01972  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Short Trip #6 (Individual/Entity) is a convenience store located in Lamar, South Carolina. The Department conducted inspections on October 24, 2018, August 12, 2019, and August 22, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; failed to provide water at a temperature of at least 100°F through a mixing valve or combination faucet at the handwashing sink(s); failed to provide individual disposable towels at each hand washing sink or group of adjacent handwashing sinks; and failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, two hundred fifty dollars (**\$1,250.00**).

44) Order Type and Number: Consent Order 2019-206-06-155  
Order Date: January 13, 2020  
Individual/Entity: **Jimmy B's Wildwood Bar & Grill**  
Facility: Jimmy B's Wildwood Bar & Grill  
Location: 3311 South Kings Highway  
North Myrtle Beach, SC 29582  
Mailing Address: Same  
County: Horry  
Previous Orders: None  
Permit Number: 26-206-08295  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Jimmy B's Wildwood Bar & Grill (Individual/Entity) is a restaurant located in North Myrtle Beach, South Carolina. The Department conducted inspections on July 13, 2018, February 7, 2019, and October 16, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain the premises free of insects, rodents, and other pests.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).



45) Order Type and Number: Consent Order 2019-206-01-064  
Order Date: January 14, 2020  
Individual/Entity: **Hardee's #150**  
Facility: Hardee's #150  
Location: 101 South Main Street  
McCormick, SC 29835  
Mailing Address: 2901 W. Beltline Highway, Suite 201  
Madison, WI 53713  
County: Greenwood  
Previous Orders: None  
Permit Number: 35-206-00827  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Hardee's #150 (Individual/Entity) is a restaurant located in McCormick, South Carolina. The Department conducted inspections on November 8, 2017, September 27, 2018, and September 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

46) Order Type and Number: Consent Order 2019-206-05-031  
Order Date: January 14, 2020  
Individual/Entity: **Hong Kong**  
Facility: Hong Kong  
Location: 1516 Richland Avenue West  
Aiken, SC 29801  
Mailing Address: Same  
County: Aiken  
Previous Orders: None  
Permit Number: 02-206-03273  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Hong Kong (Individual/Entity) is a restaurant located in Aiken, South Carolina. The Department conducted inspections on July 15, 2019, November 19, 2019, and November 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

47) Order Type and Number: Consent Order 2019-206-01-084  
Order Date: January 16, 2020  
Individual/Entity: **Westgate Pizza**  
Facility: Westgate Pizza  
Location: 500 West Greer Street  
Honea Path, SC 29654  
Mailing Address: Same  
County: Anderson  
Previous Orders: None  
Permit Number: 04-206-02129  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Westgate Pizza (Individual/Entity) is a restaurant located in Honea Path, South Carolina. The Department conducted inspections on July 11, 2018, February 6, 2019, and November 21, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

48) Order Type and Number: Consent Order 2019-206-03-114  
Order Date: January 16, 2020  
Individual/Entity: **Miyabi Jr Express**  
Facility: Miyabi Jr Express  
Location: 5570 Sunset Boulevard, Suite I  
Lexington, SC 29072  
Mailing Address: Same  
County: Lexington  
Previous Orders: 2018-206-03-013 (\$800.00)  
Permit Number: 32-206-06173  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Miyabi Jr Express (Individual/Entity) is a restaurant located in Lexington, South Carolina. The Department conducted inspections on January 4, 2018, December 11, 2018, and December 9, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

49) Order Type and Number: Consent Order 2019-206-04-079  
Order Date: January 16, 2020  
Individual/Entity: **Stanton's Bar-B-Que**  
Facility: Stanton's Bar-B-Que  
Location: 2828 Stanton's Road  
Bennettsville, SC 29512  
Mailing Address: Same  
County: Marlboro  
Previous Orders: None  
Permit Number: 34-206-00060  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Stanton's Bar-B-Que (Individual/Entity) is a restaurant located in Bennettsville, South Carolina. The Department conducted inspections on February 15, 2018, December 13, 2018, and December 5, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

50) Order Type and Number: Consent Order 2019-206-06-164  
Order Date: January 21, 2020  
Individual/Entity: **52 Station & Store**  
Facility: 52 Station & Store  
Location: 2700 Williamsburg County Highway  
Greeleyville, SC 29056  
Mailing Address: Same  
County: Williamsburg  
Previous Orders: None  
Permit Number: 45-206-00345  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: 52 Station & Store (Individual/Entity) is a convenience store located in Greeleyville, South Carolina. The Department conducted inspections on March 26, 2018, January 24, 2019, and November 4, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to provide individual disposable towels at each hand washing sink or group of adjacent handwashing sinks.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

51) Order Type and Number: Consent Order 2019-206-06-165  
Order Date: January 21, 2020  
Individual/Entity: **Crispy Crunchy**  
Facility: Crispy Crunchy  
Location: 2700 Williamsburg County Highway  
Greeleyville, SC 29056  
Mailing Address: Same  
County: Williamsburg  
Previous Orders: None  
Permit Number: 45-206-00383  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Crispy Crunchy (Individual/Entity) is a restaurant located in Greeleyville, South Carolina. The Department conducted inspections on March 26, 2018, April 3, 2018, January 24, 2019, and November 4, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to provide individual disposable towels at each hand washing sink or group of adjacent handwashing sinks.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, two hundred dollars (**\$1,200.00**).

52) Order Type and Number: Consent Order 2019-206-06-147  
Order Date: January 22, 2020  
Individual/Entity: **Mi Mexico**  
Facility: Mi Mexico  
Location: 3600 2 & 3 Highway 17 South  
North Myrtle Beach, SC 29582  
Mailing Address: 3839 Socastee Boulevard, Unit C  
Myrtle Beach, SC 29588  
County: Horry  
Previous Orders: None  
Permit Number: 26-206-13856  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Mi Mexico (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on February 7, 2018, June 25, 2019, and September 25, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

53) Order Type and Number: Consent Order 2019-206-06-167  
Order Date: January 22, 2020  
Individual/Entity: **Capriccio's of SC**  
Facility: Capriccio's of SC  
Location: 1285 38<sup>th</sup> Avenue North  
Myrtle Beach, SC 29577  
Mailing Address: Same  
County: Horry  
Previous Orders: None  
Permit Number: 26-206-10595  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Capriccio's of SC (Individual/Entity) is a restaurant located in Myrtle Beach, South Carolina. The Department conducted inspections on May 17, 2019, September 20, 2019, and November 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

54) Order Type and Number: Consent Order 2019-206-04-076  
Order Date: January 23, 2020  
Individual/Entity: **Zapata's Grill & Mexican Rest.**  
Facility: Zapata's Grill & Mexican Rest.  
Location: 904 Pamplico Highway  
Florence, SC 29505  
Mailing Address: Same  
County: Florence  
Previous Orders: None  
Permit Number: 21-206-01952  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Zapata's Grill & Mexican Rest. (Individual/Entity) is a restaurant located in Florence, South Carolina. The Department conducted an inspection on January 2, 2018, January 9, 2018, December 18, 2018, December 21, 2018, and November 18, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods; failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked; and failed to ensure food employees cleaned their hands and exposed portions of their arms properly for at least twenty (20) seconds using a cleaning compound in a handwashing sink.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand, six hundred dollars (**\$2,600.00**).

55) Order Type and Number: Consent Order 2019-206-04-078  
Order Date: January 23, 2020  
Individual/Entity: **Kentucky Fried Chicken**  
Facility: Kentucky Fried Chicken  
Location: 979 South Governor Williams Highway  
Darlington, SC 29532  
Mailing Address: 1652 Potato House Road  
Darlington, SC 29532  
County: Darlington  
Previous Orders: None  
Permit Number: 16-206-01740  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Kentucky Fried Chicken (Individual/Entity) is a restaurant located in Darlington, South Carolina. The Department conducted inspections on August 14, 2018, August 9, 2019, and November 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure food employees kept their fingernails trimmed, filed, and maintained so the edges and surfaces are cleaned and not rough.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of four hundred dollars (**\$400.00**).

56) Order Type and Number: Consent Order 2019-206-06-128  
Order Date: January 23, 2020  
Individual/Entity: **Inlet Crab House**  
Facility: Inlet Crab House  
Location: 3572 Highway 17 Business  
Murrells Inlet, SC 29576  
Mailing Address: P.O. Box 684  
Murrells Inlet, SC 29576  
County: Georgetown  
Previous Orders: None  
Permit Number: 22-206-05309  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Inlet Crab House (Individual/Entity) is a restaurant located in Murrells Inlet, South Carolina. The Department conducted inspections on April 23, 2018, February 6, 2019, and July 23, 2019. The Individual/Entity has violated the South Carolina Retail

Food Establishment Regulation as follows: failed to properly thaw time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two hundred dollars (**\$200.00**).

57) Order Type and Number: Consent Order 2019-206-06-145  
Order Date: January 23, 2020  
Individual/Entity: **Castaway**  
Facility: Castaway  
Location: 1717 South Ocean Boulevard  
North Myrtle Beach, SC 29582  
Mailing Address: Same  
County: Horry  
Previous Orders: 2019-206-06-052 (\$550.00)  
Permit Number: 26-206-13268  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Castaway (Individual/Entity) is a restaurant located in North Myrtle Beach, South Carolina. The Department conducted an inspection on August 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

58) Order Type and Number: Consent Order 2019-206-06-152  
Order Date: January 23, 2020  
Individual/Entity: **Kings Sushi**  
Facility: Kings Sushi  
Location: 112 Highway 17 North  
Surfside Beach, SC 29575  
Mailing Address: 224 Haley Lane  
Conway, SC 29527  
County: Horry  
Previous Orders: None  
Permit Number: 26-206-13054  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Kings Sushi (Individual/Entity) is a restaurant located in Surfside Beach, South Carolina. The Department conducted inspections on May 22, 2019,

September 25, 2019, and September 26, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

59) Order Type and Number: Consent Order 2019-206-06-157  
Order Date: January 23, 2020  
Individual/Entity: **El Rinconcito Salvadoreno**  
Facility: El Rinconcito Salvadoreno  
Location: 4019 Highway 17 South  
North Myrtle Beach, SC 29582  
Mailing Address: Same  
County: Horry  
Previous Orders: 2016-206-06-122 (\$1,200.00);  
2018-206-06-151 (\$800.00)  
Permit Number: 26-206-12760  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: El Rinconcito Salvadoreno (Individual/Entity) is a restaurant located in North Myrtle Beach, South Carolina. The Department conducted an inspection on October 23, 2018, January 30, 2019, May 29, 2019, October 16, 2019, and October 25, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature control for safety foods and failed to use effective methods to cool cooked time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of three thousand dollars (**\$3,000.00**).

60) Order Type and Number: Consent Order 2019-206-06-163  
Order Date: January 23, 2020  
Individual/Entity: **Winyah One Stop**  
Facility: Winyah One Stop  
Location: 4201 Highmarket Street  
Georgetown, SC 29440  
Mailing Address: Same  
County: Georgetown  
Previous Orders: None  
Permit Number: 22-206-06444  
Violations Cited: S.C. Code Ann. Regs. 61-25



Summary: Winyah One Stop (Individual/Entity) is a convenience store located in Georgetown, South Carolina. The Department conducted inspections on March 20, 2019, June 28, 2019, and November 19, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

61) Order Type and Number: Consent Order 2019-208-07-003  
Order Date: January 23, 2020  
Individual/Entity: **West Ashley Middle School**  
Facility: West Ashley Middle School  
Location: 1776 William Kennerty Drive  
Charleston, SC 29407  
Mailing Address: 3999 Bridgeview Drive  
North Charleston, SC 29405  
County: Charleston  
Previous Orders: 2019-208-07-002 (\$1,600.00)  
Permit Number: 10-208-04349  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: West Ashley Middle School (Individual/Entity) is a restaurant located in Charleston, South Carolina. The Department conducted an inspection on November 14, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

62) Order Type and Number: Consent Order 2019-206-01-081  
Order Date: January 24, 2020  
Individual/Entity: **The Meeting Place**  
Facility: The Meeting Place  
Location: 124 Whitner Street  
Anderson, SC 29621  
Mailing Address: Same  
County: Anderson  
Previous Orders: 2015-206-01-044 (\$800.00)

Permit Number: 04-206-03073  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: The Meeting Place (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on February 7, 2018, December 5, 2018, and November 18, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

63) Order Type and Number: Consent Order 2019-206-01-082  
Order Date: January 24, 2020  
Individual/Entity: **Stop-A-Minit #4**  
Facility: Stop-A-Minit #4  
Location: 405 West Greer Street  
Honea Path, SC 29654  
Mailing Address: 1015 Thornhill Drive  
Anderson, SC 29621  
County: Anderson  
Previous Orders: None  
Permit Number: 04-206-03034  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Stop-A-Minit #4 (Individual/Entity) is a convenience store located in Honea Path, South Carolina. The Department conducted inspections on November 19, 2019, November 27, 2019, and December 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

64) Order Type and Number: Consent Order 2019-206-01-086  
Order Date: January 24, 2020  
Individual/Entity: **Sullivan's Metropolitan Grill**  
Facility: Sullivan's Metropolitan Grill  
Location: 208 South Main Street  
Anderson, SC 29624

Mailing Address: Same  
County: Anderson  
Previous Orders: None  
Permit Number: 04-206-02704  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Sullivan's Metropolitan Grill (Individual/Entity) is a restaurant located in Anderson, South Carolina. The Department conducted inspections on March 6, 2018, March 5, 2019, November 26, 2019, and December 6, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand, six hundred dollars (**\$1,600.00**).

65) Order Type and Number: Consent Order 2019-206-02-089  
Order Date: January 24, 2020  
Individual/Entity: **Project Host**  
Facility: Project Host  
Location: 525 South Academy Street  
Greenville, SC 29602  
Mailing Address: P.O. Box 345  
Greenville, SC 29602  
County: Greenville  
Previous Orders: 2018-206-02-020 (\$800.00);  
2018-206-02-041 (\$1,000.00);  
2019-206-02-029 (\$1,000.00)  
Permit Number: 04-206-03073  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Project Host (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted inspections on November 25, 2019, and December 2, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand dollars (**\$2,000.00**).

66) Order Type and Number: Consent Order 2019-206-02-092  
Order Date: January 24, 2020  
Individual/Entity: **Blockhouse Restaurant**  
Facility: Blockhouse Restaurant  
Location: 1619 Augusta Street  
Greenville, SC 29601  
Mailing Address: Same  
County: Greenville  
Previous Orders: 2017-206-02-003 (\$800.00);  
2017-206-02-025 (\$750.00);  
2018-206-02-031 (\$2,000.00);  
2019-206-02-026 (\$750.00)  
Permit Number: 23-206-03818  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Blockhouse Restaurant (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted an inspection on December 2, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

67) Order Type and Number: Consent Order 2019-206-02-093  
Order Date: January 24, 2020  
Individual/Entity: **Husk Restaurant**  
Facility: Husk Restaurant  
Location: 722 South Main Street  
Greenville, SC 29601  
Mailing Address: 155 East Bay Street  
Charleston, SC 29401  
County: Greenville  
Previous Orders: None  
Permit Number: 23-206-11806  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Husk Restaurant (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted inspections on February 15, 2018, January 2, 2019, and October 10, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

68) Order Type and Number: Consent Order 2019-206-02-096  
Order Date: January 24, 2020  
Individual/Entity: **Halls Chophouse**  
Facility: Halls Chophouse  
Location: 550 South Main Street, Suite 100  
Greenville, SC 29601  
Mailing Address: 434 King Street  
Charleston, SC 29403  
County: Greenville  
Previous Orders: None  
Permit Number: 23-206-11223  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Halls Chophouse (Individual/Entity) is a restaurant located in Greenville, South Carolina. The Department conducted inspections on August 27, 2018, May 16, 2019, November 7, 2019, and November 8, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to properly cool cooked time/temperature control for safety foods; failed to use effective methods to cool cooked time/temperature control for safety foods; failed to ensure that refrigerated, ready-to-eat, time/temperature control for safety foods were discarded if the temperature and time combination exceeded seven (7) days or if the package was not properly date marked; and obscured, covered, defaced, relocated, or removed the grade decal that was posted by the Department.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of two thousand, three hundred dollars (**\$2,300.00**).

69) Order Type and Number: Consent Order 2019-206-06-162  
Order Date: January 24, 2020  
Individual/Entity: **Hong Kong**  
Facility: Hong Kong  
Location: 520 East Main Street  
Kingstree, SC 29556  
Mailing Address: Same  
County: Williamsburg  
Previous Orders: 2019-206-06-040 (\$1,000.00);  
2019-206-06-111 (\$2,000.00)  
Permit Number: 45-206-00466

Violations Cited:

S.C. Code Ann. Regs. 61-25

Summary: Hong Kong (Individual/Entity) is a restaurant located in Kingstree, South Carolina. The Department conducted an inspection on November 12, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

70) Order Type and Number: Consent Order 2019-206-08-016  
Order Date: January 24, 2020  
Individual/Entity: **Parker's #54**  
Facility: Parker's #54  
Location: 16319 Whyte Hardee Boulevard  
Hardeeville, SC 29927  
Mailing Address: 17 W. McDonough Street  
Savannah, GA 31401  
County: Jasper  
Previous Orders: None  
Permit Number: 27-206-00617  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Parker's #54 (Individual/Entity) is a restaurant located in Hardeeville, South Carolina. The Department conducted inspections on January 18, 2018, November 25, 2019, and December 4, 2019. The Individual/Entity has violated the South Carolina Retail Food Establishment Regulation as follows: failed to maintain proper holding temperatures of time/temperature control for safety foods.

Action: The Individual/Entity is required to: operate and maintain the facility in accordance with the requirements of all applicable regulations, including S.C. Regs. 61-25, and pay a civil penalty in the amount of eight hundred dollars (**\$800.00**).

**On Site Wastewater Enforcement**

71) Order Type and Number: Administrative Order 19-56-OSWW  
Order Date: January 6, 2020  
Individual/Entity: **Todd Baker**  
**Kimberly Blaylock**  
Facility: Todd Baker  
Kimberly Blaylock

Location: 10111 Jacks Place  
Myrtle Beach, SC 29588  
Mailing Address: Same  
County: Horry  
Previous Orders: None  
Permit Number: None  
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Todd Baker (Individual/Entity) owns property located in Myrtle Beach, South Carolina upon which Kimberly Blaylock resides in a camper. The Department conducted an investigation on October 21, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation, as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to connect the camper to an OSWW system within fifteen (15) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

72) Order Type and Number: Administrative Order 19-58-OSWW  
Order Date: January 6, 2020  
Individual/Entity: **Gerald Risher, Jr. and Lisa Risher**  
Facility: Gerald Risher, Jr. and Lisa Risher  
Location: 530 Fantail Ave.  
Cross, SC 29436  
Mailing Address: Same  
County: Berkeley  
Previous Orders: None  
Permit Number: None  
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Gerald Risher, Jr. and Lisa Risher (Individual/Entity) own property located in Berkeley, South Carolina. The Department conducted an investigation on October 31, 2019, and observed domestic wastewater discharging onto the surface of the ground and the septic tank lid not properly attached. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or

sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

73) Order Type and Number: Administrative Order 19-61-OSWW  
Order Date: January 6, 2020  
Individual/Entity: **Rickie and Cathy O’Banner**  
Facility: Rickie and Cathy O’Banner  
Location: 104 Josie Creek Drive  
Piedmont, SC 29673  
Mailing Address: Same  
County: Anderson  
Previous Orders: None  
Permit Number: None  
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Rickie and Cathy O’Banner (Individual/Entity) own property located in Anderson, South Carolina. The Department conducted an investigation on November 12, 2019, and observed domestic wastewater discharging onto the surface of the ground and flowing downhill onto an adjacent property. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

74) Order Type and Number: Administrative Order 19-41-OSWW  
Order Date: January 17, 2020  
Individual/Entity: **Lisa Hamby**  
**Freda Grice**  
Facility: Lisa Hamby  
Freda Grice  
Location: 350 Terry Creek Road  
Travelers Rest, SC 29690  
Mailing Address: Same  
County: Greenville  
Previous Orders: None  
Permit Number: None



Violations Cited:

S.C. Code Ann. Regs. 61-56

Summary: Lisa Hamby and Freda Grice (Individual/Entity) are responsible for property located in Travelers Rest, South Carolina. The Department conducted an investigation on August 9, 2019, and observed domestic wastewater discharging onto the surface of the ground. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within five (5) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

75) Order Type and Number: Administrative Order 20-02-OSWW  
Order Date: January 17, 2020  
Individual/Entity: **Alisha Smalls**  
**Tara Simmons**  
Facility: Alisha Smalls  
Tara Simmons  
Location: 531 Flint Street  
Charleston, SC 29412  
Mailing Address: Same  
County: Charleston  
Previous Orders: None  
Permit Number: None  
Violations Cited: S.C. Code Ann. Regs. 61-56

Summary: Alisha Smalls and Tara Simmons (Individual/Entity) reside on property located in Charleston, South Carolina. The Department conducted an investigation on September 16, 2019, and observed domestic wastewater discharging onto the surface of the ground and the lid of the septic tank not properly attached. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: failed to ensure that no septic tank effluent, domestic wastewater, or sewage was discharged to the surface of the ground without an appropriate permit from the Department.

Action: The Individual/Entity is required to repair the OSWW system within fifteen (15) days to effectively stop the discharging of septic tank effluent, domestic wastewater, or sewage to the surface of the ground; or immediately vacate the residence to eliminate the flow of domestic wastewater to the OSWW system; and pay a **suspended penalty** in the amount of five thousand dollars (**\$5,000.00**) should any requirement of the Order not be met.

76) Order Type and Number: Consent Order 19-55-OSWW  
Order Date: January 30, 2020  
Individual/Entity: **Herbert Crosby, III**  
Facility: Herbert Crosby, III  
Location: 3621 Twelve Oaks Lane  
Orangeburg, SC 29118  
Mailing Address: Same  
County: Orangeburg  
Previous Orders: None  
Permit Number: None  
Violations Cited: S.C. Code Ann. Regs. 61-25

Summary: Herbert Crosby, III, doing business as Crosby Backhoe, (Individual/Entity) was issued a license to construct onsite wastewater systems on December 1, 2009. The Department informed the Individual/Entity of license expiration on October 24, 2018 and five (5) Approval to Operate Contractor Self Inspection forms were completed and submitted after the notification of the license expiration. The Individual/Entity has violated the South Carolina Onsite Wastewater (OSWW) Systems Regulation as follows: no person may engage in the business of and be responsible for the construction, repair, or cleaning of onsite wastewater sewage treatment and disposal systems without first applying, receiving, and subsequently maintaining a valid license to conduct such activities.

Action: The Individual/Entity is required to: stop engaging in the business of constructing or repairing onsite wastewater systems until a new license is issued from the Department and pay a civil penalty in the amount of one thousand dollars (**\$1,000.00**).

\* Unless otherwise specified, "Previous Orders" as listed in this report include orders issued by Environmental Affairs Programs within the last five (5) years.

BOARD OF HEALTH AND ENVIRONMENTAL CONTROL  
SUMMARY SHEET  
March 12, 2020

[x] ACTION/DECISION  
[ ] INFORMATION

- I. TITLE: Request for approval of the Draft 2020 South Carolina Health Plan.
- II. SUBJECT: Presentation of the Draft 2020 South Carolina Health Plan for final Board approval.
- III. FACT: The Draft 2020 South Carolina Health Plan ("Plan" or "SHP") has been developed by the South Carolina State Health Planning Committee (Committee). It was released for public comment on November 1, 2019, and four regional public hearings were held in November 2019 to solicit comments. The Committee met on three occasions to review the Plan, review public comments, revise the Plan, and submit a final version to the Board for approval.
- IV. ANALYSIS: The Committee recommends the Board adopt the attached Draft 2020 South Carolina Health Plan. Proposed changes to sections of the Plan are set forth below and organized by SHP chapter.

**Chapter 1 - Introduction**

No significant changes.

**Chapter 2 - Inventory Regions**

No significant changes.

**Chapter 3 - General Hospitals**

Language regarding the general bed need projections and standards has been updated for grammatical changes. General bed standards have been revised to provide the methodology for calculating bed need in counties without existing hospitals. Subsequent standards have been renumbered for continuity.

Neonatal services standards were revised to allow Level II neonatal facilities to add up to 8 intensive care bassinets, even in the absence of a projected need in the Plan, provided that the facility can demonstrate that it has met certain threshold requirements.

**Chapter 4 - Psychiatric Services**

Changes were made to the Psychiatric Service standards to expand opportunities for facilities to add beds based on high occupancy, even in the absence of a projected bed need in the Plan. The

general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined.

### **Chapter 5 - Rehabilitation Facilities**

Changes were made to the Rehabilitation Facilities standards to expand opportunities for facilities to add beds based on high occupancy, even in the absence of a projected bed need in the Plan. The general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined.

### **Chapter 6 - Alcohol and Drug Abuse Facilities**

Because Freestanding Medical Detoxification Facilities are not included in the applicable statutory definition of "Healthcare Facilities" and, therefore, are not subject to regulation under the Plan, the standards and inventory chart for Freestanding Medical Detoxification Facilities have been removed. The general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined.

### **Chapter 7 - Residential Treatment Facilities for Children and Adolescents**

The service areas for Residential Treatment Facilities for Children and Adolescents were combined into a single, statewide service area, and the need methodology was revised to expand the projected bed need for this service from 41.4 to 70 beds per 100,000 children ages 5-21. This change is recommended, in part, because of the substantial increase in out-of-state children being placed in South Carolina facilities.

Standards were added to expand opportunities for facilities to add beds based on either high occupancy or a documented need for a specialty unit to address certain patient population needs, even in the absence of a projected bed need in the Plan.

### **Chapter 8 - Cardiovascular Care**

Updates include a definition and service area designation for Comprehensive Catheterization Laboratory. Language regarding equivalents and procedure thresholds has been clarified and updated to reflect the most current SCAI/ACC/AHA guidelines.

Standards were added to provide guidance for facilities seeking to provide Transcatheter Aortic Valve Replacement (TAVR) procedure, and to specify that hospitals with diagnostic laboratories may develop primary PCI and elective PCI simultaneously.

Standard 9.m. was revised to require, rather than recommend, that every PCI program participate in a regional or national PCI registry.

The general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined.

## Chapter 9 - Radiation Oncology

Radiation Oncology Relevant Definitions were updated to meet industry standards. The Proton Beam Therapy Unit was added to the Types of Radiation Equipment descriptions. The general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined. The Megavoltage Visits chart added the column of "Total Capacity."

## Chapter 10 - Outpatient Facilities

The general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined.

## Chapter 11 - Long Term Care Facilities and Services

The skilled nursing facility bed need methodology was updated to a graduated bed need based on a ratio of beds to specific population age groups. The general statement outlining the project review criteria considered most important for evaluating Certificate of Need applications for this service was streamlined. The Long-Term Care Bed Need chart was updated to include the various age group populations.

## Glossary

Definitions have been updated for consistency with recommended changes to the Plan.

### V. RECOMMENDATION:

The State Health Planning Committee recommends that the Board approve the Draft 2020 South Carolina Health Plan for use in the Certificate of Need Program, and that all applications received after the effective date of the Plan be reviewed under this Plan.

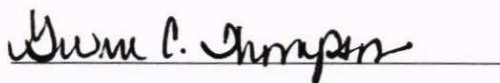
### VI. ATTACHMENT: Draft 2020 South Carolina Health Plan

Submitted by:



Maggie Parham Murdock  
Director, Certificate of Need Program

Approved by:



Gwen C. Thompson,  
Director, Health Regulation

**DRAFT**

## **2020 South Carolina Health Plan**

**Prepared for the March 12, 2020 meeting of the South Carolina Board  
of Health and Environmental Control**

**Final as of February 21, 2020**

## SOUTH CAROLINA HEALTH PLANNING COMMITTEE

<b><u>MEMBER</u></b>	<b><u>REPRESENTING</u></b>	<b><u>EXPIRATION</u></b>
Vacant	Provider	
Bradley W. Moorhouse	Provider	6/30/2016
Gokul Gondi, M.D.	Provider	6/30/2021
Rajeev Vasudeva, MD	Provider	6/30/2018
Mary E. Phillips	Business (At-Large)	6/30/2016
Vacant	Finance/Business	6/30/2015
Ann M. McCraw	Finance/Business	6/30/2018
Sarah C. Harrell	Finance/Business	6/30/2018
Vacant	Consumer	
Vacant	Consumer	
Kurt E. Moore	Consumer	6/30/2018
Steve E. Nail	Consumer	6/30/2018
L. Becky Dover. Esq	Consumer Affairs (Ex-Officio)	
Rick Lee	Board of Health and Environmental Control	

South Carolina Health Planning Committee  
Department of Health & Environmental Control  
Certificate of Need Program  
2600 Bull Street  
Columbia, SC 29201  
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Phone: (803) 545-4200

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## CHAPTER 1

### INTRODUCTION

#### **SOUTH CAROLINA HEALTH PLAN**

The South Carolina Code of Laws requires the Department of Health and Environmental Control (“Department”) to prepare a South Carolina Health Plan (“Plan”), with the advice of the Health Planning Committee, for use in the administration of the Certificate of Need Program. See [§ 44-7-180\(B\)](#).

#### **CERTIFICATE OF NEED**

The purpose of the Certificate of Need Program, as set forth in the *State Certification of Need and Health Facility Licensure Act* (“Certificate of Need Act”), is to promote cost containment, prevent unnecessary duplication of health care facilities and services, guide the establishment of health facilities and services which will best serve public needs, and ensure that high quality services are provided in health facilities in this State. To achieve these purposes, the Certificate of Need Act requires a [person](#) or [health care facility](#) to obtain a Certificate of Need from the Department before undertaking certain health care related projects. See [§§ 44-7-120 and 44-7-160](#).

#### **HEALTH PLANNING COMMITTEE**

The Health Planning Committee advises the Department in the drafting of the South Carolina Health Plan. It is comprised of fourteen members, twelve of whom are appointed by the Governor, which must include at least one member from each congressional district. One member is appointed by the chairman of the Department’s Board, and by virtue of his office, the final member is either the South Carolina Consumer Advocate or his designee. Health care consumers, health care financiers (including business and insurance), and health care providers (which must include at least one administrator of a for-profit nursing home) are equally represented. The Health Planning Committee reviews the South Carolina Health Plan and submits it to the Board of Health and Environmental Control for final revision and adoption. See [§ 44-7-180](#).

#### **STATUTORY REQUIREMENTS**

In accordance with [§ 44-7-180\(B\)](#), this Plan contains (1) an *inventory* of existing and CON approved health care facilities, beds, specified health services and equipment; (2) *projections of need* for additional healthcare facilities, beds, specified health services, and equipment; (3) *standards for distribution* of healthcare facilities, beds, specified health services, and equipment (“Certificate of Need Standards”); and (4) a *general statement as to the project review criteria* considered to be the most important in evaluating Certificate of Need applications for each type of facility, service and equipment.

## **(1) INVENTORY**

[Chapter 2](#) of this Plan identifies the inventory regions and service areas used in the administration of the Certificate of Need Program. Healthcare facilities, specified health services, beds and equipment are inventoried where applicable.

## **(2) PROJECTIONS OF NEED**

Chapters 3 through 11 of this Plan discuss the need for additional healthcare facilities, beds, specified health services and equipment in the State. While the methodologies used to determine these needs vary depending on the type of healthcare facility, bed, specified health service, or equipment, a determination of projected need is calculated for most areas addressed by the Plan.

## **(3) CERTIFICATE OF NEED STANDARDS**

In consultation with the Health Planning Committee, the Department formulated these standards to guide health providers throughout the State. Inclusion of these standards in the application process is designed to give applicants notice of its requirements and to elicit from them a commitment to incorporate these standards into both their applications and finished projects.

## **(4) PROJECT REVIEW CRITERIA**

A general statement has been added to most sections of the Plan setting forth the Project Review Criteria considered to be the most important in reviewing Certificate of Need applications for each type of healthcare facility, bed, specified health service, and equipment. These criteria are not listed in order of importance, but sequentially, as they are in [Regulation 61-15](#). Where appropriate, the Plan contains a finding as to whether the benefits of improved accessibility to each such type of facility, service and equipment may outweigh the adverse effects caused by the duplication of any existing facility, service or equipment.

## **DISCLAIMERS**

- (1) The hyperlinks provided throughout this Plan were checked for accuracy immediately prior to publication. Due to factors outside our control, we cannot guarantee the links will not expire or otherwise become unavailable after publication. Should you be unable to access the hyperlinked information, please feel free to request the information from the Certificate of Need Program via e-mail to [coninfo@dhec.sc.gov](mailto:coninfo@dhec.sc.gov).
- (2) The population data set forth in this Plan was received from the South Carolina Revenue and Fiscal Affairs Office in **August of 2019**. The material includes population projections that are subject to the following conditions:

These projections offer only one scenario of future population change using the most current data available. The overall accuracy of the projections depends on the extent to which future events unfold in a manner that reflects previous trends observed within each group. The model cannot account for unprecedented events that may significantly alter an area's demographic composition in the future. The possible events include large factory openings or closings, changes in technology, public health crises, environmental events, or other conditions that could have an effect on migration, birth rates, or death rates. This means that population projections are likely to be more accurate in the immediate future than in distant years into the future. The projections will be updated regularly as new data becomes available and future events unfold. Annual county population estimates released by the Census Bureau will be monitored along with birth and death data released each year, and adjustments will be made to the projected population results as appropriate.

## CHAPTER 2

### INVENTORY REGIONS AND SERVICE AREAS

#### **INVENTORY REGIONS**

This Plan has adopted the [Department's regions](#) for the purpose of inventorying [Health Care Facilities](#) and [Health Services](#) as designated and enumerated below:

<b><u>Region</u></b>	<b><u>Counties</u></b>
<b>I - Upstate</b>	Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, and Union
<b>II - Midlands</b>	Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda and York
<b>III - Pee Dee</b>	Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter and Williamsburg
<b>IV - Lowcountry</b>	Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper and Orangeburg

#### **NEED FOR HEALTH CARE FACILITIES AND HEALTH SERVICES**

This Plan calculates the need for certain Health Care Facilities and Health Services throughout South Carolina based on certain formulae and criteria set forth in detail in this Plan. For example:

- The need for hospital beds is based on the utilization of individual facilities.
- The need for acute psychiatric services, alcohol and drug abuse services, **and** comprehensive rehabilitation services is based on various service areas and utilization methodologies specified in this Plan.
- The need for most health services (e.g., cardiac catheterization, open heart surgery) is based upon the service standard, which is a combination of utilization criteria and travel time requirements.
- The need for long-term care and skilled nursing service is projected by county.

#### **SERVICE AREAS**

In addition to inventory regions, this Plan designates service areas for certain Health Care Facilities and Health Services. These service areas may be comprised of one or more counties. Service areas may cross **the** inventory regions **identified above**. The need for a service is analyzed by assessment of existing resources and need in the relevant service area, along with other factors

set forth in this Plan, applicable statutes and regulations.

### **TRANSFER BETWEEN AFFILIATED FACILITIES**

Given the ever-changing nature of the health care delivery system, affiliated facilities may want to transfer or exchange specific **equipment, services**, or licensed beds in order to better meet an identified need. [Affiliated facilities](#) are two or more health care facilities, whether inpatient or outpatient, owned, leased, or who have a formal legal relationship with a central organization and whose relationship has been established for reasons other than for transferring beds, equipment or services. In certain instances such a transfer or exchange of acute services could be accomplished in a cost-effective manner and result in a more efficient allocation of health care resources. This transfer or exchange of services applies to both inpatient and outpatient services. *A Certificate of Need is required to transfer or exchange beds, services, and/or equipment.* In order to evaluate a proposal for the transfer or exchange of any health care **equipment or** technology reviewed under the Certificate of Need program, the following criteria must be applied to it:

1. A transfer or exchange of beds, services, and/or equipment may be approved only if there is no overall increase in the number or amount of such beds and/or services.
2. A transfer or exchange initiated under this Chapter may only occur within the service area(s) established in this Plan.
3. The facility receiving the beds, services, and/or equipment must demonstrate the need for the additional capacity based on historical and/or projected utilization patterns.
4. The applicants must explain the impact of transferring the beds, services, and/or equipment on the health care delivery system of the county and/or service area from which it is to be taken; any negative impact must be detailed, along with the perceived benefits of the proposal.
5. The facility giving up beds, services, and/or equipment may not use the loss of such beds, services, and/or equipment as justification for a subsequent request to establish or re-establish such beds, services, and/or equipment.
6. A written contract or agreement between the governing bodies of the affiliated facilities approving the transfer or exchange of beds, services, and/or equipment must be included in the Certificate of Need process.
7. Each facility giving up beds, services, and/or equipment must acknowledge in writing that this exchange is permanent; any further transfers would be subject to this same process.

### **ESTIMATED STATE CIVILIAN POPULATION**

Where these projections were required for calculations, this Plan has been developed using the

estimated civilian population of 5,084,127 for 2018 and projected population of 5,474,585 for 2024. All population data (county, planning area, and statewide) were provided by the South Carolina Revenue and Fiscal Affairs Office, Health and Demographics Section, in August 2019.

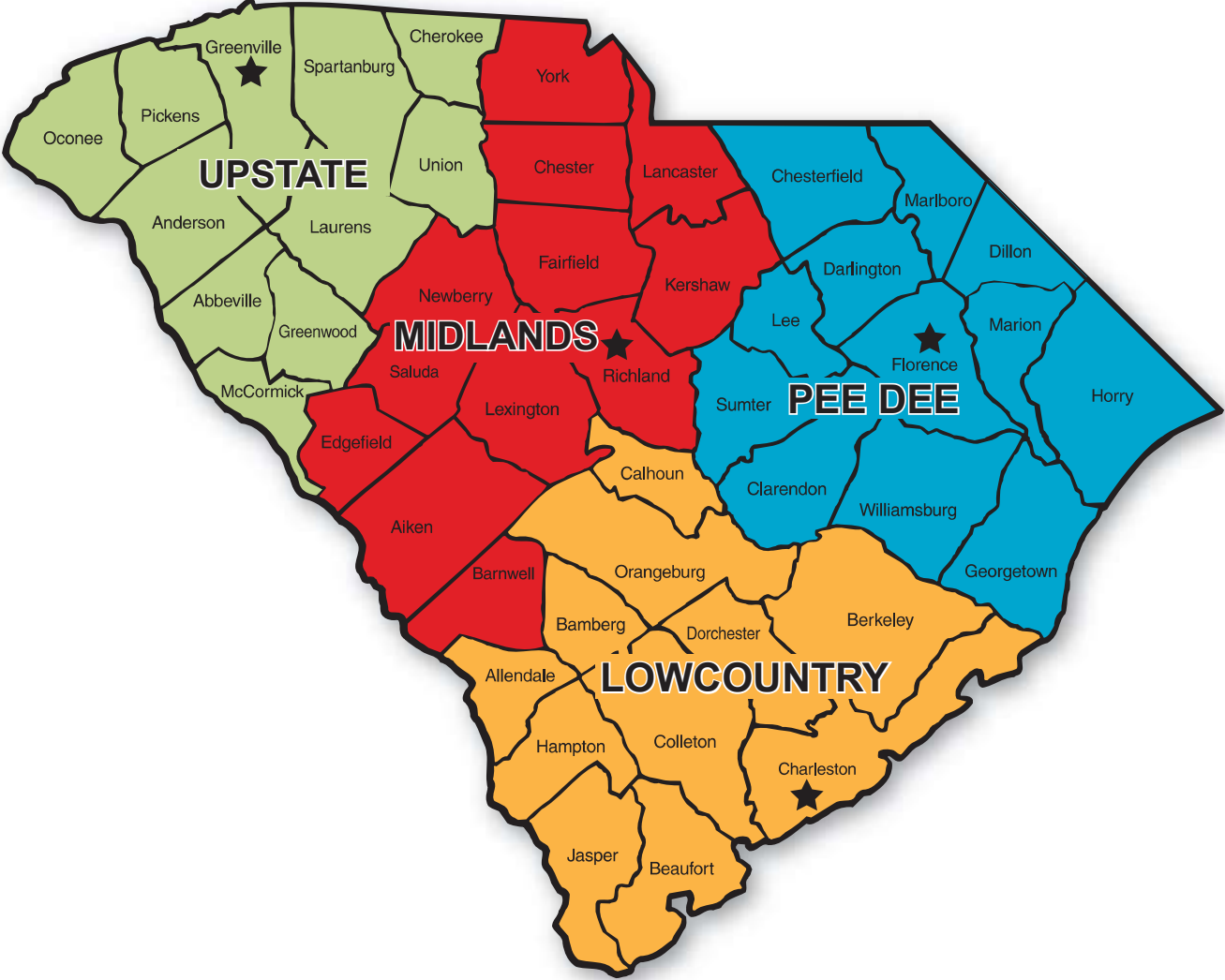
### **INVENTORY DATES**

Only those facilities reviewed under the Certificate of Need program are included in the inventory. The cut-off date for inclusion of information in this Plan was January 17, 2020. Inventory and utilization data set forth in this Plan is derived from the 2018 Joint Annual Reports (JARs). The period of time in which the individual data was collected is set forth by the reporting entity in its individual JAR submission.



# DHEC REGIONS MAP

(Chapter 2)



## CHAPTER 3

### GENERAL HOSPITALS

#### GENERAL HOSPITALS

##### Relevant Definitions

“[Hospital](#)” means a facility organized and administered to provide overnight medical, surgical, or nursing care of illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.

Hospital may include residential treatment facilities for children and adolescents in need of mental health treatment which are physically a part of a licensed psychiatric hospital. This definition does not include facilities which are licensed by the Department of Social Services.

“[Hospital Bed](#)” means a bed for an adult or child patient. Bassinets for the newborn in a maternity unit nursery, beds in labor rooms, recovery rooms, and other beds used exclusively for emergency purposes are not included in this definition.

##### Bed Capacity

For existing beds, capacity is considered bed space designated exclusively for inpatient care, including space originally designed or remodeled for inpatient beds, even though temporarily not used for such purposes. The number of beds counted in any patient room is the maximum number for which adequate square footage is provided, except that single beds in single rooms have been counted even if the room contained inadequate square footage.

##### Inventory and Bed Need

All licensed general hospitals, including Federal facilities, and CON-approved general hospitals are listed in the inventory. Patient days and admissions are as reported by the hospital in its JAR. The number of patient days utilized for the general hospital bed need calculations does not include days of care rendered in licensed psychiatric units, substance abuse units, or comprehensive rehabilitation units of hospitals. These days of care are shown in the corresponding inventories for each type of service. In addition, the days of care provided in Long-Term Care hospitals are not included in the general bed need calculations.

Total capacity by survey refers to a total designed capacity or maximum number of beds that may be accommodated as determined by an on-site survey. This capacity may exceed the

number of beds actually set up and in use. It may also differ from the licensed capacity, which is based on State laws and regulations. Beds have been classified as conforming and nonconforming, according to standards of plant evaluation.

### Variable Occupancy Rate

The General Acute Hospital bed need methodology uses the following variable occupancy rate factors:

- 0 - 174 bed hospitals → 65%
- 175 - 349 bed hospitals → 70%
- 350+ bed hospital → 75%

The population and associated utilization are broken down by age groups. The use rates and projected average daily census are made for the age cohorts of 0-17, 18-64, and 65 and over, in recognition that different population groups have different hospital utilization rates.

Where the term “hospital bed need” is used, these figures are based upon utilization data for the general acute hospitals. This term does not suggest that facilities cannot operate at higher occupancy rates than used in the calculations without adding additional beds.

### Availability

The need for general hospital beds is determined through the consideration of current utilization and projected population growth with the goal of having beds available within approximately 30 minutes’ travel time for the majority of the residents of the State.

### **CERTIFICATE OF NEED PROJECTION AND STANDARDS**

1. Calculations of hospital bed need are made for individual hospitals and for service areas.
2. For individual hospitals, the methodology for calculating bed need is as follows:
  - a. Determine the current facility use rate by dividing the 2018 patient days by the 2018 population in each of the three age cohorts.
  - b. Multiply the current facility use rate for each age cohort by the projected population by age cohort and divide by 365 to obtain a projected average daily census (ADC) by age cohort.
  - c. Divide the sum of the age cohort projected ADC by the variable occupancy factor (.65/.70/.75) to determine the hospital’s bed need.

- d. The number of additional beds needed or excess beds for the hospital is obtained by subtracting the number of existing and approved beds from the hospital's bed need.
3. The methodology for calculating the statewide utilization bed need for a service area is as follows:
  - a. Divide the statewide total patient days by 365 to determine the statewide average daily census.
  - b. Divide the statewide average daily census by the statewide occupancy factor (.75) to determine the total statewide bed need.
  - c. Divide the statewide bed need by the 2018 statewide population to generate a bed-per-population (BPP) multiplier.
  - d. For each service area, multiply the projected population by the BPP multiplier to determine the service area bed need, then subtract the total number of existing and approved beds to determine the statewide utilization bed need for the service area.
4. The bed need for each service area is the combined bed need for all individual hospitals in the service area. The bed need for service areas with no hospital, or for service areas in which no hospital has reported any utilization data on the most recent JAR, is the statewide utilization bed need.
5. If a service area indicates a surplus of beds, then no additional beds will be approved unless an individual hospital in the service area indicates a need for additional beds. Should an individual hospital indicate a need for additional beds, then a maximum of the actual projected bed need or up to 50 additional beds may be approved for that hospital to allow for the construction of an economical unit at either the existing hospital site or another site, if the existing hospital is relocating or has relocated in whole or in part to that site. The hospital requesting the addition must document the need for additional beds beyond those indicated as needed by the methodology stated above, based on historical and projected utilization, as well as projected population growth or other factors demonstrating the need for the proposed beds. Additional beds will only be approved for the specific hospital indicating a need.
6. If there is a need for additional hospital beds in the service area, then any entity may apply to add these beds within the service area, and any entity may be awarded the Certificate of Need for these beds. If the number of beds needed is less than 50, then up to a total of 50 beds could be approved for any entity at any location within the

service area. An applicant requesting additional beds beyond those indicated as needed by the methodology stated above must document the need for additional beds based on historical and projected utilization, projected population growth that has not been considered in this Plan or other factors demonstrating the need for the proposed beds. It is up to the applicant to document the need and the potential negative impact on the existing facilities.

7. A facility may apply to create a new additional hospital at a different site within the same service area through the transfer of existing licensed beds, the projected bed need for the facility, or a combination of both existing beds and projected bed need. The facility is not required to have a projected need for additional beds in order to create a new additional hospital. There is no required minimum number of beds in order to approve the CON application. The applicant must justify, through patient origin and other data, the need for a new hospital at the chosen site and the potential adverse impact a new hospital at the chosen site could have on the existing hospitals in the service area.
8. No additional hospital will be approved unless it is a general hospital and will provide:
  - a. A 24-hour emergency services department that meets the requirements to be a Level III emergency service as defined in the *Emergency Services* section of [Regulation 61-16](#);
  - b. Inpatient medical services to both surgical and non-surgical patients; and
  - c. Medical and surgical services on a daily basis within at least six of the major diagnostic categories as recognized by Centers for Medicare and Medicaid Services (CMS). Any applicant for a new hospital must provide a written commitment that the facility will accept Medicare and Medicaid patients and that unreimbursed services for indigent and charity patients are provided at a percentage that meets or exceeds other hospitals in the service area. The CMS Diagnostic Categories Chart is located at the end of this Chapter.
9. Due to the low utilization and the low capital cost of converting hospital-based nursing home, psychiatric, rehabilitation and/or substance abuse beds to general acute care hospital beds, the following policies may apply:
  - a. Hospitals that have licensed nursing home beds within the hospital may be allowed to convert nursing home beds to general acute care hospital beds only within the hospital, provided the hospital can document an actual need for additional general acute care beds. Need will be based on actual utilization, using current information. *A Certificate of Need is required for this conversion.*

- b. Existing acute care hospitals that have inpatient psychiatric, rehabilitation, or substance abuse beds may be allowed to convert such beds to acute care hospital beds, regardless of the projected need for general acute care hospital beds. *A Certificate of Need is required for this conversion.*
- 10. In some areas of South Carolina, a considerable influx of tourists is not counted in the permanent population. If an individual hospital in these areas can document and demonstrate the need for additional beds due to non-resident (tourist) population and seasonal utilization fluctuations due to this population, then, based on further analysis, the Department may approve some additional beds at the existing hospital.
- 11. Should the deletion of services at a federal facility result in an immediate impact on the utilization of a hospital, then the Department may approve a request for additional beds at the affected hospital. The affected hospital must document the increase in demand and explain why additional beds are needed to accommodate patients previously served at the federal facility.
- 12. Changes in the delivery system due to health care reform have resulted in the consolidation of facilities and the establishment of provider networks. These consolidations and agreements may lead to situations where affiliated hospitals may wish to transfer beds between themselves in order to serve their patients in a more efficient manner. *A proposal to transfer or exchange hospital beds requires a Certificate of Need* and must comply with the provisions outlined in Chapter 2, Transfer between Affiliated Facilities.
- 13. Factors to be considered regarding modernization of facilities include:
  - a. Functional arrangement of the facility as it relates to efficient handling of patients and related workloads.
  - b. The ability to update medical technology within the existing plant.
  - c. Existence of The Joint Commission (TJC) or other accreditation body deficiencies or “grandfathered” licensure deficiencies.
  - d. Cost efficiency of the existing physical plant versus plant revision, etc.
  - e. Private rooms are now considered the industry standard.
- 14. Each modernization proposal must be evaluated on the basis of merit, cost efficiency, and impact on healthcare delivery within the service area.

The Hospital Bed Need Chart is located at the end of this Chapter.

## **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Compliance with the Need Outlined in this Section of this Plan;
2. Community Need Documentation;
3. Distribution (Accessibility);
4. Acceptability;
5. **Ability to Complete the Project; and**
6. Adverse Effects on Other Facilities.

General hospital beds are typically located within approximately thirty (30) minutes' travel time for the majority of the residents of the State. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these beds.

## **LONG-TERM ACUTE CARE HOSPITALS**

Long-Term Acute Care Hospitals (LTACHs) are hospitals with an average Medicare inpatient length of stay of greater than 25 days, including all covered and non-covered days of stay of Medicare patients. They provide treatment to patients with complex medical conditions, such as strokes, cardiac care, ventilator dependency, wound care and post-surgical care.

A LTACH may be either a freestanding facility or may occupy space in another hospital ("hospital-within-a-hospital"). Hospitals must meet additional federal criteria in order to qualify as a LTACH under the "hospital-within-a-hospital" model:

1. The new LTACH must have a governing body, which is distinct and separate from the governing body of the host hospital, and the new body cannot be under the control of the host hospital or any third entity that controls both hospitals.
2. The LTACH must have a separate Chief Executive Officer through whom all administrative authority flows, who is not employed by, or under contract with, the host hospital or any third entity that controls both hospitals.
3. The LTACH must have a separate Chief Medical Officer who reports directly to the governing body and is responsible for all medical staff activities. The Chief Medical Officer cannot be under contract with the host hospital or any third entity that controls both hospitals.

4. The LTACH must have a separate medical staff which reports directly to the governing body, and adopt bylaws governing medical care, including granting privileges to individual practitioners.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. An application for a LTACH must be in compliance with the relevant standards in [Regulation 61-16](#) (*Minimum Standards for Licensing Hospitals and Institutional General Infirmaries*).
2. Although LTACH beds are not considered to be a separate category for licensing purposes, they will be inventoried separately from general acute care hospital beds for planning purposes.
3. The utilization of LTACHs is not included in the bed need for general acute care hospital beds. No bed need will be calculated for LTACH beds. An applicant must document the need for LTACH beds based on the utilization of existing LTACH beds.
4. A hospital that has leased general beds to a LTACH shall be entitled to regain these beds once the lease is terminated. No entity other than the hospital (or its successor) that initially leased the general acute beds to the LTACH shall be entitled to the beds upon termination of the lease. *A Certificate of Need application is required:*
  - a. A hospital may be allowed to convert these former LTACH beds to general acute hospital beds regardless of the projected need for general acute beds;
  - b. A hospital may be allowed to convert these former LTACH beds to psychiatric, inpatient treatment facility, rehabilitation, or other specialty beds only if there is a bed need projected for this proposed other category of licensed beds.
5. A hospital which seeks to be designated as a LTACH, and has been awarded a CON for that purpose, must be certified as a LTACH by CMS within 24 months of accepting its first patient, or the CON issued to that hospital for that purpose shall be revoked. The entity that has had its CON revoked shall not have the authority to operate as a general acute care hospital.
6. A hospital that desires to be designated as a Pediatric LTACH must restrict admissions to patients under the age of 21 who require long-term medical care. Should the facility attempt to provide care that is inconsistent with this requirement or patient demand or other economic conditions require the facility to close, the Certificate of Need issued to that hospital for that purpose shall be revoked.



The Long-Term Acute Care Hospitals Chart is located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Compliance with the Need Outlined in this Section of this Plan;
2. Community Need Documentation;
3. Distribution (Accessibility);
4. Record of the Applicant.

Long-Term Acute Care Hospital beds are located within approximately 60 minutes' travel time for the majority of the residents of the State. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these beds.

### **CRITICAL ACCESS HOSPITALS (CAH)**

The South Carolina Department of Health and Human Services administers programs through the Medicaid program to assist struggling rural hospitals. One such program designates rural hospitals as Critical Access Hospitals (CAH) who are then eligible for more favorable Medicaid reimbursement methodology.

A CAH is intended to provide essential health services to rural communities. Converting a struggling rural hospital to a CAH can allow a community to maintain local health access that would otherwise be lost. CAHs are subject to review by the Independent Payment Advisory Board (IPAB), whereas other hospitals are not currently subject to IPAB review.

The impact of the Critical Access Hospital Program in South Carolina is a financial one, allowing cost-based reimbursement from Medicare for a facility choosing to participate. The designation as a CAH does not require a change in the licensing of an existing hospital. However, a hospital may be required to de-license a number of beds in order to meet the 25-bed requirement.

The designation of a hospital as a Critical Access Hospital *does not require Certificate of Need review* because it does not change the licensing category of the facility. However, an exemption from Certificate of Need review is required for a hospital to reduce its number of licensed beds in order to meet the criteria for a CAH. *Should a hospital later desire to revert to a general acute hospital, a Certificate of Need is required*, but the facility may be permitted to increase the number of licensed hospital beds up to the prior number of beds without regard or affect to the current bed need shown in the service area.

The Critical Access Hospitals Chart is located at the end of this Chapter.

### **PERINATAL REGIONS**

The Perinatal Regions referred to in the Obstetrical Services and Neonatal Services sections below are distinct from the Department's Regions defined in Chapter 2 of this Plan, and are identified by the name of its designated Regional Perinatal Center.

<b><u>Perinatal Region</u></b>	<b><u>Counties</u></b>
<b>I - Greenville Memorial</b>	Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Saluda
<b>II - Spartanburg Regional</b>	Cherokee, Chester, Spartanburg, Union
<b>III - Palmetto Health Richland</b>	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Clarendon, Fairfield, Kershaw, Lancaster, Lee, Lexington, Newberry, Orangeburg, Richland, Sumter, York
<b>IV - McLeod Regional</b>	Chesterfield, Darlington, Dillon, Florence, Horry, Marion, Marlboro, Williamsburg
<b>V - MUSC Medical</b>	Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper, Georgetown

### **PERINATAL SERVICE LEVELS**

Because the cost of high-risk obstetrical and neonatal services is so great, it is not desirable or cost-effective for all hospitals in the State to provide the higher levels of care. Over the years, a regionalized approach to perinatal care has been implemented in South Carolina to address the need for high quality, risk-appropriate, cost-effective perinatal health care. Regionalization provides a coordinated system of perinatal care for a well-defined population group. Each hospital providing perinatal services is designated by the Department's Division of Health Licensing as a Level I, II, III, or IV Perinatal Hospital, or a Regional Perinatal Center (RPC). Each Level I, II, III and IV hospital maintains a relationship with its designated RPC for consultation, transport and continuing education. Patients are transferred to the appropriate RPC when medically appropriate, if beds are available. True regionalization for the optimization of perinatal care includes a stated goal of back-transporting infants when they no longer require the highest level of care. Convalescing infants benefit from a community-based program closer to home that promotes parent education and family bonding to facilitate a safe and timely discharge. In this way, quality

care is provided to mothers and newborn infants, and specially trained perinatal personnel and intensive care facilities can be used efficiently and cost-effectively.

The complete descriptions of the five levels of perinatal services described briefly below are outlined in the Section of [Regulation 61-16](#) entitled *Designation of Inpatient Perinatal Care Services*.

[Basic Perinatal Center with Well Newborn Nursery \(Level I\)](#). Level I hospitals provide services for normal uncomplicated pregnancies. A full list of the requirements for a Level I Basic Perinatal Center with Well Newborn Nursery can be found at Regulation 61-16, Section 1306.A. *Certificate of Need review is not required to establish a Level I program.*

[Specialty Perinatal Center with Special Care Nursery \(Level II\)](#). In addition to the requirements of Regulation 61-16, Section 1306.A, Level II hospitals provide services for both normal and selected high-risk obstetrical and neonatal patients. A full list of the requirements for a Level II Specialty Perinatal Center can be found at Regulation 61-16, Section 1306.B. *Certificate of Need review is not required to establish a Level II program.*

[Subspecialty Perinatal Center with Neonatal Intensive Care Unit \(Level III\)](#). In addition to the requirements of Regulation 61-16, Sections 1306.A and 1306.B, Level III hospitals provide all aspects of perinatal care, including intensive care and a range of continuously available, subspecialty consultation as recommended in the most recent edition of the *Guidelines for Perinatal Care* (GPC) by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists. A full list of the requirements for a Level III Subspecialty Perinatal Center with Neonatal Intensive Care Unit can be found at Regulation 61-16, Section 1306.C. Neonatal transport may only be performed by Regional Perinatal Centers. *Certificate of Need Review is required to establish a Level III program.*

[Regional Perinatal Center with Neonatal Intensive Care Unit \(RPC\)](#). In addition to the requirements of Regulation 61-16, Sections 1306.A through 1306.C, RPCs provide consultative, outreach, and support services to other hospitals in the region. A full list of the requirements for a Regional Perinatal Center can be found at Regulation 61-16, Section 1306.D. No more than one Regional Perinatal Center will be approved in each perinatal region. *Certificate of Need Review is required to establish a RPC.*

[Complex Neonatal Intensive Care Unit \(Level IV\)](#). In addition to the requirements of Regulation 61-16, Sections 1306.A through 1306.C, Level IV hospitals shall include additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants and have pediatric medical and surgical specialty consultants available 24 hours a day. A full list of the requirements for a Complex Neonatal Intensive Care Unit can be found at Regulation 61-16, Section 1306.E. A Level IV hospital need not act as a Regional Perinatal Center (RPC). *Certificate of Need Review is required to establish a Level IV program.*

The Perinatal-Capable Facilities Chart is located at the end of this Chapter.

### **OBSTETRICAL SERVICES**

Advances in obstetrical and newborn intensive care offer the promise of lower perinatal mortality and improvement in the quality of life for survivors. The high cost of intensive care and the limited availability of skilled personnel have created the requirement for a more efficient method of resource allocation.

Maternal, fetal, and neonatal mortality and morbidity rates can be significantly reduced if patients at high risk are identified early in the pregnancy and optimum techniques for the care of both the mother and infant are applied. High-risk deliveries are a small percent of total annual deliveries, but these patients require a high degree of specialized care. In 2017, 76% of all Very Low Birthweight (VLB) babies were born in either a Level III center or a Regional Perinatal Center, whereas the Healthy People 2020 national objective was 83.7%.

Infant mortality is defined as the death of babies from birth until their first birthday. South Carolina's infant mortality rate for 2017 was 6.5 infant deaths per 1,000 live births versus the national rate of 5.79 infant deaths per 1,000 births in 2017.

Neonatal mortality is the death rate for infants up to 28 days old. For 2016, South Carolina's neonatal mortality rate for all races was 4.4 neonatal deaths per 1,000 live births, while the Healthy People 2020 national objective was 4.1 neonatal deaths per 1,000 live births.

The need for obstetrical beds will be evaluated based on information supplied by the Joint Annual Report of Hospitals and other sources. Those facilities experiencing low utilization and in close proximity to one another should consider consolidating services, where appropriate.

The OB Utilization and Births Chart is located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered the most important in evaluating Certificate of Need applications for an obstetrical service:

1. Compliance with the Need Outlined in this Section of this Plan;
2. Distribution (Accessibility);
3. Acceptability;
4. Record of the Applicant; and
5. Adverse Effects on Other Facilities.

The benefits of improved accessibility will be equally weighed with the adverse effects of

duplication in evaluating Certificate of Need applications for this service.

## **NEONATAL SERVICES**

Neonatal services are highly specialized and are only required by a very small percentage of infants. The need for these services is affected by the incidence of high-risk deliveries, the percentage of live births requiring neonatal services, and the average length of stay. The limited need for these services requires that they be planned for on a regional basis, fostering the location of these specialized units in hospitals that have the necessary staff, equipment, and consultative services and facilities. Referral networks facilitate the transfer of infants requiring this level of services from other facilities.

## **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. The projected need for neonatal intensive care bassinets is calculated on a regional basis:
  - a. For each region take the average number of births from 2016-2018 and the average population of women age 15-44 for 2016-2018 to generate an average birth rate.
  - b. Multiply the average birth rate against the projected 2023 population of women age 15-44 to project the number of births in 2023.
  - c. Generate the projected number of intensive care bassinets needed in a region by applying a constant of 3.25 bassinets per 1,000 live births to the projected birth rate and subtracting the existing bassinets from this total.
  - d. Any Level III, Level IV, or RPC neonatal unit may request additional intensive care bassinets beyond those indicated as needed by the methodology above. The Level III, Level IV, or RPC neonatal unit requesting the addition must document the need for additional intensive care bassinets based on historical and projected utilization, projected population growth, routine swing of intermediate care bassinets into the intensive care setting, or other factors demonstrating the need for the proposed bassinets.
  - e. In the absence of a projected need for Level III Intensive Care bassinets in a Perinatal Region as set forth in this Chapter, an existing Level II facility can be approved for a Certificate of Need to become a Subspecialty Perinatal Center and establish up to eight (8) neonatal intensive care bassinets (NICU beds), provided the applicant can demonstrate, during the 12 month period immediately prior to the month in which the CON application is submitted to the Department, a minimum of 1,500 births and 2,500 intermediate patient

days at its facility.

2. Only Level III, Level IV, and RPCs neonatal units have intensive care bassinets.

The Intensive and Intermediate Bassinets Chart, Utilization of Neonatal Special Care Units Chart and NICU Bed Need Chart are located at the end of this Chapter.

*The addition of neonatal intermediate care bassinets does not require Certificate of Need review.*

In some areas the number of intensive care bassinets should be increased. The intermediate care bassinets should be better utilized in Level II facilities so babies can be transferred back closer to their home community, potentially alleviating the high utilization of the current intensive/intermediate care bassinets in RPC facilities in some areas of the State. To improve the availability of the existing RPC neonatal intensive care bassinets, utilization of the back transport concept should be supported. This component of regionalized care involves the transfer of infants who no longer require neonatal intensive care to facilities with intermediate or continuing care bassinets appropriate to the individual baby's care needs. If more back transfers to the Level II facilities occurred, then some of the overcrowding problems of the existing RPC units would be alleviated.

It should be noted that some RPC, Level III, and Level IV facilities with intensive care bassinets may at times have intermediate type infants in intensive care bassinets and vice versa as the patient load changes within the unit. RPCs may use intermediate and intensive care bassinets interchangeably as the level of care required by the neonate varies.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following criteria are considered the most important in evaluating Certificate of Need applications for a neonatal service:

1. Compliance with the Need Outlined in this Section of this Plan;
2. Distribution (Accessibility);
3. Record of the Applicant; and
4. Adverse Effects on Other Facilities.

Because neonatal services are planned and located regionally due to the small percentage of infants requiring neonatal services, this service is available within approximately 30 minutes' travel time for the majority of the population. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

## **CMS DIAGNOSTIC CATEGORIES (Chapter 3)**

MDC 1:	Diseases and disorders of the nervous system
MDC 2:	Diseases and disorders of the eye
MDC 3:	Diseases and disorders of the ear, nose, mouth and throat
MDC 4:	Diseases and disorders of the respiratory system
MDC 5:	Diseases and disorders of the circulatory system
MDC 6:	Diseases and disorders of the digestive system
MDC 7:	Diseases and disorders of the hepatobiliary system and pancreas
MDC 8:	Diseases and disorders of the musculoskeletal system and
MDC 9:	Diseases and disorders of the skin, subcutaneous tissue and breast
MDC 10:	Endocrine, nutritional and metabolic diseases and disorders
MDC 11:	Diseases and disorders of the kidney and urinary tract
MDC 12:	Diseases and disorders of the male reproductive system
MDC 13:	Diseases and disorders of the female reproductive system
MDC 14:	Pregnancy, childbirth and the puerperium
MDC 15:	Newborns/other neonates with conditions originating in the
MDC 16:	Diseases and disorders of the blood and blood-forming organs and immunological disorders
MDC 17:	Myeloproliferative diseases and disorders and poorly differentiated
MDC 18:	Infectious and parasitic diseases
MDC 19:	Mental diseases and disorders
MDC20:	Alcohol/drug use and alcohol/drug-induced organic mental
MDC 21:	Injury, poisoning and toxic effects of drugs
MDC 22:	Burns
MDC 23:	Factors influencing health status and other contact with health
MDC 24:	Multiple significant traumas
MDC 25:	Human immunodeficiency virus infections

**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
<b>Region I</b>														
Abbeville Area Medical Center	<18	4,924	4,525	2	0									
	18-64	14,274	13,330	521	1									
	+65	5,343	5,955	980	3									
	<b>TOTAL</b>	<b>24541</b>	<b>23810</b>	<b>1,503</b>	<b>4</b>	<b>65%</b>	<b>7</b>	<b>25</b>	<b>25</b>	<b>-18</b>	<b>16.47%</b>			
<b>Abbeville County Total</b>							<b>7</b>	<b>25</b>	<b>25</b>	<b>-18</b>		<b>39</b>	<b>14</b>	<b>-18</b>
AnMed Health Medical Center	<18	45,852	47,155	33	0									
	18-64	118,445	123,580	33,751	96									
	+65	36,185	41,940	43,794	139									
	<b>TOTAL</b>	<b>200,482</b>	<b>212,675</b>	<b>77,578</b>	<b>236</b>	<b>75%</b>	<b>315</b>	<b>423</b>	<b>274</b>	<b>-108</b>	<b>50.25%</b>			
AnMed Health Women's and Children's Hospital	<18	45,852	47,155	1,145	3									
	18-64	118,445	123,580	3,567	10									
	+65	36,185	41,940	758	2									
	<b>TOTAL</b>	<b>200,482</b>	<b>212,675</b>	<b>5,470</b>	<b>16</b>	<b>65%</b>	<b>25</b>	<b>72</b>	<b>50</b>	<b>-47</b>	<b>20.81%</b>			
<b>Anderson County Total</b>							<b>340</b>	<b>495</b>	<b>324</b>	<b>-155</b>		<b>344</b>	<b>-151</b>	<b>-155</b>
Cherokee Medical Center (Formerly - Mary Black Health System - Gaffney (Gaffney Medical Center))	<18	13,140	12,925	43	0									
	18-64	34,340	34,005	2,809	8									
	+65	9,598	10,925	3,744	12									
	<b>TOTAL</b>	<b>57,078</b>	<b>57,855</b>	<b>6,596</b>	<b>18</b>	<b>65%</b>	<b>29</b>	<b>125</b>	<b>80</b>	<b>-96</b>	<b>14.46%</b>			
<b>Cherokee County Total</b>							<b>29</b>	<b>125</b>	<b>80</b>	<b>-96</b>		<b>94</b>	<b>-31</b>	<b>-96</b>
Prisma Health Greenville Memorial Hospital (Formerly - Greenville Memorial Medical Center)	<18	118,364	124,015	21,895	63									
	18-64	314,713	338,430	90,060	265									
	+65	81,136	102,040	54,766	189									
	<b>TOTAL</b>	<b>514,213</b>	<b>564,485</b>	<b>166,721</b>	<b>517</b>	<b>75%</b>	<b>690</b>	<b>746</b>	<b>648</b>	<b>-56</b>	<b>61.23%</b>			
Prisma Health Greer Memorial Hospital (Formerly - Greer Memorial Hospital (GHS))	<18	118,364	124,015	77	0									
	18-64	314,713	338,430	5,495	16									
	+65	81,136	102,040	3,000	10									
	<b>TOTAL</b>	<b>514,213</b>	<b>564,485</b>	<b>8,572</b>	<b>27</b>	<b>65%</b>	<b>42</b>	<b>82</b>	<b>70</b>	<b>-40</b>	<b>28.64%</b>			
Prisma Health Hillcrest Hospital (Formerly - Hillcrest Memorial Hospital (GHS))	<18	118,364	124,015	2	0									
	18-64	314,713	338,430	2,158	6									
	+65	81,136	102,040	1,719	6									
	<b>TOTAL</b>	<b>514,213</b>	<b>564,485</b>	<b>3,879</b>	<b>12</b>	<b>65%</b>	<b>19</b>	<b>43</b>	<b>43</b>	<b>-24</b>	<b>24.71%</b>			
Prisma Health Patewood Hospital (Formerly - Patewood Memorial Hospital (GHS))	<18	118,364	124,015	4	0									
	18-64	314,713	338,430	4,837	14									
	+65	81,136	102,040	1,724	6									
	<b>TOTAL</b>	<b>514,213</b>	<b>564,485</b>	<b>6,565</b>	<b>20</b>	<b>65%</b>	<b>32</b>	<b>72</b>	<b>72</b>	<b>-40</b>	<b>24.98%</b>			
Saint Francis - Downtown & Saint Francis - Millennium	<18	118,364	124,015	6	0									
	18-64	314,713	338,430	24,861	73									
	+65	81,136	102,040	37,833	130									
	<b>TOTAL</b>	<b>514,213</b>	<b>564,485</b>	<b>62,700</b>	<b>204</b>	<b>70%</b>	<b>291</b>	<b>226</b>	<b>226</b>	<b>65</b>	<b>76.01%</b>			
Saint Francis - Eastside	<18	118,364	124,015	41	0									
	18-64	314,713	338,430	11,088	33									
	+65	81,136	102,040	7,505	26									
	<b>TOTAL</b>	<b>514,213</b>	<b>564,485</b>	<b>18,634</b>	<b>59</b>	<b>65%</b>	<b>91</b>	<b>93</b>	<b>93</b>	<b>-2</b>	<b>54.89%</b>			
<b>Greenville County Total</b>							<b>1,165</b>	<b>1,262</b>	<b>1,152</b>	<b>-97</b>		<b>911</b>	<b>-351</b>	<b>-97</b>
Self Regional Healthcare	<18	15,969	15,910	747	2									
	18-64	41,677	40,455	21,408	57									
	+65	13,095	15,000	24,747	78									
	<b>TOTAL</b>	<b>70,741</b>	<b>71,365</b>	<b>46,902</b>	<b>137</b>	<b>70%</b>	<b>196</b>	<b>326</b>	<b>272</b>	<b>-130</b>	<b>39.42%</b>			
<b>Greenwood County Total</b>							<b>196</b>	<b>326</b>	<b>272</b>	<b>-130</b>		<b>116</b>	<b>-210</b>	<b>-130</b>



**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
Prisma Health Laurens County Hospital (Formerly - Laurens County Memorial Hospital (GHS))	<18	14,592	14,320	69	0									
	18-64	39,992	38,920	4,296	11									
	+65	12,410	14,155	3,464	11									
	<b>TOTAL</b>	<b>66,994</b>	<b>67,395</b>	<b>7,829</b>	<b>22</b>	<b>65%</b>	<b>35</b>	<b>76</b>	<b>57</b>	<b>-41</b>	<b>28.22%</b>			
<b>Laurens County Total</b>							<b>35</b>	<b>76</b>	<b>57</b>	<b>-41</b>		<b>109</b>	<b>33</b>	<b>-41</b>
Prisma Health Oconee Memorial Hospital (Formerly - Oconee Memorial Hospital (GHS))	<18	15,615	15,430	120	0									
	18-64	44,563	45,100	8,179	23									
	+65	18,196	21,430	12,054	39									
	<b>TOTAL</b>	<b>78,374</b>	<b>81,960</b>	<b>20,353</b>	<b>62</b>	<b>65%</b>	<b>96</b>	<b>169</b>	<b>132</b>	<b>-73</b>	<b>33.00%</b>			
<b>Oconee County Total</b>							<b>96</b>	<b>169</b>	<b>132</b>	<b>-73</b>		<b>133</b>	<b>-36</b>	<b>-73</b>
Prisma Health Baptist Easley Hospital (Formerly - Baptist Easley Hospital)	<18	23,712	27,310		0									
	18-64	80,565	78,605	6,342	17									
	+65	20,660	24,245	8,222	26									
	<b>TOTAL</b>	<b>124,937</b>	<b>130,160</b>	<b>14,564</b>	<b>43</b>	<b>65%</b>	<b>67</b>	<b>109</b>	<b>89</b>	<b>-42</b>	<b>36.61%</b>			
AnMed Health Cannon 1	<18	23,712	27,310	NR	0									
	18-64	80,565	78,605	NR	0									
	+65	20,660	24,245	NR	0									
	<b>TOTAL</b>	<b>124,937</b>	<b>130,160</b>	<b>2,543</b>	<b>7</b>	<b>65%</b>	<b>12</b>	<b>55</b>	<b>26</b>	<b>-43</b>	<b>12.67%</b>			
<b>Pickens County Total</b>							<b>79</b>	<b>164</b>	<b>115</b>	<b>-85</b>		<b>211</b>	<b>47</b>	<b>-85</b>
Spartanburg Medical Center - Mary Black Campus (Formerly - Mary Black Health System - Spartanburg)	<18	72,501	76,455	49	0									
	18-64	190,575	206,135	10,666	32									
	+65	50,812	60,460	9,488	31									
	<b>TOTAL</b>	<b>313,888</b>	<b>343,050</b>	<b>20,203</b>	<b>63</b>	<b>65%</b>	<b>97</b>	<b>174</b>	<b>119</b>	<b>-77</b>	<b>31.81%</b>			
Spartanburg Medical Center	<18	72,501	76,455	1,968	6									
	18-64	190,575	206,135	69,524	206									
	+65	50,812	60,460	64,513	210									
	<b>TOTAL</b>	<b>313,888</b>	<b>343,050</b>	<b>136,005</b>	<b>422</b>	<b>75%</b>	<b>563</b>	<b>484</b>	<b>456</b>	<b>79</b>	<b>76.99%</b>			
Pelham Medical Center (Village Hospital)	<18	72,501	76,455	0	0									
	18-64	190,575	206,135	4,503	13									
	+65	50,812	60,460	5,460	18									
	<b>TOTAL</b>	<b>313,888</b>	<b>343,050</b>	<b>9,963</b>	<b>31</b>	<b>65%</b>	<b>48</b>	<b>48</b>	<b>48</b>	<b>0</b>	<b>56.87%</b>			
<b>Spartanburg County Total</b>							<b>708</b>	<b>706</b>	<b>623</b>	<b>2</b>		<b>554</b>	<b>-152</b>	<b>2</b>
Union Medical Center 11	<18	5,816	5,535	0	0									
	18-64	16,040	14,855	1,410	4									
	+65	5,554	6,125	1,010	3									
	<b>TOTAL</b>	<b>27,410</b>	<b>26,515</b>	<b>2,420</b>	<b>7</b>	<b>65%</b>	<b>11</b>	<b>85</b>	<b>50</b>	<b>-74</b>	<b>7.80%</b>			
<b>Union County Total</b>							<b>11</b>	<b>85</b>	<b>50</b>	<b>-74</b>		<b>43</b>	<b>-42</b>	<b>-74</b>
<b>Region II</b>														
Aiken Regional Medical Center 2	<18	36,849	36,340	242	1									
	18-64	99,651	98,920	19,469	53									
	+65	32,901	39,645	20,462	68									
	<b>TOTAL</b>	<b>169,401</b>	<b>174,905</b>	<b>40,173</b>	<b>121</b>	<b>70%</b>	<b>174</b>	<b>197</b>	<b>197</b>	<b>-23</b>	<b>55.87%</b>			
<b>Aiken County Total</b>							<b>174</b>	<b>197</b>	<b>197</b>	<b>-23</b>		<b>283</b>	<b>86</b>	<b>-23</b>
MUSC Health Chester Medical Center (Formerly - Chester Regional Medical Center)	<18	7,244	6,735	56	0									
	18-64	18,952	17,955	1,317	3									
	+65	6,055	6,750	1,432	4									
	<b>TOTAL</b>	<b>32,251</b>	<b>31,440</b>	<b>2,805</b>	<b>8</b>	<b>65%</b>	<b>13</b>	<b>82</b>	<b>36</b>	<b>-69</b>	<b>9.37%</b>			
<b>Chester County Total</b>							<b>13</b>	<b>82</b>	<b>36</b>	<b>-69</b>		<b>51</b>	<b>-31</b>	<b>-69</b>
Edgefield County Healthcare (Formerly - Edgefield County Hospital)	<18	4,894	4,600	0	0									
	18-64	17,084	16,790	112	0									
	+65	5,074	5,955	414	1									
	<b>TOTAL</b>	<b>27,052</b>	<b>27,345</b>	<b>526</b>	<b>2</b>	<b>65%</b>	<b>3</b>	<b>25</b>	<b>25</b>	<b>-22</b>	<b>5.76%</b>			
<b>Edgefield County Total</b>							<b>3</b>	<b>25</b>	<b>25</b>	<b>-22</b>		<b>45</b>	<b>20</b>	<b>-22</b>

**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
Kershaw Health	<18	15,167	15,165	92	0									
	18-64	38,397	39,450	6,557	18									
	+65	12,028	14,215	9,632	31									
	<b>TOTAL</b>	<b>65,592</b>	<b>68,830</b>	<b>16,281</b>	<b>47</b>	<b>65%</b>	<b>73</b>	<b>99</b>	<b>90</b>	<b>-26</b>	<b>45.06%</b>			
<b>Kershaw County Total</b>							<b>73</b>	<b>99</b>	<b>90</b>	<b>-26</b>		<b>112</b>	<b>13</b>	<b>-26</b>
MUSC Health Lancaster Medical Center (Formerly - Springs Memorial Hospital)	<18	20,786	24,280	64	0									
	18-64	54,535	64,045	13,394	43									
	+65	20,059	27,320	7,702	29									
	<b>TOTAL</b>	<b>95,380</b>	<b>115,645</b>	<b>21,160</b>	<b>70</b>	<b>70%</b>	<b>101</b>	<b>199</b>	<b>146</b>	<b>-98</b>	<b>29.13%</b>			
<b>Lancaster County Total</b>							<b>101</b>	<b>199</b>	<b>146</b>	<b>-98</b>		<b>187</b>	<b>-12</b>	<b>-98</b>
Lexington Medical Center 3	<18	68,294	69,590	172	0									
	18-64	180,157	192,385	63,378	185									
	+65	46,581	58,685	69,742	241									
	<b>TOTAL</b>	<b>295,032</b>	<b>320,660</b>	<b>133,292</b>	<b>427</b>	<b>75%</b>	<b>569</b>	<b>557</b>	<b>436</b>	<b>12</b>	<b>65.56%</b>			
<b>Lexington County Total</b>							<b>569</b>	<b>557</b>	<b>436</b>	<b>12</b>		<b>518</b>	<b>-39</b>	<b>12</b>
Newberry County Memorial Hospital	<18	8,404	8,790	103	0									
	18-64	22,564	21,975	2,484	7									
	+65	7,552	8,710	3,919	12									
	<b>TOTAL</b>	<b>38,520</b>	<b>39,475</b>	<b>6,506</b>	<b>19</b>	<b>65%</b>	<b>30</b>	<b>90</b>	<b>54</b>	<b>-60</b>	<b>19.81%</b>			
<b>Newberry County Total</b>							<b>30</b>	<b>90</b>	<b>54</b>	<b>-60</b>		<b>64</b>	<b>-26</b>	<b>-60</b>
Prisma Health Baptist Parkridge (Formerly - Palmetto Health Baptist Parkridge)	<18	88,630	95,805	1,605	5									
	18-64	273,156	272,800	9,686	27									
	+65	52,790	64,710	8,800	30									
	<b>TOTAL</b>	<b>414,576</b>	<b>433,315</b>	<b>20,091</b>	<b>61</b>	<b>65%</b>	<b>94</b>	<b>76</b>	<b>76</b>	<b>18</b>	<b>72.43%</b>			
Prisma Health Baptist (Formerly - Palmetto Health Baptist)	<18	88,630	95,805	12,558	37									
	18-64	273,156	272,800	38,897	106									
	+65	52,790	64,710	25,911	87									
	<b>TOTAL</b>	<b>414,576</b>	<b>433,315</b>	<b>77,366</b>	<b>231</b>	<b>70%</b>	<b>330</b>	<b>287</b>	<b>292</b>	<b>43</b>	<b>73.85%</b>			
Prisma Health Richland (Formerly - Palmetto Health Richland)	<18	88,630	95,805	40,639	120									
	18-64	273,156	272,800	85,869	235									
	+65	52,790	64,710	58,840	198									
	<b>TOTAL</b>	<b>414,576</b>	<b>433,315</b>	<b>185,348</b>	<b>553</b>	<b>75%</b>	<b>738</b>	<b>579</b>	<b>573</b>	<b>159</b>	<b>87.70%</b>			
Providence Health (Providence Hospital)	<18	88,630	95,805	0	0									
	18-64	273,156	272,800	13,365	37									
	+65	52,790	64,710	21,391	72									
	<b>TOTAL</b>	<b>414,576</b>	<b>433,315</b>	<b>34,756</b>	<b>108</b>	<b>70%</b>	<b>155</b>	<b>258</b>	<b>173</b>	<b>-103</b>	<b>36.91%</b>			
Providence Health - Northeast	<18	88,630	95,805	1	0									
	18-64	273,156	272,800	3,438	9									
	+65	52,790	64,710	3,628	12									
	<b>TOTAL</b>	<b>414,576</b>	<b>433,315</b>	<b>7,067</b>	<b>22</b>	<b>65%</b>	<b>34</b>	<b>74</b>	<b>43</b>	<b>-40</b>	<b>26.16%</b>			
<b>Richland County Total</b>							<b>1,351</b>	<b>1,274</b>	<b>1,157</b>	<b>77</b>		<b>700</b>	<b>-574</b>	<b>77</b>
Piedmont Medical Center 4	<18	66,495	73,945	2,102	6									
	18-64	168,387	195,210	33,773	107									
	+65	39,236	52,200	30,419	111									
	<b>TOTAL</b>	<b>274,118</b>	<b>321,355</b>	<b>66,294</b>	<b>225</b>	<b>70%</b>	<b>321</b>	<b>268</b>	<b>250</b>	<b>53</b>	<b>67.77%</b>			
Fort Mill Medical Center 4	<18	66,495	73,945	--	--									
	18-64	168,387	195,210	--	--									
	+65	39,236	52,200	--	--									
	<b>TOTAL</b>	<b>274,118</b>	<b>321,355</b>	<b>0</b>	<b>0</b>	<b>70%</b>		<b>64</b>	<b>64</b>	<b>-100</b>	<b>0</b>			
<b>York County Total</b>							<b>321</b>	<b>332</b>	<b>314</b>	<b>-34</b>		<b>519</b>	<b>187</b>	<b>-34</b>
<b>Region III</b>														
McLeod Health Cheraw	<18	10,032	9,515	120	0									
	18-64	27,327	25,850	3,450	9									
	+65	8,395	9,555	5,175	16									
	<b>TOTAL</b>	<b>45,754</b>	<b>44,920</b>	<b>8,745</b>	<b>25</b>	<b>65%</b>	<b>40</b>	<b>59</b>	<b>40</b>	<b>-19</b>	<b>40.61%</b>			
<b>Chesterfield County Total</b>							<b>40</b>	<b>59</b>	<b>40</b>	<b>-19</b>		<b>73</b>	<b>14</b>	<b>-19</b>

**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
McLeod Health Clarendon	<18	6,479	5,735	28	0									
	18-64	19,307	17,775	3,717	9									
	+65	7,914	8,970	3,013	9									
	<b>TOTAL</b>	<b>33,700</b>	<b>32,480</b>	<b>6,758</b>	<b>19</b>	<b>65%</b>	<b>29</b>	<b>81</b>	<b>49</b>	<b>-52</b>	<b>22.86%</b>			
<b>Clarendon County Total</b>							<b>29</b>	<b>81</b>	<b>49</b>	<b>-52</b>		<b>53</b>	<b>-28</b>	<b>-52</b>
Carolina Pines Regional Medical Center	<18	14,817	14,000	283	1									
	18-64	39,307	36,715	7,323	19									
	+65	12,678	14,390	6,571	20									
	<b>TOTAL</b>	<b>66,802</b>	<b>65,105</b>	<b>14,177</b>	<b>40</b>	<b>65%</b>	<b>62</b>	<b>116</b>	<b>80</b>	<b>-54</b>	<b>33.48%</b>			
McLeod Medical Center - Darlington 1	<18	14,817	14,000	NR	0									
	18-64	39,307	36,715	NR	0									
	+65	12,678	14,390	NR	0									
	<b>TOTAL</b>	<b>66,802</b>	<b>65,105</b>	<b>158</b>	<b>0</b>	<b>65%</b>	<b>1</b>	<b>49</b>	<b>22</b>	<b>-48</b>	<b>0.88%</b>			
<b>Darlington County Total</b>							<b>63</b>	<b>165</b>	<b>102</b>	<b>-102</b>		<b>106</b>	<b>-59</b>	<b>-102</b>
McLeod Medical Center Dillon	<18	7,743	7,070	471	1									
	18-64	17,756	16,775	4,028	10									
	+65	5,100	5,685	3,026	9									
	<b>TOTAL</b>	<b>30,599</b>	<b>29,530</b>	<b>7,525</b>	<b>21</b>	<b>65%</b>	<b>33</b>	<b>79</b>	<b>34</b>	<b>-46</b>	<b>26.10%</b>			
<b>Dillon County Total</b>							<b>33</b>	<b>79</b>	<b>34</b>	<b>-46</b>		<b>48</b>	<b>-31</b>	<b>-46</b>
MUSC Health Florence Medical Center (Formerly - Carolinas Hospital System)	<18	32,590	30,760	576	1									
	18-64	82,098	79,205	28,786	76									
	+65	23,471	26,810	26,522	83									
	<b>TOTAL</b>	<b>138,159</b>	<b>136,775</b>	<b>55,884</b>	<b>152</b>	<b>70%</b>	<b>217</b>	<b>310</b>	<b>310</b>	<b>-93</b>	<b>49.39%</b>			
MUSC Health Florence Women's Pavilion (Formerly - Women's Center - Carolinas Hospital System) 5	<18	32,590	30,760	NR	0									
	18-64	82,098	79,205	NR	0									
	+65	23,471	26,810	NR	0									
	<b>TOTAL</b>	<b>138,159</b>	<b>136,775</b>	<b>0</b>	<b>0</b>	<b>65%</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>-20</b>	<b>0.00%</b>			
Lake City Community Hospital 1	<18	32,590	30,760	NR	0									
	18-64	82,098	79,205	NR	0									
	+65	23,471	26,810	NR	0									
	<b>TOTAL</b>	<b>138,159</b>	<b>136,775</b>	<b>1,899</b>	<b>5</b>	<b>65%</b>	<b>8</b>	<b>48</b>	<b>26</b>	<b>-40</b>	<b>10.84%</b>			
McLeod Regional Medical Center of the Pee Dee	<18	32,590	30,760	3,275	8									
	18-64	82,098	79,205	64,226	170									
	+65	23,471	26,810	61,292	192									
	<b>TOTAL</b>	<b>138,159</b>	<b>136,775</b>	<b>128,793</b>	<b>370</b>	<b>75%</b>	<b>494</b>	<b>517</b>	<b>440</b>	<b>-23</b>	<b>68.25%</b>			
<b>Florence County Total</b>							<b>719</b>	<b>895</b>	<b>776</b>	<b>-176</b>		<b>221</b>	<b>-674</b>	<b>-176</b>
Tidelands Georgetown Memorial Hospital	<18	11,438	10,510	107	0									
	18-64	33,521	32,350	6,402	17									
	+65	17,290	20,810	8,556	28									
	<b>TOTAL</b>	<b>62,249</b>	<b>63,670</b>	<b>15,065</b>	<b>45</b>	<b>65%</b>	<b>70</b>	<b>131</b>	<b>131</b>	<b>-61</b>	<b>31.51%</b>			
Tidelands Waccamaw Community Hospital	<18	11,438	10,510	150	0									
	18-64	33,521	32,350	8,102	21									
	+65	17,290	20,810	15,881	52									
	<b>TOTAL</b>	<b>62,249</b>	<b>63,670</b>	<b>24,133</b>	<b>74</b>	<b>65%</b>	<b>115</b>	<b>124</b>	<b>124</b>	<b>-9</b>	<b>53.32%</b>			
<b>Georgetown County Total</b>							<b>185</b>	<b>255</b>	<b>255</b>	<b>-70</b>		<b>103</b>	<b>-152</b>	<b>-70</b>

**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
Conway Hospital	<18	61,715	66,785	345		1								
	18-64	200,001	230,755	17,632		56								
	+65	82,431	126,340	15,823		66								
	<b>TOTAL</b>	<b>344,147</b>	<b>423,880</b>	<b>33,800</b>	<b>123</b>	<b>70%</b>	<b>177</b>	<b>210</b>	<b>172</b>	<b>-33</b>	<b>44.10%</b>			
Grand Strand Medical Center	<18	61,715	66,785	1,022		3								
	18-64	200,001	230,755	36,549		116								
	+65	82,431	126,340	59,313		249								
	<b>TOTAL</b>	<b>344,147</b>	<b>423,880</b>	<b>96,884</b>	<b>368</b>	<b>70%</b>	<b>526</b>	<b>325</b>	<b>325</b>	<b>201</b>	<b>81.67%</b>			
McLeod Loris	<18	61,715	66,785	22		0								
	18-64	200,001	230,755	4,858		15								
	+65	82,431	126,340	5,919		25								
	<b>TOTAL</b>	<b>344,147</b>	<b>423,880</b>	<b>10,799</b>	<b>40</b>	<b>65%</b>	<b>62</b>	<b>50</b>	<b>50</b>	<b>12</b>	<b>59.17%</b>			
McLeod Seacoast	<18	61,715	66,785	7		0								
	18-64	200,001	230,755	4,116		13								
	+65	82,431	126,340	9,135		38								
	<b>TOTAL</b>	<b>344,147</b>	<b>423,880</b>	<b>13,258</b>	<b>51</b>	<b>65%</b>	<b>80</b>	<b>105</b>	<b>105</b>	<b>-25</b>	<b>34.59%</b>			
<b>Horry County Total</b>							<b>845</b>	<b>690</b>	<b>652</b>	<b>155</b>		<b>685</b>	<b>-5</b>	<b>155</b>
MUSC Health Marion Medical Center (Formerly - Carolinas Hospital System - Marion)	<18	7,082	6,410	2,094		5								
	18-64	17,795	16,365	2,096		5								
	+65	6,162	6,790	2,157		7								
	<b>TOTAL</b>	<b>31,039</b>	<b>29,565</b>	<b>6,347</b>	<b>17</b>	<b>65%</b>	<b>27</b>	<b>124</b>	<b>129</b>	<b>-97</b>	<b>14.02%</b>			
<b>Marion County Total</b>							<b>27</b>	<b>124</b>	<b>129</b>	<b>-97</b>		<b>48</b>	<b>-76</b>	<b>-97</b>
Prisma Health Tuomey Hospital (Formerly - Palmetto Health Tuomey)	<18	25,354	23,975	0		0								
	18-64	63,642	59,870	23,044		59								
	+65	17,516	20,230	22,103		70								
	<b>TOTAL</b>	<b>106,512</b>	<b>104,075</b>	<b>45,147</b>	<b>129</b>	<b>70%</b>	<b>185</b>	<b>283</b>	<b>197</b>	<b>-88</b>	<b>43.71%</b>			
<b>Sumter County Total</b>							<b>185</b>	<b>283</b>	<b>197</b>	<b>-88</b>		<b>168</b>	<b>-115</b>	<b>-98</b>
Williamsburg Regional Hospital 5	<18	6,340	5,400	NR		0								
	18-64	17,825	15,255	NR		0								
	+65	6,441	7,085	NR		0								
	<b>TOTAL</b>	<b>30,606</b>	<b>27,740</b>	<b>0</b>	<b>0</b>	<b>65%</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>-25</b>	<b>0.00%</b>			
<b>Williamsburg County Total</b>							<b>0</b>	<b>25</b>	<b>0</b>	<b>-25</b>		<b>45</b>	<b>20</b>	<b>20</b>
<b>Region IV</b>														
Allendale County Hospital	<18	1,680	1,415			0								
	18-64	5,433	4,530	159		0								
	+65	1,790	1,860	262		1								
	<b>TOTAL</b>	<b>8,903</b>	<b>7,805</b>	<b>421</b>	<b>1</b>	<b>65%</b>	<b>2</b>	<b>25</b>	<b>25</b>	<b>-23</b>	<b>4.61%</b>			
<b>Allendale County Total</b>							<b>2</b>	<b>25</b>	<b>25</b>	<b>-23</b>		<b>13</b>	<b>-12</b>	<b>-23</b>
Beaufort Memorial Hospital	<18	35,023	35,605	500		1								
	18-64	102,250	108,570	15,659		46								
	+65	51,442	66,180	16,454		58								
	<b>TOTAL</b>	<b>188,715</b>	<b>210,355</b>	<b>32,613</b>	<b>100</b>	<b>65%</b>	<b>154</b>	<b>169</b>	<b>169</b>	<b>-15</b>	<b>52.87%</b>			
Hilton Head Hospital	<18	35,023	35,605	51		0								
	18-64	102,250	108,570	6,598		19								
	+65	51,442	66,180	15,551		55								
	<b>TOTAL</b>	<b>188,715</b>	<b>210,355</b>	<b>22,200</b>	<b>74</b>	<b>65%</b>	<b>115</b>	<b>93</b>	<b>93</b>	<b>22</b>	<b>65.40%</b>			
South Of Broad Hospital 6	<18	35,023	35,605			0								
	18-64	102,250	108,570			0								
	+65	51,442	66,180			0								
	<b>TOTAL</b>	<b>188,715</b>	<b>210,355</b>	<b>0</b>	<b>0</b>	<b>65%</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>-20</b>				
<b>Beaufort County Total</b>							<b>269</b>	<b>282</b>	<b>262</b>	<b>-13</b>		<b>340</b>	<b>58</b>	<b>-13</b>

**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
Berkeley Medical Center 7	<18	52,749	57,815		0									
	18-64	137,932	155,715		0									
	+65	30,410	41,980		0									
	<b>TOTAL</b>	<b>221,091</b>	<b>255,510</b>	<b>0</b>	<b>0</b>	<b>65%</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>-50</b>	<b>0.00%</b>			
Roper St. Francis- Berkeley	<18	52,749	57,815		0									
	18-64	137,932	155,715		0									
	+65	30,410	41,980		0									
	<b>TOTAL</b>	<b>221,091</b>	<b>255,510</b>	<b>0</b>	<b>0</b>	<b>65%</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>-50</b>	<b>0.00%</b>			
MUHA Community Hospital 8	<18	52,749	57,815		0									
	18-64	137,932	155,715		0									
	+65	30,410	41,980		0									
	<b>TOTAL</b>	<b>221,091</b>	<b>255,510</b>	<b>0</b>	<b>0</b>	<b>65%</b>	<b>0</b>	<b>128</b>	<b>128</b>	<b>-128</b>	<b>0.00%</b>			
<b>Berkeley County Total</b>							<b>0</b>	<b>228</b>	<b>100</b>	<b>-228</b>		<b>413</b>	<b>185</b>	<b>185</b>
Bon Secours - Saint Francis Xavier Hospital 12	<18	79,933	84,155	51	0									
	18-64	259,351	274,190	18,412	53									
	+65	66,621	86,385	13,324	47									
	<b>TOTAL</b>	<b>405,905</b>	<b>444,730</b>	<b>31,787</b>	<b>101</b>	<b>70%</b>	<b>145</b>	<b>201</b>	<b>149</b>	<b>-56</b>	<b>43.33%</b>			
East Cooper Medical Center	<18	79,933	84,155	11	0									
	18-64	259,351	274,190	8,125	24									
	+65	66,621	86,385	5,828	21									
	<b>TOTAL</b>	<b>405,905</b>	<b>444,730</b>	<b>14,064</b>	<b>45</b>	<b>65%</b>	<b>69</b>	<b>130</b>	<b>130</b>	<b>-61</b>	<b>29.64%</b>			
Mount Pleasant Hospital	<18	79,933	84,155	12	0									
	18-64	259,351	274,190	3,522	10									
	+65	66,621	86,385	4,648	17									
	<b>TOTAL</b>	<b>405,905</b>	<b>444,730</b>	<b>8,182</b>	<b>27</b>	<b>65%</b>	<b>42</b>	<b>85</b>	<b>73</b>	<b>-43</b>	<b>26.37%</b>			
MUSC Medical Center 9 & 10	<18	79,933	84,155	25,196	73									
	18-64	259,351	274,190	104,894	304									
	+65	66,621	86,385	59,153	210									
	<b>TOTAL</b>	<b>405,905</b>	<b>444,730</b>	<b>189,243</b>	<b>587</b>	<b>75%</b>	<b>783</b>	<b>685</b>	<b>656</b>	<b>98</b>	<b>75.69%</b>			
Roper Hospital	<18	79,933	84,155	2	0									
	18-64	259,351	274,190	21,801	63									
	+65	66,621	86,385	32,573	116									
	<b>TOTAL</b>	<b>405,905</b>	<b>444,730</b>	<b>54,376</b>	<b>179</b>	<b>70%</b>	<b>256</b>	<b>266</b>	<b>241</b>	<b>-10</b>	<b>56.01%</b>			
Trident Medical Center 13	<18	79,933	84,155	1,355	4									
	18-64	259,351	274,190	45,955	133									
	+65	66,621	86,385	37,386	133									
	<b>TOTAL</b>	<b>405,905</b>	<b>444,730</b>	<b>84,696</b>	<b>270</b>	<b>70%</b>	<b>386</b>	<b>282</b>	<b>296</b>	<b>104</b>	<b>82.29%</b>			
<b>Charleston County Total</b>							<b>1,681</b>	<b>1649</b>	<b>1545</b>	<b>32</b>		<b>718</b>	<b>-931</b>	<b>32</b>
Colleton Medical Center	<18	8,390	8,070	636	2									
	18-64	21,675	20,855	5,964	16									
	+65	7,595	8,480	7,439	23									
	<b>TOTAL</b>	<b>37,660</b>	<b>37,405</b>	<b>14,039</b>	<b>41</b>	<b>65%</b>	<b>64</b>	<b>116</b>	<b>112</b>	<b>-52</b>	<b>33.16%</b>			
<b>Colleton County Total</b>							<b>64</b>	<b>116</b>	<b>112</b>	<b>-52</b>		<b>61</b>	<b>-55</b>	<b>-52</b>
Summerville Medical Center	<18	39,214	40,080	3,025	8									
	18-64	98,799	108,745	14,598	44									
	+65	22,634	30,285	8,753	32									
	<b>TOTAL</b>	<b>160,647</b>	<b>179,110</b>	<b>26,376</b>	<b>85</b>	<b>65%</b>	<b>131</b>	<b>124</b>	<b>124</b>	<b>7</b>	<b>58.28%</b>			
<b>Dorchester County Total</b>							<b>131</b>	<b>124</b>	<b>124</b>	<b>7</b>		<b>290</b>	<b>166</b>	<b>7</b>
Hampton Regional Medical Center	<18	4,116	3,645	0	0									
	18-64	11,672	10,470	1,037	3									
	+65	3,563	3,890	1,328	4									
	<b>TOTAL</b>	<b>19,351</b>	<b>18,005</b>	<b>2,365</b>	<b>7</b>	<b>65%</b>	<b>11</b>	<b>32</b>	<b>14</b>	<b>-21</b>	<b>20.25%</b>			
<b>Hampton County Total</b>							<b>11</b>	<b>32</b>	<b>14</b>	<b>-21</b>		<b>30</b>	<b>-2</b>	<b>-21</b>
Coastal Carolina Hospital (Formerly - Coastal Carolina Medical Center)	<18	5,889	5,755	25	0									
	18-64	17,472	17,905	4,142	12									
	+65	5,610	9,015	5,244	23									
	<b>TOTAL</b>	<b>28,971</b>	<b>32,675</b>	<b>9,411</b>	<b>35</b>	<b>65%</b>	<b>54</b>	<b>41</b>	<b>35</b>	<b>13</b>	<b>62.89%</b>			
<b>Jasper County Total</b>							<b>54</b>	<b>41</b>	<b>35</b>	<b>13</b>		<b>53</b>	<b>12</b>	<b>13</b>
Regional Medical Center of Orangeburg & Calhoun Counties 1	<18	19,044	17,735	NR	0									
	18-64	50,776	45,250	NR	0									
	+65	17,114	18,830	NR	0									
	<b>TOTAL</b>	<b>86,934</b>	<b>81,815</b>	<b>54,931</b>	<b>142</b>	<b>70%</b>	<b>203</b>	<b>247</b>	<b>209</b>	<b>-44</b>	<b>60.93%</b>			
<b>Orangeburg County Total</b>							<b>203</b>	<b>247</b>	<b>209</b>	<b>-44</b>		<b>133</b>	<b>-114</b>	<b>-44</b>

**GENERAL BED NEED\***  
(Chapter 3)

Facility by Region and County	Age Cat	2018 Pop	2024 Pop	2018 Pt Days	Proj ADC	Var. Rate Factor	Bed Need	Licensed / Approved Beds	Staffed / Approved Beds	Add/ Excess Use	2018 % Occup. Rate	Statewide Bed Need	Add/ Excess State	Bed Need
Bamberg		14,275	12,830									21	21	21
Barnwell		21,112	19,740									32	32	32
Fairfield**		22,402	21,230									35	35	35
Lee		17,142	15,650									26	26	26
McCormick		9,410	8,675									14	14	14
Marlboro		26,398	24,410									40	40	40
Saluda		20,544	20,865									34	34	34
Calhoun		14,520	13,795									23	23	23
<b>Counties Without General Hospitals</b>														
<b>Statewide Total</b>		<b>5,084,127</b>	<b>5,474,585</b>	<b>2,244,741</b>				<b>11,688</b>				<b>0.0016137</b>		
<b>Beds Per Population Multiplier</b>		<b>0.0016136</b>												

\* This chart does not count beds already counted in the charts for psychiatric beds, rehabilitation beds, and substance abuse beds. The patient days associated with these beds have been deducted from the reported total number of patient days.

\*\* E-19-02 issued for the permanent closure of Fairfield Memorial Hospital effective December 2018. Fairfield Memorial removed from inventory.

1 Age cohorts not adequately reported.

2 SC-17-12 issued 3/2/2017 for the addition of 14 acute care beds.

3 CON SC-19-19 issued 3/12/2019 for the addition of 72 acute hospital beds. Not yet complete.

4 SC-19-74 issued 5/30/2019 for construction of a 100-bed hospital in Fort Mill using a combination of new and transferred hospital beds. Piedmont Medical Center's licensed bed count remains 268 and the Fort Mill Medical Center bed count remains 64 until such time as the Fort Mill Medical Center Project is complete. Upon final completion of the project, Fort Mill Medical Center will have 100 general beds and Piedmont Medical Center's licensed bed count will be reduced by the 36 beds transferred to Fort Mill.

5 Facility did not submit 2018 JAR.

6 Staff decision approving a 20-bed acute care hospital in Beaufort County. On appeal.

7 SC-16-19 issued 5/26/2016 for the construction of a new 50 bed acute care hospital.

8 Staff decision approving a 128-bed acute care hospital in Berkeley County. On appeal.

9 CON SC-15-26 issued 6/30/15 for the addition of 52 acute hospital beds, four (4) of which have been licensed.

10 CON SC-20-01 issued 1/8/2020 for the addition of 29 general beds, not yet complete.

11 E-19-38 Issued on 11/19/2019 for the decrease in licensed bed capacity by 58 general acute care beds resulting in a licensed bed capacity of 85 general acute care beds.

12 E-19-03 Issued on 02/14/2019 for the decrease in licensed bed capacity by 3 general hospital beds resulting in a licensed bed capacity of 201 general hospital beds.

13 E-19-18 Issued on 03/22/2019 for the decrease in licensed bed capacity by 14 general hospital beds resulting in a licensed bed capacity of 282 general hospital beds.

**LONG-TERM ACUTE CARE HOSPITALS  
(Chapter 3)**

Facility By Region	County	2016			2017			2018				
		Beds	Pt Days	Occupancy Rate	Beds	Pt Days	Occupancy Rate	Beds	Pt Days	Occupancy Rate		
<b>Region I</b>												
Prisma Health North Greenville Long Term Acute Care Hospital (Formerly GHS North Greenville Long Term Acute Care)	Greenville	45	7,310	44.5%	45	7,058	43.0%	45	7,640	46.5%		
Regency Hospital of Greenville	Greenville	32	7,766	66.5%	32	7,840	67.1%	32	9,016	77.2%		
Spartanburg Hospital for Restorative Care	Spartanburg	97	10,034	28.3%	97	9,943	28.1%	97	10,124	28.6%		
<b>Region II</b>												
Continuicare Hospital at Prisma Health Baptist	Richland	35	8,394	65.7%	35	7,979	62.5%	35	8,974	70.2%		
<b>Region III</b>												
Regency Hospital of Florence	Florence	40	12,177	83.4%	40	12,489	85.5%	40	13,701	93.8%		
<b>Region IV</b>												
Vibra Hospital of Charleston	(Charleston)	59	13,744	63.8%	59	12,722	59.1%	59	14,683	68.2%		

**CRITICAL ACCESS HOSPITALS\***  
**(Chapter 3)**

**Facility by Region**

**Region I**

Abbeville Memorial Hospital

**Region II \*\***

Edgefield County Healthcare **1**

**Region III**

Williamsburg Regional Hospital

**Region IV**

Allendale County Hospital

\* Other facilities may potentially be eligible for CAH status.

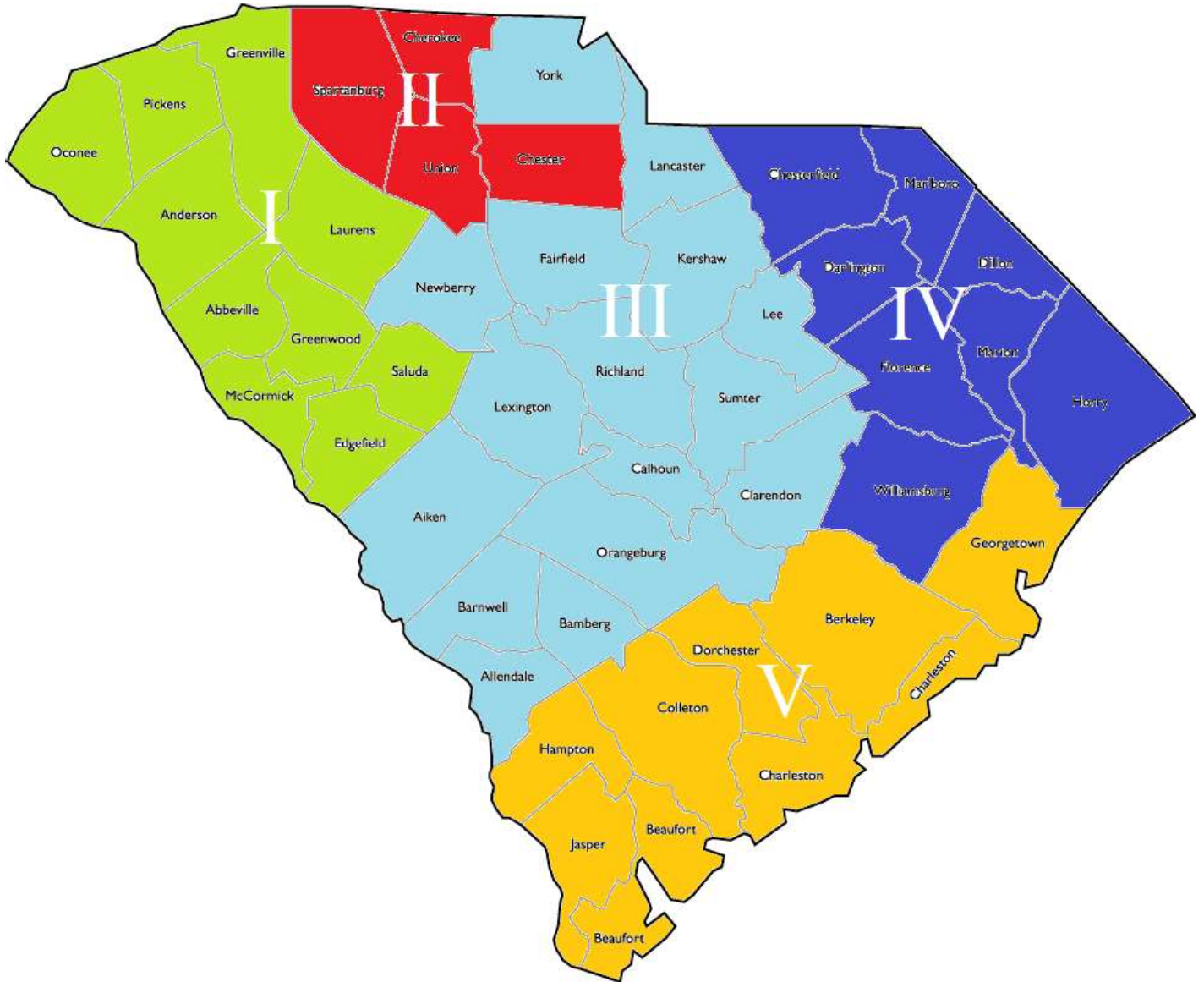
\*\* E-19-02 issued for the permanent closure of Fairfield Memorial Hospital effective December 2018. Fairfield Memorial removed from inventory.

**1** Formerly Edgefield County Hospital.



# PERINATAL REGIONS MAP

(Chapter III)



**PERINATAL-CAPABLE FACILITIES  
(Chapter 3)**

**Facility by Service Level**

**Perinatal Region**

**Regional Perinatal Centers (RPCs)**

Prisma Health Greenville Memorial Hospital <b>1</b>	I
Spartanburg Medical Center	II
Prisma Health Richland Memorial <b>2</b>	III
McLeod Regional Medical Center of the Pee Dee	IV
MUSC Medical Center	V

**Subspecialty Perinatal Center (Level III Hospital)**

Self Regional Healthcare	I
Prisma Health Baptist <b>2</b>	III
Piedmont Medical Center	III

**Specialty Perinatal Centers (Level II Hospitals)**

AnMed Health Women's and Children's Hospital	I
Baptist Easley Hospital	I
St. Francis - Eastside	I
Spartanburg Medical Center - Mary Black Campus <b>3</b>	II
Aiken Regional Medical Centers	III
Lexington Medical Center	III
Regional Medical Center of Orangeburg & Calhoun Counties	III
MUSC Health Lancaster Medical Center <b>4</b>	III
Prisma Health Tuomey <b>2</b>	III
MUSC Health Marion Medical Center <b>5, 7</b>	IV
Carolina Pines Regional Medical Center	IV
Conway Hospital	IV
Grand Strand Medical Center	IV
MUSC Health Florence Women's Pavillion <b>6</b>	IV
Beaufort Memorial Hospital	V
Bon Secours - St. Francis Xavier Hospital	V
East Cooper Medical Center	V
Tidelands Georgetown Memorial Hospital	V
Summerville Medical Center	V
Trident Medical Center	V
Tidelands Waccamaw Community Hospital	V

**1** Formerly Greenville Hospital System

**2** Formerly Palmetto Health

**3** Formerly Mary Black Health System

**4** Formerly Springs Memorial Hospital

**5** Formerly Carolinas Hospital System - Marion

**6** Formerly The Women's Center at Carolinas Hospital System

**7** E-18-17 issued 3/8/18 for the consolidation of OB services with MUSC Health Florence Women's Pavillion and the return of 2 neonatal special care beds to inventory.

**OB UTILIZATION AND BIRTHS  
(Chapter 3)**

Facility	2018				
	Births	OB Beds	Admissions	Patient Days	% Occup Rate
Aiken Regional Medical Center	1,071	17	1,262	3,008	48.5%
AnMed Health Women's & Children's Hospital	1,669	28	1,727	3,260	31.9%
Baptist Easley Hospital	385	14	414	1,050	20.5%
Beaufort Memorial Hospital	943	28	966	2,269	22.2%
Bon Secours Saint Francis Xavier Hospital	2,428	30	2,586	5,870	53.6%
Carolina Pines Regional Medical Center	584	12	793	1,855	42.4%
MUSC Health Marion Medical Center <b>1</b>	33	5	34	79	4.3%
Coastal Carolina Hospital	716	10	772	1,753	48.0%
Colleton Medical Center	279	6	293	645	29.5%
Conway Hospital	1,366	16	1,518	3,057	52.3%
East Cooper Medical Center	1,481	29	1,495	3,693	34.9%
Grand Strand Medical Center	906	19	1,188	2,529	36.5%
Prisma Greenville Memorial Hospital <b>2</b>	3,913	59	6,323	13,124	60.9%
Prisma Greer Memorial Hospital <b>2</b>	728	13	800	1,693	35.7%
Prisma Laurens County Memorial Hospital <b>2</b>	363	5	388	801	43.9%
Prisma Oconee Memorial Hospital <b>2</b>	457	15	515	1,133	20.7%
Hilton Head Hospital	505	8	528	1,089	37.3%
Kershaw Health	247	10	268	558	15.3%
Lexington Medical Center	3,340	29	3,427	7,072	66.8%
Cherokee Medical Center <b>3, 4</b>	66	15	80	188	3.4%
Spartanburg Medical Center Mary Black Campus <b>5</b>	1,172	21	1,229	2,977	38.8%
McLeod Health Cheraw <b>6</b>	166	8	186	369	12.6%
McLeod Health Clarendon	288	7	324	724	28.3%
McLeod Loris	431	6	479	960	43.8%
McLeod Medical Center Dillon	274	6	303	692	31.6%
McLeod Regional Medical Center of the Pee Dee	2,116	14	2,349	6,594	129.0%
Mount Pleasant Hospital	542	11	568	1,245	31.0%
MUSC Medical Center	2,687	36	2,852	8,833	67.2%
Newberry County Memorial Hospital	264	10	272	545	14.9%
Prisma Health Baptist <b>7</b>	2,906	83	6,488	10,490	34.6%
Prisma Health Baptist Parkridge <b>7</b>	667	20	770	2,700	37.0%
Prisma Health Richland <b>7</b>	2,272	37	4,391	11,052	81.8%
Prisma Health Tuomey <b>7</b>	1,296	24	1,417	3,896	44.5%
Piedmont Medical Center	1,600	19	1,674	4,422	63.8%
Regional Medical Center of Orangeburg & Calhoun Counties	878	32	1,178	2,592	22.2%
St. Francis - Eastside	2,098	28	2,234	5,710	55.9%
Self Regional Healthcare	1,321	36	1,515	3,623	27.6%
Spartanburg Medical Center	2,786	39	3,064	7,375	51.8%
MUSC Health Lancaster Medical Center <b>8</b>	492	5	120	1,345	73.7%
Summerville Medical Center	1,242	36	1,078	2,393	18.2%
Tidelands Georgetown Memorial Hospital	244	14	387	886	17.3%
Tidelands Waccamaw Community Hospital	569	19	1,115	2,960	42.7%
Trident Medical Center <b>9</b>	1,552	25	1,653	3,771	41.3%
MUSC Health Florence Women's Pavillion <b>10</b>	827	20	1,088	1,973	27.0%
<b>Total Births</b>	<b>50,170</b>	<b>904</b>	<b>61,023</b>	<b>140,880</b>	<b>17</b>

**1** Formerly Carolinas Hospital System - Marion

**2** Formerly Greenville Health System

**3** Formerly Mary Black Health System - Gaffney

**4** OB unit was closed March 31, 2018. Listed beds were current during 2017 reporting year.

**5** Formerly Mary Black Health System

**6** E-19-10 issued 3/8/19 for the permanent closure of OB and perinatal services effective 11/1/18

**7** Formerly Palmetto Health

**8** Formerly Springs Memorial Hospital

**9** CON SC-17-44 issued June 26, 2017 to consolidate Trident's and Summerville's obstetrics and neonatal services into one unit at the Summerville campus, not yet completed.

**10** Formerly The Women's Center of Carolinas Hospital System

**INTENSIVE AND INTERMEDIATE BASSINETS  
(Chapter 3)**

<u>Facility by Perinatal Region</u>	<u>Service Level</u>	<u>Existing Bassinets</u>	
		<u>Intensive</u>	<u>Intermediate</u>
<b>Region I - Greenville Memorial</b>			
Prisma Greenville Memorial Hospital <b>1</b>	RPC	12	68
Self Regional Healthcare	Level III	7	11
AnMed Health Women's & Children's Hospital	Level II	0	13
St. Francis - Eastside	Level II	0	14
Baptist Easley Hospital	Level I	0	0
<b>Subtotal</b>		<b>19</b>	<b>106</b>
<b>Region II - Spartanburg Regional</b>			
Spartanburg Medical Center	RPC	13	22
Spartanburg Medical Center Mary Black Campus <b>2</b>	Level II	0	10
<b>Subtotal</b>		<b>13</b>	<b>32</b>
<b>Region III - Palmetto Health Richland</b>			
Prisma Health Richland <b>3</b>	RPC	31	38
Prisma Health Baptist <b>3</b>	Level III	8	22
Prisma Health Baptist Parkridge <b>3</b>	Level II	0	2
Piedmont Medical Center	Level III	5	7
Aiken Regional Medical Centers	Level II	0	8
Lexington Medical Center	Level II	0	20
Regional Medical Center of Orangeburg & Calhoun Counties	Level II	0	10
MUSC Health Lancaster Medical Center <b>4</b>	Level II	0	4
Prisma Health Tuomey <b>3</b>	Level II	0	22
<b>Subtotal</b>		<b>44</b>	<b>133</b>
<b>Region IV - McLeod Regional</b>			
McLeod Regional Medical Center of the Pee Dee	RPC	25	23
MUSC Health Marion Medical Center <b>5</b>	Level II	0	0
Carolina Pines Regional Medical Center	Level II	0	4
Conway Hospital	Level II	0	6
Grand Strand Medical Center	Level II	0	2
MUSC Health Florence Women's Pavilion <b>6</b>	Level II	0	11
<b>Subtotal</b>		<b>25</b>	<b>46</b>
<b>Region V - MUSC Medical</b>			
MUSC Medical Center <b>7</b>	RPC	46	36
Beaufort Memorial Hospital	Level II	0	5
Bon Secours St. Francis Xavier Hospital	Level II	0	11
East Cooper Medical Center	Level II	0	10
Tidelands Georgetown Memorial Hospital	Level II	0	5
Summerville Medical Center <b>8</b>	Level II	0	16
Trident Medical Center <b>8</b>	Level II	0	0
Tidelands Waccamaw Community Hospital	Level II	0	2
<b>Subtotal</b>		<b>46</b>	<b>85</b>
<b>Totals</b>		<b>147</b>	<b>402</b>

**1** Formerly Greenville Health System

**2** Formerly Mary Black Health System

**3** Formerly Palmetto Health

**4** Formerly Springs Memorial Hospital

**5** Formerly Carolinas Hospital System - Marion

**6** Formerly The Women's Center at Carolinas Health System

**7** Approved March 26, 2018 for the conversion of 14 Level II bassinets to Level III bassinets for a total of 46

Level III bassinets and 36 Level II bassinets, not yet complete.

**8** CON SC-17-44 issued June 26, 2017 to consolidate Trident's and Summerville's obstetrics and neonatal services into one unit at the Summerville campus for a total of 12 intermediate bassinets at Summerville and 0

**UTILIZATION OF NEONATAL SPECIAL CARE UNITS  
(Chapter 3)**

<b>Facility by Perinatal Region</b>	<b>2018</b>							
	<b>Service Level</b>	<b>Intensive Bassinets</b>	<b>Intensive Pt Days</b>	<b>Intermediate Bassinets</b>	<b>Intermediate Pt Days</b>	<b>Total Bassinets</b>	<b>Total Pt Days</b>	<b>Total Occupancy</b>
<b>Region I - Greenville Memorial</b>								
Prisma Greenville Memorial Hospital <b>1</b>	RPC	12	8,094	68	16,445	80	24,539	84.0%
Self Regional Healthcare	Level III	7	253	11	2,829	18	3,082	46.9%
AnMed Health Women's & Children's Hospital	Level II	0	0	13	1,364	13	1,364	28.7%
St. Francis - Eastside	Level II	0	0	14	1,604	14	1,604	31.4%
Prisma Health Baptist Easley Hospital <b>3</b>	Level I	NR	NR	NR	NR	4	--	--
<b>SUBTOTAL</b>		<b>19</b>	<b>8,347</b>	<b>106</b>	<b>22,242</b>	<b>129</b>	<b>30,589</b>	<b>65.0%</b>
<b>Region II - Spartanburg Regional</b>								
Spartanburg Medical Center	RPC	13	4,524	22	3,143	35	7,667	60.0%
Spartanburg Medical Center Mary Black Campus <b>2</b>	Level II	0	0	10	634	10	634	17.4%
<b>SUBTOTAL</b>		<b>13</b>	<b>4,524</b>	<b>32</b>	<b>3,777</b>	<b>45</b>	<b>8,301</b>	<b>50.5%</b>
<b>Region III - Palmetto Health Richland</b>								
Prisma Health Richland <b>3</b>	RPC	31	11,366	38	8,818	69	20,184	80.1%
Prisma Health Baptist <b>3</b>	Level III	8	4,352	22	1,232	30	5,584	51.0%
Prisma Health Baptist Parkridge <b>3, 8</b>	Level II	0	0	2	0	0	--	--
Piedmont Medical Center	Level III	5	258	7	1,853	12	2,111	48.2%
Aiken Regional Medical Centers	Level II	0	0	8	129	8	129	4.4%
Lexington Medical Center	Level II	0	0	20	2,886	20	2,886	39.5%
Regional Medical Center of Orangeburg & Calhoun Counties	Level II	0	0	10	1,914	10	1,914	52.4%
MUSC Health Lancaster Medical Center <b>4</b>	Level II	0	0	4	236	4	236	16.2%
Prisma Health Tuomey <b>3</b>	Level II	0	0	22	465	22	465	5.8%
<b>SUBTOTAL</b>		<b>44</b>	<b>15,976</b>	<b>133</b>	<b>17,533</b>	<b>175</b>	<b>33,509</b>	<b>52.5%</b>
<b>Region IV - McLeod Regional</b>								
McLeod Regional Medical Center of the Pee Dee	RPC	25	4,842	23	5,848	48	10,690	61.0%
Carolina Pines Regional Medical Center	Level II	0	0	4	263	4	263	18.0%
Conway Hospital	Level II	0	0	6	880	6	880	40.2%
Grand Strand Medical Center	Level II	0	0	2	0	2	0	0.0%
MUSC Health Florence Women's Pavilion <b>5</b>	Level II	0	0	11	889	11	889	22.1%
<b>SUBTOTAL</b>		<b>25</b>	<b>4,842</b>	<b>46</b>	<b>7,880</b>	<b>71</b>	<b>12,722</b>	<b>49.1%</b>
<b>Region V - MUSC Medical</b>								
MUSC Medical Center <b>6</b>	RPC	46	10,474	36	12,066	82	22,540	75.3%
Beaufort Memorial Hospital	Level II	0	0	5	57	5	57	3.1%
Bon Secours-St. Francis Xavier Hospital	Level II	0	0	11	2,730	11	2,730	68.0%
East Cooper Medical Center	Level II	0	0	10	923	10	923	25.3%
Tidelands Georgetown Memorial Hospital	Level II	0	0	5	136	5	136	7.5%
Summerville Medical Center <b>7</b>	Level II	0	0	16	1,556	16	1,556	26.6%
Trident Medical Center <b>7</b>	Level II	0	0	0	1,819	0	1,819	0.0%
Tidelands Waccamaw Community Hospital	Level II	0	0	2	612	2	612	83.8%
<b>SUBTOTAL</b>		<b>46</b>	<b>10,474</b>	<b>85</b>	<b>19,899</b>	<b>131</b>	<b>30,373</b>	<b>63.5%</b>
<b>GRAND TOTAL</b>		<b>147</b>	<b>44,163</b>	<b>402</b>	<b>71,331</b>	<b>551</b>	<b>115,494</b>	<b>57.4%</b>

1 Formerly Greenville Health System

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6 Approved March 26, 2018 for the conversion of 14 Level II bassinets to Level III bassinets for a total of 46 Level III bassinets and 36 Level II bassinets, not yet completed.

7 CON SC-17-44 issued June 26, 2017 to consolidate Trident's and Summerville's obstetrics and neonatal services into one unit at the Summerville campus for a total of 12 intermediate bassinets at Summerville and 0 intermediate bassinets at Trident, not yet completed.

8 Facility approved for licensure of a Level II neonatal special care unit with two bassinets, effective October 25, 2019.

NICU BED NEED  
(Chapter 3)

Counties by Perinatal Region	2016 Births	2017 Births	2018 Births	3 YR Average Births	2016 15-44 Female Population	2017 15-44 Female Population	2018 15-44 Female Population	3 YR Average 15-44 Female Population	Average Birth Rate	2023 15-44 Female Population	2023 Projected Births	Proj Birth Rate / Average Birth Rate	Existing NICU Beds	Bed Need
<b>Region I</b>														
Abbeville	208	241	235	228	4,305	4,268	4,248	4,274		4,040				
Anderson	2,320	2,296	2,257	2,291	36,461	36,774	37,247	36,827		37,130				
Edgefield	197	185	196	193	4,036	4,058	4,170	4,088		4,290				
Greenville	6,292	6,409	6,227	6,309	99,461	100,925	102,398	100,928		110,740				
Greenwood	794	859	786	813	14,086	14,124	14,064	14,091		13,640				
Laurens	779	791	804	791	12,278	12,268	12,232	12,259		12,310				
McCormick	52	62	49	54	986	949	941	959		850				
Oconee	748	722	694	721	12,274	12,382	12,461	12,372		12,970				
Pickens	1,225	1,169	1,147	1,180	25,743	25,901	26,103	25,916		24,440				
Saluda	237	218	243	233	3,308	3,321	3,289	3,306		3,230				
<b>Total</b>	<b>12,852</b>	<b>12,952</b>	<b>12,638</b>	<b>12,814</b>	<b>212,938</b>	<b>214,970</b>	<b>217,153</b>	<b>215,020</b>	<b>0.05959</b>	<b>223,640</b>	<b>13,328</b>	<b>1.040088</b>	<b>19</b>	<b>24</b>
<b>Region II</b>														
Cherokee	653	663	677	664	10,999	10,977	10,905	10,960		10,845				
Chester	354	363	364	360	5,692	5,704	5,693	5,696		5,600				
Spartanburg	3,689	3,821	3,850	3,787	58,872	59,981	61,593	60,149		66,550				
Union	326	304	300	310	4,818	4,751	4,749	4,773		4,720				
<b>Total</b>	<b>5,022</b>	<b>5,151</b>	<b>5,191</b>	<b>5,121</b>	<b>80,381</b>	<b>81,413</b>	<b>82,940</b>	<b>81,578</b>	<b>0.06278</b>	<b>87,715</b>	<b>5,507</b>	<b>1.075229</b>	<b>13</b>	<b>5</b>
<b>Region III</b>														
Aiken	1,964	1,860	1,898	1,907	30,617	30,768	30,708	30,698		31,335				
Allendale	74	88	82	81	1,339	1,330	1,312	1,327		1,140				
Bamberg	128	127	133	129	2,642	2,615	2,573	2,610		2,050				
Barnwell	248	241	235	241	3,908	3,826	3,753	3,829		3,435				
Calhoun	122	142	138	134	2,392	2,402	2,374	2,389		2,320				
Clarendon	313	321	316	317	5,455	5,405	5,320	5,393		5,050				
Fairfield	206	220	201	209	3,875	3,830	3,743	3,816		3,530				
Kershaw	793	728	740	754	11,473	11,633	11,687	11,598		12,410				
Lancaster	1,062	990	1,024	1,025	15,975	16,387	16,756	16,373		20,295				
Lee	190	188	159	179	2,853	2,811	2,785	2,816		2,615				
Lexington	3,261	3,204	3,223	3,229	55,352	56,085	56,734	56,057		61,710				
Newberry	453	398	409	420	6,689	6,733	6,694	6,705		6,610				
Orangeburg	970	953	1,010	978	16,784	16,631	16,454	16,623		14,680				
Richland	4,803	4,654	4,689	4,715	95,059	95,770	96,394	95,741		95,500				
Sumter	1,379	1,386	1,346	1,370	20,848	20,639	20,664	20,717		19,945				
York	3,011	2,955	2,920	2,962	52,166	53,447	54,908	53,507		63,105				
<b>Total</b>	<b>18,977</b>	<b>18,455</b>	<b>18,523</b>	<b>18,652</b>	<b>327,427</b>	<b>330,312</b>	<b>332,859</b>	<b>330,199</b>	<b>0.05649</b>	<b>345,730</b>	<b>19,529</b>	<b>1.047034</b>	<b>44</b>	<b>19</b>
<b>Region IV</b>														
Chesterfield	483	507	507	499	8,243	8,108	8,014	8,122		7,840				
Darlington	774	743	769	762	12,581	12,485	12,414	12,493		11,990				
Dillon	389	426	408	408	5,839	5,851	5,918	5,869		5,720				
Florence	1,656	1,697	1,616	1,656	27,973	27,689	27,360	27,674		26,815				
Horry	3,125	3,170	3,157	3,151	55,827	56,717	57,653	56,732		65,100				
Marion	369	356	350	358	5,836	5,737	5,697	5,757		5,440				
Marlboro	277	292	269	279	4,426	4,342	4,242	4,337		3,990				
Williamsburg	317	352	267	312	5,464	5,315	5,221	5,333		4,890				
<b>Total</b>	<b>7,390</b>	<b>7,543</b>	<b>7,343</b>	<b>7,425</b>	<b>126,189</b>	<b>126,244</b>	<b>126,519</b>	<b>126,317</b>	<b>0.05878</b>	<b>131,785</b>	<b>7,747</b>	<b>1.043285</b>	<b>25</b>	<b>0</b>
<b>Region V</b>														
Beaufort	1,956	2,012	1,911	1,960	29,357	29,711	29,756	29,608		31,270				
Berkeley	2,756	2,696	2,800	2,751	42,469	43,043	44,265	43,259		50,190				
Charleston	5,010	4,799	4,860	4,890	83,794	84,305	84,966	84,355		91,220				
Colleton	441	454	461	452	6,602	6,613	6,570	6,595		6,495				
Dorchester	1,799	1,865	1,836	1,833	31,183	32,092	32,184	31,820		35,310				
Georgetown	578	528	541	549	9,303	9,312	9,316	9,310		9,380				
Hampton	207	206	199	204	3,413	3,348	3,281	3,347		3,055				
Jasper	349	369	362	360	4,767	4,736	4,802	4,768		4,970				
<b>Total</b>	<b>13,096</b>	<b>12,929</b>	<b>12,970</b>	<b>12,998</b>	<b>210,888</b>	<b>213,160</b>	<b>215,140</b>	<b>213,063</b>	<b>0.06101</b>	<b>231,890</b>	<b>14,147</b>	<b>1.088365</b>	<b>46</b>	<b>0</b>
<b>Statewide</b>	<b>57,337</b>	<b>57,030</b>	<b>56,665</b>	<b>57,011</b>	<b>957,823</b>	<b>966,099</b>	<b>974,611</b>	<b>966,178</b>		<b>1,020,760</b>	<b>60,257</b>		<b>147</b>	<b>48</b>

## CHAPTER 4

### PSYCHIATRIC SERVICES

#### **COMMUNITY PSYCHIATRIC BEDS**

Inpatient psychiatric services are those services provided to patients who are admitted to institutions for the evaluation, diagnosis and treatment of mental, emotional or behavioral disorders. Services may be provided in either psychiatric units of general hospitals or freestanding psychiatric hospitals.

Special units for children, adolescents and geriatric patients have been developed throughout the State. If any additional beds are approved, they must come from the calculated psychiatric bed need in this Plan. These specialty psychiatric services should be identifiable units with sufficient space to have available areas for sleeping, dining, education, recreation, occupational therapy and offices of evaluation and therapy. The unit should be staffed with an appropriate multi-disciplinary care team of psychiatrists, psychologists, social workers, nurses, occupation therapists, recreational therapists, and psychiatric technicians. Other consultants should be available as needed.

The Psychiatric Programs Chart is located at the end of this Chapter.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. Need projections are based on psychiatric service areas. The service areas are consistent for psychiatric services and inpatient alcohol and drug abuse facilities.
2. The methodology for calculating psychiatric bed need is as follows:
  - a. For the service area, take the greater of the service area utilization rate or the statewide utilization rate for psychiatric beds by age cohort. The statewide utilization rate for each age cohort will be used for those service areas where no beds currently exist.
  - b. Multiply the applicable utilization rate by the projected population for the year 2024 for each age cohort (where such data is available) and divide by 365 to obtain a projected average daily census by age cohort.
  - c. Take the sum of average daily censuses by age cohort and divide by the target occupancy rate of 70% to determine the number of beds needed in the service area.

- d. The number of additional beds needed or excess beds for the service area is obtained by subtracting the number of existing beds from the bed need.
3. Should the service area show a need for additional beds, a general acute care hospital which has no licensed or CON-approved psychiatric beds may be approved for the maximum of the actual projected bed need or up to 20 additional beds ("20 Bed Rule") to establish an economical unit ("Unit"). An applicant seeking more beds than are projected may not use such beds for the establishment of a specialty psychiatric unit. Any beds sought in excess of the projected bed need in the service area must be used for the provision of general adult psychiatric services in order to address the growing number of psychiatric patients being held in hospital emergency departments. Finally, although more than one general acute care hospital per service area may apply for beds under this provision, the Department may approve no more than 19 beds, in any combination, beyond the need shown in this Plan for each service area.
4. In the absence of a projected need for beds in a psychiatric service area, an existing facility can apply to add up to eight additional beds, given that it has achieved an occupancy rate of at least 70% as reported on the most recent Joint Annual Report ("JAR"). **Up to ten additional beds may be added in a facility which has achieved an occupancy rate of at least 90% as reported on the most recent JAR.**
5. Priority should be given to excess general hospital beds that can be economically and cost effectively converted for use as a specialized psychiatric unit over the construction of new beds, if such beds will be accessible to the target population.

The Psychiatric Bed Need Chart is located at the end of this Chapter.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Record of the Applicant; **and**
4. Staff Resources.

Psychiatric beds are planned for and located within 60 minutes' travel time for the majority of the residents of the State. In addition, current utilization and population growth are factored into the methodology for determining psychiatric bed need. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for these services.



## **STATE MENTAL HEALTH FACILITIES**

### Psychiatric Hospital Beds

DMH operates a variety of psychiatric facilities. DMH has analyzed the patient population and plans to provide psychiatric services in the least restrictive environment, maintain patients in the community and keep hospitalization to a minimum. Since DMH cannot refuse any patient assigned to them by a court, renovation, replacement and expansion of the component programs should be allowed as long as the overall psychiatric hospital complement is maintained or reduced. As long as DMH does not add any additional beds over the 3,720 beds that were in existence on July 1, 1988, any changes in facility bed capacity *would not require Certificate of Need review.*

### Local Inpatient Crisis Stabilization Beds

DMH reports there are an insufficient number of adult inpatient psychiatric beds in a number of regions of the State. As a result of this situation, significant numbers of persons in a behavioral crisis are being held in hospital emergency rooms for inordinate periods of time until an appropriate inpatient psychiatric bed becomes available. These emergency room patients may not have a source of funding.

DMH has attempted to alleviate this problem by means of its "Crisis Stabilization Program." Within available funding limits, the "Crisis Stabilization Program" is to provide short-term emergency stabilization of psychiatric patients in the local community, by use of both local hospital beds and non-hospital residential programs, such as community residential care facilities, for those patients who do not require a hospital level of care. For patients needing stabilization in a hospital, subject to available funding, DMH contracts with one or more local hospitals willing to admit indigent patients assessed by DMH as needing acute care in return for a daily rate for a defined period. These patients can be cared for in licensed general acute care beds or licensed psychiatric beds.

To assist in alleviating this problem, the following policies will apply:

- a. *A Certificate of Need is not required* to convert existing acute care beds or existing psychiatric beds to create Crisis Stabilization services pursuant to a contract with DMH.
- b. *A Certificate of Need is required* to add psychiatric beds pursuant to a contract with DMH to provide Crisis Stabilization services. These additional beds could be approved if the Plan indicates a need for additional beds or some small number (ten beds or less) of additional beds could be approved for crisis stabilization patients only. These beds would not be restricted to any specific age group except that the patients would have to be over age 18.

- c. An application for a Certificate of Need for Crisis Stabilization patients only must be accompanied by information from DMH to verify this additional need, such as the number of patients currently awaiting treatment, the estimated average length of stay, the pay source for the patients, the number of patients emergently admitted to DMH hospitals over the past year from the area, the number of crisis patients that are expected to require this service annually, and other information to justify these additional psychiatric beds. In addition, DMH will supply verification that it made contact with all hospitals in the county and contiguous counties to notify them of the potential for adding some psychiatric beds to the area. The hospital seeking the Certificate of Need will provide the necessary care for these individuals referred by DMH and may be reimbursed for the care of the patients if there are sufficient funds, but the hospital must identify the minimum number of indigent (no source of funding) patient days it will provide to patients referred by DMH. Should the contract with DMH terminate for any reason or should the hospital fail to provide care to the patients referred from DMH, the license for these beds will be voided.

If justified by DMH, the Department will consider converting inpatient psychiatric beds to other levels of care provided that alternative community-based resources are not available. Patients appropriate for de-institutionalization should be discharged when the appropriate community support services are in place.

**PSYCHIATRIC PROGRAMS  
(Chapter 4)**

Facility by Region	County	2018		
		Beds	Pt. Days	Occup Rate
<b>Region I</b>				
AnMed Health Medical Center	Anderson	38	5,834	42.1%
Carolina Center Behavioral Health	Greenville	117	32,464	76.0%
Prisma Health Greenville Memorial Hospital (Formerly Marshall I. Pickens Hospital)	Greenville	65	12,049	50.8%
Springbrook Behavioral Health <b>1</b>	Greenville	56	9,938	48.6%
Self Regional Healthcare	Greenwood	32	5,161	44.2%
Spartanburg Medical Center	Spartanburg	56	7,353	36.0%
Spartanburg Medical Center - Mary Black Campus (Formerly Mary Black Health System)	Spartanburg	15	3,586	65.5%
<b>Region II</b>				
Aiken Regional Medical Centers	Aiken	44	12,636	78.7%
KershawHealth	Kershaw	20	584	8.0%
Rebound Behavioral Health	Lancaster	45	10,858	66.1%
MUSC Health Lancaster Medical Center (Formerly Springs Memorial Hospital)	Lancaster	12	3,226	73.7%
Three Rivers Behavioral Health <b>2</b>	Lexington	112	30,432	74.4%
Prisma Health Baptist (Formerly Palmetto Health)	Richland	55	8,699	43.3%
Prisma Health Richland (Formerly Palmetto Health)	Richland	52	10,061	53.0%
Piedmont Medical Center <b>3</b>	York	29	5,128	48.4%
<b>Region III</b>				
McLeod Medical Center - Darlington	Darlington	23	7,109	84.7%
South Strand Medical Center (Grand Strand Medical Center)	Horry	20	6,092	83.5%
Lighthouse Behavioral Health Hospital	Horry	76	20,780	74.9%
<b>Region IV</b>				
Hilton Head Hospital	Beaufort	16	0	0.0%
Beaufort Memorial Hospital	Beaufort	14	3,091	60.5%
MUSC Medical Center	Charleston	82	36,170	120.8%
Palmetto Lowcountry Behavioral Health <b>4</b>	Charleston	103	23,125	61.5%
Trident Medical Center <b>5</b>	Charleston	60	6,150	28.1%
Colleton Medical Center	Colleton	19	5,652	81.5%
Regional Medical Center - O'burg & Calhoun	Orangeburg	15	3,767	68.8%

**PSYCHIATRIC PROGRAMS  
(Chapter 4)**

Facility by Region	County	2018		
		Beds	Pt. Days	Occup Rate
<b>Government Facilities</b>				
Patrick B. Harris Psychiatric Hospital <b>6</b>	Anderson	200	46,363	63.5%
G. Werber Bryan Psychiatric Hospital <b>6</b>	Richland	530	61,264	31.7%
Gilliam Psychiatric Hospital <b>6</b>	Richland	82	NR	
William J McCord Adolescent Treatment Facility <b>6</b>	Orangeburg	15	0	0.0%
	<b>Total</b>	<b>1176</b>	<b>269,945</b>	<b>62.9%</b>

\* SC-17-79 issued 12/7/2017 to MUSC Health Florence Rehab Center (Formerly Carolinas Cedar Tower) for the establishment of a 20 bed psychiatric unit. CON was withdrawn by Applicant on 3/1/19 pursuant to CHOW. Removed from inventory.

**1** SC-17-08 issued 2-16-2017 addition of 18 adolescent acute psychiatric beds for a total of 56 psychiatric beds.

**2** SC-19-100 issued 9/5/2019 for the addition of 7 Psychiatric beds for a total of 112 psychiatric beds.

**3** SC-19-102 issued 9/9/2019 for the addition of 9 psychiatric beds for a total of 29 psychiatric beds.

**4** SC-18-38 issued 8/6/2018 for the transfer of 48 psychiatric beds and 16 substance abuse beds and the addition of 39 psychiatric beds for a total of 103 psychiatric beds in a newly constructed facility.

**5** SC-18-37 issued 8/6/2018 for the addition of 43 psychiatric beds and relocation of 17 psychiatric beds from Tridents main campus for a total of 60 beds.

**6** State facility not operating all its licensed beds. Their utilization does not impact calculation of need.

PSYCHIATRIC BED NEED  
(Chapter 4)

Service Area	Age Cat	2018 Pop	2024 Pop	Existing Beds	2018 PT Days	Proj ADC	Occup Factor	Bed Need (Use)	+ / -	Bed Need (SW)	+ / -	Bed Need
Anderson, Oconee	<18	61,467	62,585		-							
	18-64	163,008	168,680		4,927	14						
	+65	54,381	63,370		907	3						
	<b>TOTAL</b>	<b>278,856</b>	<b>294,635</b>	<b>38</b>	<b>5,834</b>	<b>17</b>	<b>0.70</b>	<b>24</b>	<b>-14</b>	<b>61</b>	<b>23</b>	<b>23</b>
Greenville, Pickens	<18	142,076	151,325		4,701	14						
	18-64	395,278	417,035		38,874	112						
	+65	101,796	126,285		10,876	37						
	<b>TOTAL</b>	<b>639,150</b>	<b>694,645</b>	<b>238</b>	<b>54,451</b>	<b>163</b>	<b>0.70</b>	<b>233</b>	<b>-5</b>	<b>144</b>	<b>-94</b>	<b>-5</b>
Cherokee, Spartanburg, Union	<18	91,457	94,915		-							
	18-64	240,955	254,995		6,352	18						
	+65	65,964	77,510		4,587	15						
	<b>TOTAL</b>	<b>398,376</b>	<b>427,420</b>	<b>71</b>	<b>10,939</b>	<b>33</b>	<b>0.70</b>	<b>47</b>	<b>-24</b>	<b>89</b>	<b>18</b>	<b>18</b>
Chester, Lancaster, York	<18	94,525	104,960		8							
	18-64	241,874	277,210		15,257							
	+65	65,350	86,270		3,947							
	<b>TOTAL</b>	<b>401,749</b>	<b>468,440</b>	<b>86</b>	<b>19,212</b>	<b>61</b>	<b>0.70</b>	<b>88</b>	<b>2</b>	<b>97</b>	<b>11</b>	<b>11</b>
Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	<18	45,945	44,530		-							
	18-64	130,068	125,500		3,608	10						
	+65	43,269	49,425		1,553	5						
	<b>TOTAL</b>	<b>219,282</b>	<b>219,455</b>	<b>32</b>	<b>5,161</b>	<b>14</b>	<b>0.70</b>	<b>21</b>	<b>-11</b>	<b>46</b>	<b>14</b>	<b>14</b>
Fairfield, Kershaw, Lexington, Newberry, Richland	<18	184,794	193,090		10,510	30						
	18-64	527,507	538,385		34,190	96						
	+65	123,821	152,035		5,076	17						
	<b>TOTAL</b>	<b>836,122</b>	<b>883,510</b>	<b>239</b>	<b>49,776</b>	<b>143</b>	<b>0.70</b>	<b>204</b>	<b>-35</b>	<b>184</b>	<b>-55</b>	<b>-35</b>
Darlington, Florence, Marion	<18	54,489	51,170		-	0						
	18-64	139,200	132,285		6,789	18						
	+65	42,311	47,990		320	1						
	<b>TOTAL</b>	<b>236,000</b>	<b>231,445</b>	<b>23</b>	<b>7,109</b>	<b>19</b>	<b>0.70</b>	<b>27</b>	<b>4</b>	<b>48</b>	<b>25</b>	<b>25</b>
Chesterfield, Dillon, Marlboro	<18	23,032	21,445		-							
	18-64	61,463	57,025									
	+65	18,256	20,390									
	<b>TOTAL</b>	<b>102,751</b>	<b>98,860</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>0.70</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>21</b>	<b>21</b>

**PSYCHIATRIC BED NEED  
(Chapter 4)**

Service Area	Age Cat	2018 Pop	2024 Pop	Existing Beds	2018 PT Days	Proj ADC	Occup Factor	Bed Need (Use)	+ / -	Bed Need (SW)	+ / -	Bed Need
Clarendon, Lee, Sumter	<18	35,286	32,725									
	18-64	93,491	86,885									
	+65	28,577	32,595									
	<b>TOTAL</b>	<b>157,354</b>	<b>152,205</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>0.70</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>32</b>	<b>32</b>
Georgetown, Horry, Williamsburg	<18	79,493	82,695		5,353	15						
	18-64	251,347	278,360		17,484	53						
	+65	106,162	154,235		4,035	16						
	<b>TOTAL</b>	<b>437,002</b>	<b>515,290</b>	<b>96</b>	<b>26,872</b>	<b>84</b>	<b>0.70</b>	<b>121</b>	<b>25</b>	<b>107</b>	<b>11</b>	<b>25</b>
Bamberg, Calhoun, Orangeburg	<18	24,502	22,620									
	18-64	67,638	59,815									
	+65	23,589	26,005									
	<b>TOTAL</b>	<b>115,729</b>	<b>108,440</b>	<b>15</b>	<b>3,767</b>	<b>10</b>	<b>0.70</b>	<b>14</b>	<b>-1</b>	<b>23</b>	<b>8</b>	<b>8</b>
Allendale, Beaufort, Hampton, Jasper	<18	46,708	46,420									
	18-64	136,827	141,475		2,863							
	+65	62,405	80,945		228							
	<b>TOTAL</b>	<b>245,940</b>	<b>268,840</b>	<b>30</b>	<b>3,091</b>	<b>9</b>	<b>0.70</b>	<b>13</b>	<b>-17</b>	<b>56</b>	<b>26</b>	<b>26</b>
Berkeley, Charleston, Colleton, Dorchester	<18	180,286	190,120		14,183							
	18-64	517,757	559,505		47,673							
	+65	127,260	167,130		9,241							
	<b>TOTAL</b>	<b>825,303</b>	<b>916,755</b>	<b>264</b>	<b>71,097</b>	<b>216</b>	<b>0.70</b>	<b>309</b>	<b>45</b>	<b>191</b>	<b>-73</b>	<b>45</b>
Aiken, Barnwell	<18	41,885	40,850		2,753	7						
	18-64	111,854	109,895		7,000	19						
	+65	36,774	43,900		2,883	9						
	<b>TOTAL</b>	<b>190,513</b>	<b>194,645</b>	<b>44</b>	<b>12,636</b>	<b>36</b>	<b>0.70</b>	<b>51</b>	<b>7</b>	<b>40</b>	<b>-4</b>	<b>7</b>
<b>Statewide Totals</b>	<18	1,105,945	1,139,450									
	18-64	3,078,267	3,207,050									
	+65	899,915	1,128,085									
	<b>TOTAL</b>	<b>5,084,127</b>	<b>5,474,585</b>	<b>1,176</b>	<b>269,945</b>	<b>796</b>	<b>0.000208</b>	<b>1152</b>		<b>1138</b>		<b>214</b>

## CHAPTER 5

### REHABILITATION FACILITIES

A Rehabilitation Facility is operated for the primary purpose of providing comprehensive physical rehabilitation services through an intensive, coordinated team approach for patients with severe physical ailments. These facilities should be located where an extensive variety of professionals representing medical, psychological, social, and vocational rehabilitation evaluation and services are available. These beds are viewed as being comprehensive in nature and not limited only to a particular service or specialty. CMS identifies 13 specific conditions for which facilities must treat 60% of their patients (“the compliance threshold”) in order to qualify for Medicare reimbursement. Certain comorbidities as specified in 42 CFR 412.29(b)(1) must be used to determine the compliance threshold.

Most general hospitals and other health care facilities offer physical rehabilitation services such as physical therapy, occupational therapy, speech therapy, or occupational therapy without the involvement of a formal interdisciplinary program. In addition, some hospitals have consolidated their rehabilitation services into a single unit to improve the coordination of care for acute patients in their facilities. These consolidations are intended to improve the quality of care for patients currently being treated in the facility and are not considered to be providing comprehensive physical rehabilitation services as defined in this section of the Plan.

The Rehabilitation Programs Chart is located at the end of this Chapter.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. The need for beds is calculated based on rehabilitation service areas.
2. The methodology takes the greater of the actual utilization of the facilities in the service area or the statewide average number of beds per 1,000 of the 65+ population cohort to project need.
3. In the absence of a projected need for beds in a rehabilitation facility service area, an existing facility can apply to add up to eight additional beds, given that it has achieved an occupancy rate of at least 70% as reported on the most recent Joint Annual Report (“JAR”). Up to ten additional beds may be added in a facility which has achieved an occupancy rate of at least 90% as reported on the most recent JAR.

The Rehabilitation Bed Need Chart is located at the end of this Chapter.

## **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility); and
3. Ability to Complete the Project.

Rehabilitation facilities are now located throughout the state and are available within approximately 60 minutes' travel time for the majority of residents. Such facilities should be located where an extensive variety of health care professionals are available. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

### **Statewide Programs**

The South Carolina Vocational Rehabilitation Center operates a 30-bed facility in West Columbia to serve the vocational training needs of the disabled.



**REHABILITATION PROGRAMS  
(Chapter 5)**

Facility by Region	County	2018		
		Beds	Pt. Days	Occup Rate
<b>Region I</b>				
AnMed Health Rehabilitation Hospital	Anderson	60	17,183	78.5%
Roger C. Peace (Prisma Health Greenville Memorial Hospital) <b>1</b>	Greenville	53	10,438	54.0%
St. Francis - Downtown	Greenville	19	3,566	51.4%
Greenwood Regional Rehabilitation Hospital	Greenwood	42	10,490	68.4%
Spartanburg Medical Center - Mary Black Campus <b>2</b>	Spartanburg	18	2,521	38.4%
Spartanburg Rehabilitation Institute	Spartanburg	40	11,815	80.9%
<b>Region II</b>				
Aiken Regional Medical Centers	Aiken	14	1,780	34.8%
Midlands Regional Rehabilitation Hospital <b>3</b>	Kershaw	40	0	0.0%
Encompass Health Rehabilitation Hospital of Columbia <b>4</b>	Richland	96	25,623	73.1%
Prisma Health Health Children's Hospital <b>5</b>	Richland	13	0	0.0%
Encompass Health Rehabilitation Hospital of Rock Hill <b>6</b>	York	50	16,100	88.2%
<b>Region III</b>				
MUSC Health Florence Rehabilitation Center <b>7</b>	Florence	42	NR	0.0%
Encompass Health Rehabilitation Hospital of Florence <b>8</b>	Florence	88	16,178	50.4%
Tidelands Health Rehabilitation Hospital an Affiliate of Encompass Health <b>9</b>	Georgetown	29	10,086	95.3%
Grand Strand Medical Center	Horry	24	3,271	37.3%
Tidelands Health Rehabilitation Hospital at Little River an Affiliate of Encompass Health <b>10</b>	Horry	46	0	0.0%
<b>Region IV</b>				
Beaufort Memorial Hospital <b>11</b>	Beaufort	18	3,894	59.3%
Encompass Health Rehabilitation Hospital of Bluffton <b>12</b>	Beaufort	38	NR	0%
Lowcountry Rehabilitation Hospital <b>13</b>	Berkeley	33	0	0%
East Cooper Medical Center <b>14</b>	Charleston	10	0	0%
Encompass Health Rehabilitation Hospital of Charleston <b>15</b>	Charleston	49	11,543	64.5%
Roper Hospital <b>16</b>	Charleston	66	15,795	65.6%
Trident Medical Center <b>17</b>	Charleston	14	0	0.0%
Regional Medical Center of Orangeburg & Calhoun Counties	Orangeburg	24	4,317	49.3%
<b>TOTAL</b>		926	164,600	48.7%

**1** Formerly Roger C. Peace (GHS Greenville Memorial)

**2** Formerly Mary Black Health System - Spartanburg.

**3** CON SC-16-183 issued 12/15/16 for the construction of a new 40 bed Comprehensive Rehabilitation Hospital, not yet

**4** Formerly HealthSouth Rehabilitation Hospital of Columbia.

**5** CON SC-16-43 issued 8/11/16 for the establishment of a new 13 bed rehabilitation unit, not yet implemented. Formerly Palmetto Health Children's Hospital.

- 6** Formerly HealthSouth Rehab Hospital of Rock Hill
- 7** Formerly Carolinas Hospital System - Cedar Tower. Facility did not submit data for 2016 JAR, 2017 JAR, and 2018 JAR.
- 8** Formerly HealthSouth Rehabilitation Hospital of Florence
- 9** Formerly Tidelands Waccamaw Community Hospital.
- 10** Formerly Myrtle Beach Rehabilitation Hospital. Facility licensed 5/16/19.
- 11** CON SC-19-105 issued 9/16/19 for the addition of 4 rehabilitation beds, not yet implemented.
- 12** Facility was licensed on June 21, 2018. Facility did not submit data for 2018 JAR.
- 13** CON SC-19-82 issued 7/19/19 for the construction of a 33 bed freestanding rehabilitation hospital, not yet implemented.
- 14** CON SC-19-81 issued 7/19/19 for the development of a 10 bed inpatient rehabilitation unit, not yet implemented.
- 15** Formerly HealthSouth Rehabilitation Hospital of Charleston.
- 16** CON SC-16-75 issued 9/23/16 for the addition of 14 rehabilitation beds for a total of 66 rehabilitation beds. The beds were licensed on 8/8/18.
- 17** CON SC-18-34 issued on 7/2/18. Beds were licensed on 3/27/19.

**REHABILITATION BED NEED  
(Chapter 5)**

Service Area	>65 2018 Pop		>65 2024 Pop		2018 Pop	2024 Pop	Existing Beds	2018 PT Days	Proj ADC	Occup Factor	Bed Need (Use)	+ / -	Bed Need (SW)	+ / -	Need
	Pop	Pop	Pop	Pop											
Anderson, Oconee	54,381	63,370	278,856	294,635	60	17,183	50	0.70	71	11	5	11			
Greenville, Pickens	101,796	126,285	639,150	694,645	72	14,004	42	0.70	60	-12	58	58			
Cherokee, Spartanburg, Union	65,964	77,510	398,376	427,420	58	14,336	42	0.70	60	2	22	22			
Chester, Lancaster, York	65,350	86,270	401,749	468,440	50	16,100	51	0.70	73	23	39	39			
Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	43,269	49,425	219,282	219,455	42	10,490	29	0.70	41	-1	9	9			
Fairfield, Lexington, Newberry, Richland	111,793	137,820	770,530	814,680	109	25,623	74	0.70	106	-3	33	33			
Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg	67,008	75,465	369,357	358,045	130	16,178	43	0.70	61	-69	-52	-52			
Clarendon, Kershaw, Lee, Sumter	40,605	46,810	222,946	221,035	40	0	0	0.70	0	-40	-6	-6			
Georgetown, Horry	99,721	147,150	406,396	487,550	99	13,357	44	0.70	63	-36	52	52			
Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	62,153	71,765	315,145	310,890	38	6,097	16	0.70	23	-15	36	36			
Beaufort, Hampton, Jasper	60,615	79,085	237,037	261,035	56	3,894	12	0.70	17	-39	25	25			
Berkeley, Charleston, Colleton, Dorchester	127,260	167,130	825,303	916,755	172	27,338	83	0.70	119	-53	0	0			
<b>Statewide Totals</b>	<b>899,915</b>	<b>1,128,085</b>	<b>5,084,127</b>	<b>5,474,585</b>	<b>926</b>	<b>164,600</b>	<b>486</b>	<b>1.02899</b>	<b>694</b>		<b>1166</b>	<b>246</b>			

## CHAPTER 6

### ALCOHOL AND DRUG ABUSE FACILITIES

There are **five** types of licensed substance abuse treatment facilities in South Carolina. These are (1) outpatient facilities, (2) social detoxification centers, (3) residential treatment programs, (4) inpatient treatment services, and (5) opioid (narcotic) treatment programs.

#### **OUTPATIENT FACILITIES**

An outpatient facility provides treatment, care and services to individuals dependent upon or addicted to psychoactive substances and their families based on an individual treatment plan in a nonresidential setting. The length and intensity of outpatient treatment varies according to the severity of the individual's illness and response to treatment. There are currently **84** licensed "Outpatient Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence" in South Carolina, with a total of **113** locations.

*A Certificate of Need is not required for outpatient facilities as described above.*

#### **SOCIAL DETOXIFICATION FACILITIES**

A social detoxification facility provides supervised withdrawal from alcohol or other drugs in which neither the client's level of intoxication nor physical condition is severe enough to warrant direct medical supervision or the use of medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling, if appropriate, educational services, and referral for further rehabilitation. It provides 24-hour-a-day observation of the client until discharge.

*A Certificate of Need is not required for a social detoxification facility.*

#### **RESIDENTIAL TREATMENT PROGRAM FACILITIES**

A residential treatment program facility is a 24-hour facility offering an organized service in a residential setting, which is designed to improve the client's ability to structure and organize the tasks of daily living and recovery through planned clinical activities, counseling, and clinical monitoring in order to promote successful involvement or re-involvement in regular, productive, daily activity, and, as indicated, successful reintegration into family living. Residential treatment programs utilize a multi-disciplinary staff for clients whose biomedical and emotional/behavioral problems are severe enough to require residential services and who are in need of a stable and supportive environment to aid in their recovery and transition back into the community. Twenty-four hour observation, monitoring, and treatment shall be available.

*A Certificate of Need is not required for a Residential Treatment Program.*

## **INPATIENT TREATMENT FACILITIES**

An inpatient treatment facility is a short-term treatment service for persons who are in need of an organized intensive program of alcohol and/or drug rehabilitation, but who are without serious debilitating medical complications. These facilities may provide detoxification for their patients, as needed, in the inpatient treatment beds. These facilities are licensed either as a specialized hospital or as part of a hospital. For reference purposes only, these facilities are also subject to compliance with Regulation 61-16.

The Inpatient Treatment Facilities Chart is located at the end of this Chapter.

## **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. Need projections are calculated by service area. Because patients in need of alcohol and/or drug abuse treatment frequently require psychiatric treatment services as well, the inpatient treatment service areas mirror the psychiatric service areas (e.g., Anderson/Oconee, Greenville/Pickens, etc.) to facilitate planning in a manner that recognizes the comorbidity of this patient population.
2. The methodology for calculating inpatient treatment bed need is as follows:
  - a. For the service area, take the greater of the service area utilization rate or the statewide utilization rate for inpatient treatment beds by age cohort. The statewide utilization rate for each age cohort will be used for those service areas where no beds currently exist.
  - b. Multiply the applicable utilization rate by the projected population for the year 2024 for each age cohort (where such data is available) and divide by 365 to obtain a projected average daily census by age cohort.
  - c. Take the sum of average daily censuses by age cohort and divide by the target occupancy rate of 75% to determine the number of beds needed in the service area.
  - d. The number of additional beds needed or excess beds for the service area is obtained by subtracting the number of existing beds from the bed need.
3. Because a minimum of 20 beds is needed for an inpatient program, a 20-bed unit may be approved in a service area that does not have any existing beds provided the applicant can document the need.

4. In the absence of a projected need in the service area, an existing inpatient treatment facility can apply to add up to eight additional inpatient treatment beds if it has achieved an occupancy rate of at least 70% as reported on its most recent Joint Annual Report ("JAR").
5. Inpatient treatment facilities are physically distinct from freestanding detoxification centers. Applicants may not combine the bed need for freestanding detoxification with the bed need for inpatient treatment in order to generate a higher bed need for an inpatient facility. There are no prohibitions against an inpatient facility providing detoxification services to its clients as needed, but the bed need projections refer to two distinct treatment modes that cannot be commingled.
6. The establishment of a regional treatment center to serve more than a single service area may be proposed in order to improve access to care for patients in service areas that are not currently well served. Such a proposed center would be allowed to combine the bed need for separate, contiguous service areas, provided that each service area to be combined shows a positive bed need. The applicant must document with patient origin data the historical utilization of the residents in the service area that is to be combined, or why it is in the best interest of these residents for their projected bed need to be used to form a regional treatment facility.
7. It is frequently impossible for a facility to totally predict or control short-term deviation in the number of patients with mixed psychiatric/addictive etiology. Therefore, in the case of facilities with licensed beds for both psychiatric and substance abuse treatment, 75% of licensed substance abuse beds may be utilized alternatively for the treatment of patients having diagnoses of both psychiatric and substance abuse disorders.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. **Community Need Documentation**
2. Distribution (Accessibility); and
3. Staff Resources.

Services are accessible within 60 minutes' travel time for the majority of residents of the state. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

The Inpatient Treatment Bed Need Chart is located at the end of this Chapter.

## **OPIOID TREATMENT PROGRAMS**

Opioid treatment programs provide medications for the rehabilitation of persons dependent on opium, morphine, heroin or any derivative or synthetic drug. Opioid maintenance therapy (OMT) is an umbrella term that encompasses a variety of pharmacologic and non-pharmacologic treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone, suboxone and buprenorphine to psychopharmacologically occupy opiate receptors in the brain, extinguish drug craving and thus establish a maintenance state. OMT is a separate service that can be provided in any level of care, as determined by the client's needs. For reference purposes only, Opioid (narcotic) treatment programs are described in [Regulation 61-93](#).

Charges for medication usually range between \$11 and \$17 per day. A Registered Pharmacist must dispense the medication.

The Opioid Treatment Programs Chart is located at the end of this Chapter.

## **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. Because clients must usually attend a center 6 days per week to receive their dose of medication, these centers should be located throughout the state, with at least one center per county. To improve accessibility, opioid treatment programs should be developed in counties where none exist.
2. An additional treatment program can only be approved in a county with an existing program if the applicant is able to document sufficient need for the service.
3. For reference purposes only, Regulation 61-93 states that a narcotic (opioid) treatment program shall not operate within 500 feet of: the property line of a church, the property line of a public or private elementary or secondary school, a boundary of any residential district, a public park adjacent to any residential district, or the property line of a lot devoted to residential use.

## **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Record of the Applicant;

Due to the increasing number of opioid deaths in South Carolina, additional facilities are needed for the services to be accessible within 30 minutes' travel time for the majority of state residents. The benefits of improved accessibility will outweigh the adverse effects of the duplication of this existing service.



**INPATIENT TREATMENT FACILITIES (SUBSTANCE ABUSE FACILITIES)  
(Chapter 6)**

Facility by Region	County	2018		
		Beds	Pt. Days	Occup Rate
<b>Region I</b>				
Carolina Center for Behavioral Health <b>1</b>	Greenville	39	8,503	59.7%
Springbrook Behavioral Health System	Greenville	6	505	23.1%
<b>Region II</b>				
Aiken Regional Medical Centers	Aiken	18	4,265	64.9%
Prisma Health Baptist <b>2</b>	Richland	10	0	0.0%
Palmetto Richland Springs (Prisma Health Richland) <b>3</b>	Richland	10	0	0.0%
Rebound Behavioral Health	Lancaster	18	2,708	41.2%
Three Rivers Behavioral Health	Lexington	17	1,608	25.9%
<b>Region III</b>				
MUSC Health Florence Rehabilitation Center <b>4</b>	Florence	12	2,428	55.4%
Lighthouse Behavioral Health Hospital <b>5</b>	Horry	29	8,170	77.2%
<b>Region IV</b>				
MUSC Medical Center <b>6</b>	Charleston	23	3,419	40.7%
Palmetto Lowcountry Behavioral Health	Charleston	16	729	12.5%
<b>TOTAL</b>		<b>198</b>	<b>32,335</b>	<b>44.7%</b>

\* Morris Village is a State facility licensed for one hundred and sixty-three (163) substance abuse treatment beds that are not counted in the CON methodology.

**1** SC-17-09 issued 2/16/17 for the addition of 8 substance abuse beds for a total of 29 substance abuse beds, implemented 8/1/19, not yet completed. SC-18-35 issued 7/23/2018 for the addition of 10 substance abuse beds for a total of 39 substance abuse beds, implemented 8/1/2019, not yet completed.

**2** Facility is licensed for 10 substance abuse treatment beds, but reported 0 (zero) beds in 2018 JAR.  
Formerly Palmetto Health Baptist

**3** Facility is licensed for 10 substance abuse treatment beds, but reported 0 (zero) beds in 2018 JAR.  
Formerly Palmetto Health Richland

**4** Formerly Carolinas Cedar Tower.

**5** SC-18-57 issued 11/28/18 for the addition of 2 substance abuse beds.

**6** Facility is licensed for 23 substance abuse treatment beds, but reported 13 staffed beds in 2018 JAR.

**INPATIENT TREATMENT BED NEED (SUBSTANCE ABUSE)**  
(Chapter 6)

SERVICE AREA	AGE CAT	2018 POP	2024 POP	EXISTING BEDS	2018 PT. DAYS	2018		CON RATE	BED NEED (USE)	+ / -	BED NEED (SW)	+ / -	BED NEED
						USAGE RATE	RATE						
Anderson, Oconee	0-17	61,467	62,585	0		0.00000	0.75	0	0		2		
	18-64	163,008	168,680			0.00000	0.75	0	0	8	4		8
	65+	54,381	63,370			0.00000	0.75	0	0		2		
Cherokee, Spartanburg, Union	0-17	91,457	94,915	0		0.00000	0.75	0	0		3		
	18-64	240,955	254,995			0.00000	0.75	0	0	11	6		11
	65+	65,964	77,510			0.00000	0.75	0	0		2		
Greenville, Pickens	0-17	142,076	151,325	45	15	0.00011	0.75	1	1		4		
	18-64	395,278	417,035		7,805	0.01975	0.75	31	31	-28	10		-7
	65+	101,796	126,285		1,188	0.01167	0.75	6	6		3		
Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	0-17	45,945	44,530	0		0.00000	0.75	0	0		2		
	18-64	130,068	125,500			0.00000	0.75	0	0	7	3		7
	65+	43,269	49,425			0.00000	0.75	0	0		2		
Chester, Lancaster, York	0-17	94,525	104,960	18	0	0.00000	0.75	0	0		3		
	18-64	241,874	277,210		2,443	0.01010	0.75	11	11	-5	7		-5
	65+	65,350	86,270		265	0.00406	0.75	2	2		3		
Fairfield, Kershaw, Lexington, Newberry, Richland	0-17	184,794	193,090	37	32	0.00017	0.75	1	1		5		
	18-64	527,507	538,385		1,304	0.00247	0.75	5	5	-15	13		-15
	65+	123,821	152,035		272	0.00220	0.75	2	2		4		
Chesterfield, Dillon, Marlboro	0-17	23,032	21,445	0		0.00000	0.75	0	0		1		
	18-64	61,463	57,025			0.00000	0.75	0	0	4	2		4
	65+	18,256	20,390			0.00000	0.75	0	0		1		
Clarendon, Lee, Sumter	0-17	35,286	32,725	0		0.00000	0.75	0	0		1		
	18-64	93,491	86,885			0.00000	0.75	0	0	5	3		5
	65+	28,577	32,595			0.00000	0.75	0	0		1		

**INPATIENT TREATMENT BED NEED (SUBSTANCE ABUSE)**  
(Chapter 6)

SERVICE AREA	AGE CAT	2018 POP	2024 POP	EXISTING BEDS	2018 PT. DAYS	2018 USAGE RATE		CON RATE	BED NEED (USE)	+ / -	BED NEED (SW)	+ / -	BED NEED
						2018	2018						
Darlington, Florence, Marion	0-17	54,489	51,170	12		0.00000	0.75	0	2				
	18-64	139,200	132,285		2,428	0.01744	0.75	9	4	-3			-3
	65+	42,311	47,990			0.00000	0.75	0	2				
Georgetown, Horry, Williamsburg	0-17	79,493	82,695	29		0.00000	0.75	0	2				
	18-64	251,347	278,360		6,543	0.02603	0.75	27	7	7			7
	65+	106,162	154,235		1,627	0.01533	0.75	9	4				
Aiken, Barnwell	0-17	41,885	40,850	18	481	0.01148	0.75	2	1				
	18-64	111,854	109,895		3,093	0.02765	0.75	12	3	0			0
	65+	36,774	43,900		691	0.01879	0.75	4	2				
Allendale, Beaufort, Hampton, Jasper	0-17	46,708	46,420	0		0.00000	0.75	0	2				
	18-64	136,827	141,475			0.00000	0.75	0	4	0			8
	65+	62,405	80,945			0.00000	0.75	0	2				
Bamberg, Calhoun, Orangeburg	0-17	24,502	22,620	0		0.00000	0.75	0	1				
	18-64	67,638	59,815			0.00000	0.75	0	2	0			4
	65+	23,589	26,005			0.00000	0.75	0	1				
Berkeley, Charleston, Colleton, Dorchester	0-17	180,286	190,120	39	0	0.00000	0.75	0	5				
	18-64	517,757	559,505		3,910	0.00755	0.75	16	13	-21			-17
	65+	127,260	167,130		238	0.00187	0.75	2	4				
<b>Statewide Totals</b>		<b>5,084,127</b>		<b>198</b>	<b>32,335</b>			<b>140</b>					<b>148</b>
				<b>State</b>									
	<b>0-64</b>	<b>4,184,212</b>	<b>4,346,500</b>	<b>Usage</b>									
	<b>65+</b>	<b>899,915</b>	<b>1,128,085</b>	<b>Rate</b>									
	<b>Total</b>	<b>5,084,127</b>	<b>5,474,585</b>	<b>0.000017</b>									

**OPIOID TREATMENT PROGRAMS  
(Chapter 6)**

<u>Region</u>	<u>Facility</u>	<u>County</u>
I	Southwest Carolina Treatment Center	Anderson
I	Crossroads Treatment Center of Greenville	Greenville
I	Greenville Metro Treatment Center	Greenville
I	Greenwood Treatment Specialists	Greenwood
I	Clear Skye Treatment Center	Laurens
I	Crossroads Treatment Center of Seneca	Oconee
I	Recovery Concepts of the Carolina Upstate, LLC	Pickens
I	BHG- Spartanburg Treatment Center	Spartanburg
I	Palmetto Carolina Treatment Center	Spartanburg
II	BHG - Aiken Treatment Center	Aiken
II	Columbia Metro Treatment Center	Lexington
II	Lexington Treatment Specialists	Lexington
II	Crossroads Treatment Center of Columbia	Richland
II	York County Treatment Center	York
II	Rock Hill Treatment Specialists	York
III	Starting Point of Darlington	Darlington
III	Starting Point of Florence PC	Florence
III	Center of Hope of Myrtle Beach	Horry
III	Sumter Treatment Specialists <b>1</b>	Sumter
III	Myrtle Beach Treatment Specialists <b>2</b>	Horry
III	Florence Treatment Specialists <b>3</b>	Florence
IV	Center for Behavioral Health South Carolina	Charleston
IV	Charleston Center	Charleston
IV	Crossroads Treatment Centers of Charleston	Charleston
IV	Recovery Concepts	Jasper

**1** CON SC-18-56 issued 11/15/2018

**2** CON SC-19-73 issued 5/2/2019

**3** CON SC-19-79 issued 7/3/2019

## CHAPTER 7

### RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND ADOLESCENTS

A [Residential Treatment Facility for Children and Adolescents](#) (RTF) is operated for the assessment, diagnosis, treatment, and care of two or more children and/or adolescents in need of mental health treatment. Children and/or adolescents up to age 21 who manifest a substantial disorder of cognitive or emotional process which lessens or impairs to a marked degree their capacity either to develop or to exercise age-appropriate or age-adequate behavior are treated by these facilities.

These facilities provide medium to long-term care (six months or longer). Treatment modalities are both medical and behavioral in nature. Some facilities contract with the [South Carolina Continuum of Care \(COC\)](#) to provide these services.

Services available, at a minimum, should include the following:

1. 24-hour, awake supervision in a secure facility;
2. individual treatment plans to assess the problems and determine specific patient goals;
3. psychiatric consultation and professional psychological services for treatment supervision and consultation;
4. nursing services, as required;
5. regularly scheduled individual, group, and/or family counseling in keeping with the needs of each client;
6. recreational facilities with an organized youth development program;
7. a special education program with a minimum program defined by the South Carolina Department of Education; and
8. discharge planning including a final assessment of the patient's condition and an aftercare plan indicating any referrals to follow-up treatment and self-help groups.

Each facility shall have a written plan for cooperation with other public and private organizations, such as schools, social service agencies, etc., to ensure that each child under its care will receive comprehensive treatment. In addition, each facility shall have a written transfer agreement with one or more hospitals for the transfer of emergency cases when such hospitalization becomes necessary. A proposal for Residential Treatment Facilities for Children and Adolescents should have letters of support from the Department of Social Services (DSS), DMH, and COC.

The Residential Treatment Facilities for Children & Adolescents Chart is located at the end of this Chapter.

### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. *The establishment or expansion of an RTF requires a Certificate of Need.*
2. Need projections are calculated **on a statewide basis to serve the needs of this population.**
3. The applicant must document the need for the expansion of or the addition of an RTF based on the most current utilization data available. The existing resources must be considered and documentation presented as to why these resources are not adequate to meet the needs of the community.
4. An existing facility that can demonstrate a 70% or greater occupancy rate for the most recent year can apply to add up to five additional beds **outside of the need identified in this Plan. An existing facility that can demonstrate an 80% or greater occupancy rate for the most recent year can apply to add up to ten additional beds, outside of the need identified in this Plan. An existing facility that can demonstrate a 90% or greater occupancy rate for the most recent year can apply to add up to fifteen additional beds, outside of the need identified in this Plan.**
5. **An existing facility seeking to establish a specialty unit of the RTF (i.e., full-service autism spectrum treatment), or a new facility proposing to include such a specialty unit, can apply to add or include up to 20 such beds, outside the need identified in this Plan, by demonstrating need through utilization and diagnostic data of the most recent year.**
6. For a new facility, the applicant must document where the potential patients for the facility will come from and where they are currently being served, to include the expected shift in patient volume from existing providers **and the expected number of out-of-state children expected to utilized beds in the facility.** For the expansion of an existing facility, the applicant must provide patient origin information on the current facility, **and any expected shift in patient origin from within or outside of South Carolina.**
7. The applicant must document the potential impact that the proposed new RTF or expansion will have upon the existing service providers and referral patterns.
8. The applicant must provide a written commitment that the facility will provide services for indigent and charity patients at a percentage that is comparable to other health care facilities in the service area.
9. The applicant agrees to provide utilization data on the operation of the facility to the Department.

To account for a substantial increase in out-of-state children being placed in South Carolina RTFs, the bed need methodology to be used in South Carolina is based upon a standard of 70 beds per 100,000 children. Since few, if any, children under five years of age would be candidates for this type of care, the bed need will be based on the population age 5-21.

The Projected Bed Need for Residential Treatment Facilities for Children & Adolescents Chart is located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Record of the Applicant;
4. Staff Resources; and
5. Medically Underserved Groups.

Residential treatment facility beds for children and adolescents are distributed statewide and are located within 60 minutes' travel time for the majority of residents of the State. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

**RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS  
(Chapter 7)**

<u>Region</u>	<u>Facility</u>	<u>County</u>	<u>Beds</u>	<u>PT Days</u>	<u>2018 % Occupancy</u>
I	Avalonia Group Homes	Pickens	55	15,959	79.5%
I	Excalibur Youth Services	Greenville	60	17,781	81.2%
I	Generations Residential Programs <b>1</b>	Greenville	30	NR	--
I	GHS Marshall I Pickens Hospital Childrens Program <b>2</b>	Greenville	22	4,186	52.1%
I	Springbrook Behavioral Health System RTF <b>3</b>	Greenville	73	23,226	87.2%
II	New Hope Carolinas	York	150	50,107	91.5%
II	Three Rivers Residential Treatment - Midlands Campus	Lexington	64	21,084	90.3%
III	Palmetto Pee Dee Residential Treatment Center <b>4</b>	Florence	59	19,165	89.0%
III	Willowglen Academy South Carolina	Williamsburg	40	8,491	58.2%
IV	Palmetto Pines Behavioral Health	Dorchester	64	21,228	90.9%
IV	Riverside Behavioral Health Services at Windwood Farm	Charleston	12	4,320	98.6%
<b>Totals</b>			<b>629</b>	<b>185,547</b>	<b>80.8%</b>

\* Lighthouse Behavioral Health closed in August 2017 and was removed from inventory.

**1** Facility did not submit 2018 JAR.

**2** Department received notice of intent to close the facility on or before April 3, 2020. Also, facility formerly GHS Marshall I Pickens Hospital Childrens Program.

**3** SC-19-21 issued 3/12/2019 to Springbrook Behavioral Health System for renovation for the addition of 5 RTF beds for a total of 73 beds.

**4** Palmetto Pee Dee is currently at zero census.



**PROJECTED BED NEED FOR RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN & ADOLESCENTS  
(Chapter 7)**

<b>Service Area</b>	<b>2018 Pop</b>	<b>2024 Pop</b>	<b>Existing Beds</b>	<b>Bed Need (Use)</b>	<b>Need</b>
Statewide 1	1,082,750	1,116,115	629	837	<b>208</b>
<b>Statewide Totals</b>	<b>1,082,750</b>	<b>1,116,115</b>	<b>629</b>	<b>837</b>	<b>208</b>

## CHAPTER 8

### CARDIOVASCULAR CARE

Current guidelines issued by the Society for Cardiovascular Angiography and Interventions (SCAI), the American College of Cardiology (ACC), and the American Heart Association (AHA) allow for Emergent/Primary PCI as well as Elective PCI in facilities without on-site open heart surgery backup. Hospitals without an open heart surgery program shall be allowed to provide Emergent/Primary and/or Elective PCIs only if they comply with all sections of Standard 7 or 8 of the Standards for Cardiac Catheterization.

In 2013, SCAI, ACC, and AHA updated their joint statement on clinical competence regarding coronary artery intervention procedures. The joint statement defined certain requirements for PCI operator competence and PCI facility volume requirements. The statement also noted an overall decrease in PCI volumes.

Both cardiac catheterization and open heart surgery programs require highly skilled staffs and expensive equipment. Appropriately equipped and staffed programs serving larger populations are preferable to multiple, minimum population programs. Underutilized programs may reflect unnecessary duplication of services in an area, which may seriously compromise quality and safety of procedures and increase the cost of care. Optimal performance requires a caseload of adequate size to maintain the skills and efficiency of the staff. Cardiac catheterization laboratories should perform a minimum of 200 procedures per year. Emergent PCI operators should perform a minimum of 36 PCIs annually; all other PCI operators should perform a minimum of 200 combined procedures annually. Individual providers should perform a minimum of 50 PCIs annually (averaged over two years), including no less than 11 emergent/primary PCIs annually. It is recommended these be performed in facilities meeting a 200 procedure-per-year threshold.

#### **CARDIAC CATHETERIZATION**

##### Relevant Definitions

[“Cardiac Catheterization Procedure”](#) is an invasive procedure where a thin, flexible catheter is inserted into a blood vessel; the physician then manipulates the free end of the catheter into the chambers or vessels of the heart. All activities performed during one clinical session, including angiocardiology, coronary arteriography, pulmonary arteriography, coronary angioplasty and other diagnostic or therapeutic measures and physiologic studies shall be considered one procedure.

[“Comprehensive Catheterization Laboratory”](#) means a dedicated room or suite of rooms in which PCIs as well as diagnostic and therapeutic catheterizations are performed, in a facility

with on-site open heart surgery backup.

[“Diagnostic Catheterization”](#) refers to a cardiac catheterization during which any or all of the following diagnostic procedures or measures are performed: Blood Pressure; Oxygen Content and Flow Measurements; Angiocardiology, Coronary Arteriography; and Pulmonary Arteriography.

[“Diagnostic Catheterization Laboratory”](#) means a dedicated room in which only diagnostic catheterizations are performed.

[“Percutaneous Coronary Intervention \(PCI\)”](#) refers to a therapeutic procedure to relieve coronary narrowing, such as Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Stent Implantation. These procedures may be performed on an emergent or elective basis. “Emergent or Primary” means that a patient needs immediate PCI because, in the treating physician’s best clinical judgment, delay would result in undue harm or risk to the patient. An “Elective” PCI is scheduled in advance and performed on a patient with cardiac function that has been stable in the days prior to the procedure.

[“Therapeutic Catheterization”](#) refers to a PCI or cardiac catheterization during which, in addition to any diagnostic catheterization procedure, any or all of the following interventional procedures are performed: PTCA; Thrombolytic Agent Infusion; Directional Coronary Atherectomy; Rotational Atherectomy; Extraction Atherectomy; Coronary Stent Implants and Cardiac Valvuloplasty.

[“Therapeutic Catheterization Laboratory”](#) means a room in which therapeutic catheterizations are performed in addition to any diagnostic catheterizations as referenced in the above definition of “Therapeutic Catheterization”.

### Scope of Services

The following services should be available in both adult and pediatric catheterization laboratories:

1. Each cardiac catheterization lab should be competent to provide a range of angiographic (angiocardiology, coronary arteriography, pulmonary arteriography), hemodynamic, and physiologic (cardiac output measurement, intracardiac pressure, etc.) studies. These facilities should be available in one laboratory so that the patient need not be moved during a procedure.
2. The lab should have the capability of immediate endocardiac catheter pacemaking in cardiac arrest, a crash cart, and defibrillator.
3. A full range of non-invasive cardiac/circulatory diagnostic support services, such as

the following, should be available within the hospital:

- a. Nuclear Cardiology
  - b. Echocardiography
  - c. Pulmonary Function Testing
  - d. Exercise Testing
  - e. Electrocardiography
  - f. Cardiac Chest X-ray and Cardiac Fluoroscopy
  - g. Clinical Pathology and Blood Chemistry Analysis
  - h. Phonocardiography
  - i. Coronary Care Units (CCUs)
  - j. Medical Telemetry/Progressive Care
4. Each applicant shall document plans for providing cardiac rehabilitation services to its patients or plans for establishing referral agreements with facilities offering cardiac rehabilitation services.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. The capacity of a fixed cardiac catheterization laboratory shall be 1,200 procedures per year, as measured on an equivalent basis. Each adult diagnostic cardiac catheterization shall carry a weight of 1.0 procedures, while each adult therapeutic catheterization performed in the fixed laboratory shall carry a weight of 2.0 procedures. For pediatric and adult congenital catheterization labs, diagnostic catheterizations shall carry the weight of 2.0 procedures, therapeutic catheterizations shall carry the weight of 3.0 procedures, electrophysiology (EP) studies shall carry the weight of 2.0 procedures, and biopsies performed after heart transplants shall carry the weight of 1.0 procedures. The capacity of mobile cardiac catheterization labs will be calculated based on the number of days of operation per week.
2. The service area for a diagnostic **or therapeutic** catheterization laboratory is defined as all facilities within 30 minutes' emergency medical transport time<sup>1</sup>; for comprehensive cardiac catheterization laboratories the service area is all facilities within 60 minutes' emergency medical transport time; a pediatric cardiac program should serve a population encompassing at least 30,000 births per year, or roughly two million people.

<sup>1</sup> Emergency medical transport time shall be determined by the DHEC Bureau of EMS and Trauma, and for the purposes of this Plan shall mean transport by ground ambulance. Potential applicants may obtain this information for any laboratory or proposed laboratory by calling 803-545-4489.

## Diagnostic and Mobile Catheterization Services

3. New diagnostic catheterization services, including mobile services, shall be approved only if all existing labs in the service area have performed a minimum of 200 diagnostic catheterization procedures per laboratory during the most recent year;
4. An applicant for a fixed diagnostic service must project that the proposed service will perform a minimum of 200 procedures annually within three years of initiation of services, without reducing the utilization of the existing diagnostic catheterization services in the service area below 200 diagnostic cardiac catheterization procedures per laboratory.
5. Expansion of an existing diagnostic catheterization service shall only be approved if the service has operated at a minimum use rate of 80% of capacity (i.e., 960 procedures by equivalent measure) for each of the past two years and can project a minimum of 200 procedures per year on the additional equipment within three years of its implementation.
6. An applicant for a mobile diagnostic catheterization laboratory must be able to project a minimum of 75 diagnostic procedures annually for each day of the week that the mobile lab is located at the applicant's facility by the end of the third year following initiation of the service, without reducing the utilization of the existing diagnostic catheterization services in the service area below 200 diagnostic catheterization procedures per laboratory. In addition:
  - a. The applicant must document that the specific mobile unit utilized by the vendor will perform a combined minimum of 200 procedures per year;
  - b. The applicant must include vendor documentation of the complication rate of the mobile units operated by the vendor; and
  - c. If an application for a mobile lab is approved and the applicant subsequently desires to change vendors, the Department must approve such change in order to ensure that appropriate minimum utilization can be documented.
7. An applicant for provision of diagnostic catheterization service agrees, as a condition for issuance of its Certificate of Need for such service, to discontinue such services and surrender the Certificate of Need for that service if they have failed to achieve 200 diagnostic catheterizations per year by the expiration of the first three years of operation of such services.

## Emergent and Elective PCI without On-Site Cardiac Backup

8. Hospitals with diagnostic laboratories may be approved to perform emergency PCI without an on-site open heart surgery program only if all of the following criteria are met:
  - a. Therapeutic catheterizations must be limited to Percutaneous Coronary Interventions (PCIs) performed only in emergent circumstances (Primary PCIs). Elective PCI may not be performed at institutions that do not provide on-site cardiac surgery except as provided for below.
  - b. The applicant has performed a minimum of 200 diagnostic catheterization procedures in the most recent year and can reasonably demonstrate that it will continue to perform a minimum of 200 diagnostic catheterizations annually within three years of the initiation of services.
  - c. The hospital must acquire an intra-aortic balloon pump (IABP) dedicated solely to this purpose.
  - d. The chief executive officer of the hospital must sign an affidavit assuring that the current guidelines mentioned below are and will continue to be met at all times.
  - e. An application shall be approved only if it is consistent with current guidelines established by SCAI/ACC/AHA as they appear at the time an application for a CON is filed under this Chapter. A complete copy of the current guidelines for PCI can be found at: [www.acc.org/guidelines](http://www.acc.org/guidelines).
  - f. An applicant for provision of emergent/primary PCI without on-site surgical backup agrees, as a condition for issuance of its Certificate of Need for such service, to discontinue such services and surrender the Certificate of Need for that service if they have failed to achieve 200 diagnostic catheterizations per year by the expiration of the first three years of operation of such services.
9. In 2014, the SCAI/ACC/AHA affirmed that elective PCI may be safely performed in hospitals without on-site cardiac surgery, provided that appropriate planning for program development has been accomplished and rigorous clinical and angiographic criteria are used for proper patient selection. Hospitals with diagnostic laboratories that have been approved to perform primary PCI without on-site open heart surgical backup *must obtain a Certificate of Need* in order to upgrade to a designation as providing elective PCI without on-site cardiac surgery backup. The following standards must be met:

- a. The applicant has performed a minimum of 200 diagnostic catheterization procedures in the most recent year and can reasonably demonstrate that it will continue to perform a minimum of 200 diagnostic catheterizations annually within three years of the initiation of services.
- b. All existing comprehensive cardiac catheterization facilities in the service area performed a minimum of 200 therapeutic catheterizations (PCIs) in the most recent year.
- c. An applicant must project that the proposed service will perform a minimum of 200 therapeutic catheterization procedures annually within three years of initiation of services, without reducing the cardiac catheterizations performed at existing comprehensive catheterization programs in the service area below the minimum thresholds of 200 therapeutic procedures and 200 diagnostic procedures at each facility.
- d. The physicians must be experienced interventionalists who perform a minimum of 50 elective PCI cases per year and preferably at least 11 PCI procedures for STEMI each year. Ideally, operators with an annual procedure volume of fewer than 50 procedures per year should only work at institutions with an activity level of more than 600 procedures per year. Operators who perform fewer than 50 procedures per year should develop a defined mentoring relationship with a highly experienced operator who has an annual procedural volume of at least 150 procedures.
- e. For catheterization labs in facilities without on-site surgical backup, there must be formalized written protocols in place for immediate (emergency transport beginning with 30 minutes and arriving at surgical facility within 60 minutes) and efficient transfer of patients to the nearest cardiac surgical facility that are reviewed and tested on a regular basis.
  - Applicants must provide documentation of an agreement with an ambulance or transport service capable of advanced life support and intra-aortic balloon pump and that guarantees a 30 minute or less response time from contact.
- f. The catheterization laboratory must be well-equipped, with optimal imaging systems, resuscitative equipment, intra-aortic balloon pump (IABP) support, and must be well-stocked with a broad array of interventional equipment.
- g. The nursing and technical catheterization laboratory staff must be experienced in handling acutely ill patients and comfortable with interventional equipment. They must have acquired experience in dedicated

interventional laboratories at a surgical center. They participate in a 24-hour, 365-day call schedule, and must be available within 30 minutes of facility call-back.

- h. The cardiac care unit nurses must be adept in hemodynamic monitoring and IABP management.
- i. Applicants must offer primary percutaneous coronary intervention (PCI) services and procedures twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty five (365) days a year.
- j. Applicants must provide documentation to show that guidelines for determining patients appropriate for PCI procedures in a setting without on-site open heart backup consistent with standards of the American College of Cardiology have been developed and will be maintained.
- k. Applicants must agree to participate in the South Carolina STEMI Mission Lifeline Program.
- l. Every therapeutic catheterization program should operate a quality-improvement program that routinely:
  - 1) reviews quality and outcomes of the entire program;
  - 2) reviews results of individual operators;
  - 3) includes risk adjustment;
  - 4) provides peer review of difficult or complicated cases; and
  - 5) performs random case reviews.
- m. Every PCI program **must** participate in a regional or national PCI registry for the purpose of benchmarking its outcomes against current national norms.
- n. **Hospitals with diagnostic laboratories may propose to develop primary PCI and elective PCI simultaneously.**
- o. An applicant for provision of elective PCI without on-site surgical backup agrees, as a condition for issuance of its Certificate of Need for such service, to discontinue therapeutic catheterization services and surrender the Certificate of Need for that service if they have failed to achieve 200 therapeutic catheterizations (PCIs) per year by the expiration of the first three years of operation of such services.



### Comprehensive Catheterization Services

10. Comprehensive catheterization laboratories, which perform diagnostic catheterizations, PCI and other therapeutic procedures, shall only be located in hospitals that provide open heart surgery. New comprehensive cardiac catheterization services shall be approved only if the following conditions are met:
  - a. All existing comprehensive cardiac catheterization facilities in the service area performed a minimum of 200 therapeutic catheterizations (PCIs) in the most recent year; and
  - b. An applicant must project that the proposed service will perform a minimum of 200 therapeutic catheterization procedures annually within three years of initiation of services, without reducing the therapeutic catheterizations performed at existing comprehensive catheterization programs in the service area below 200 procedures at each facility.
11. Applications which propose the provision of Transcatheter Aortic Valve Replacement (TAVR) procedures shall only be approved in facilities which currently offer, or propose to offer on the basis of the Application, comprehensive catheterization services.
12. To prevent the unnecessary duplication of comprehensive cardiac catheterization services, expansion of an existing comprehensive cardiac catheterization service shall be approved only if the service has operated at a minimum use rate of 80% of capacity (960 equivalents per lab) for each of the past two years and can project a minimum of 600 procedures, as measured on an equivalent basis, per year on the additional equipment within three years of its implementation. The 600 equivalents may consist of a combination of diagnostic and therapeutic procedures.
13. An applicant for expansion of comprehensive cardiac catheterization agrees, as a condition for issuance of its Certificate of Need for such expansion, to discontinue the expanded services and surrender the Certificate of Need for that expanded service if they have failed to achieve 600 procedures, as measured on an equivalent basis, per year within three years of its implementation.

### Pediatric Catheterization Services

14. New pediatric cardiac catheterization services shall be approved only if the following conditions are met:
  - a. All existing facilities have performed at a combined use rate of 80% of capacity for the most recent year; and

- b. An applicant must project that the proposed service will perform a minimum of 200 procedures annually within three years of initiation of services.
15. Expansion of an existing pediatric cardiac catheterization service shall only be approved if the service has operated at a minimum use rate of 80% of capacity (960 equivalents) for each of the past two years and can project a minimum of 200 procedures per year, on the additional equipment within three years of its implementation.

### General Standards

16. Documentation of need for the proposed service:
- a. The applicant shall provide epidemiologic evidence of the incidence and prevalence of conditions for which diagnostic, comprehensive or pediatric catheterization is appropriate within the proposed service area, to include the number of potential candidates for these procedures;
  - b. The applicant shall project the utilization of the service and the effect of its projected utilization on other cardiac catheterization services within its service area, to include:
    - 1) The number of patients of the applicant hospital who were referred to other cardiac catheterization services in the preceding three years and the number of those patients who could have been served by the proposed service;
    - 2) The number of additional patients, if any, who will be generated through changes in referral patterns, recruitment of specific physicians, or other changes in circumstances. The applicant shall document the services, if any, from which these patients will be drawn; and
    - 3) Existing and projected patient origin information and referral patterns for each cardiac catheterization service serving patients from the area proposed to be served shall be provided.
17. Both fixed and mobile diagnostic cardiac catheterization laboratories must provide a written agreement with at least one hospital providing open heart surgery, which states specified arrangements for referral and transfer of patients, to include:
- a. Criteria for referral of patients on both a routine and an emergency back-up basis;

- b. Regular communications between cardiologists performing catheterizations and surgeons to whom patients are referred;
  - c. Acceptability of diagnostic results from the cardiac catheterization service to the receiving surgical service to the greatest extent possible to prevent duplication of services; and
  - d. Development of linkages with the receiving institution's peer review mechanism.
18. The application shall include standards adopted or to be adopted by the service, consistent with current medical practice as published by clinical professional organizations, such as the American College of Cardiology or the American Heart Association, defining high-risk procedures and patients who, because of their conditions, are at high risk. For diagnostic catheterization laboratories, this description of patient selection criteria shall include referral arrangements for high-risk patients. For comprehensive laboratories, these high-risk procedures should only be performed with open heart surgery back-up. The cardiac team must be promptly available and capable of successfully operating on unstable, acute, ischemic patients in an emergency setting.
19. Cardiac catheterization services should be staffed by a minimum of two physicians licensed by the State of South Carolina who possess the qualifications specified by the governing body of the facility. Protocols should be established that govern initial and continuing granting of clinical staff privileges to physicians to perform diagnostic, therapeutic and/or pediatric catheterizations. Applicants must provide documentation that one (1) or more interventional cardiologist(s) will be required to respond to a call in a timely manner consistent with the hospital Medical Staff bylaws and clinical indications. In addition, standards should be established to assure that each physician using the service would be involved in adequate numbers of applicable types of cardiac catheterization procedures to maintain proficiency.
20. Applicants must agree to report annual data on the number of PCI procedures, type, and outcomes to the National Cardiovascular Data Registry Cat/PCI registry.
- a. Applicants must agree to provide accurate and timely data, including outcomes analysis and formal periodic external and internal case review by appropriate entities.
  - b. The Department encourages all applicants and providers to share their outcomes data with appropriate registries and research studies designed to improve the quality of cardiac care.

The Cardiac Catheterization Procedures Chart is located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Staff Resources; **and**
4. Adverse Effects on Other Facilities.

The Department finds that:

- (1) Diagnostic catheterization services are generally available within 45 minutes' and therapeutic catheterization services within 90 minutes' travel time for the majority of South Carolina residents;
- (2) Significant cardiac catheterization capacity exists in most areas of the State; and
- (3) The preponderance of the literature on the subject indicates that a minimum number of procedures are recommended per year in order to develop and maintain physician and staff competency in performing these procedures.

The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

### **OPEN HEART SURGERY**

#### Relevant Definitions

"Open Heart Surgery" refers to an operation performed on the heart or intrathoracic great vessels.

An "Open Heart Surgery Unit" is an operating room, **which may be included within a** suite of rooms, equipped and staffed to perform open heart surgery procedures; such designation does not preclude its use for other related surgeries, such as vascular surgical procedures. A hospital with an open heart surgery program may have one or more open heart surgery units.

"Open Heart Surgical Procedure" means an operation performed on the heart or intrathoracic great vessels within an open heart surgical unit. All activities performed during

one clinical session shall be considered one procedure.

[“Open Heart Surgical Program”](#) means the combination of staff, equipment, physical space and support services used to perform open heart surgery. Adult open heart surgical programs should have the capacity to perform a full range of procedures, including:

1. repair/replacement of heart valves **by traditional surgical means**
2. repair of congenital defects
3. cardiac revascularization
4. repair/reconstruction of intrathoracic vessels
5. treatment of cardiac traumas

In addition, open heart programs must have the ability to implement and apply circulatory assist devices such as intra-aortic balloon and prolonged cardiopulmonary partial bypass.

#### Scope of Services

A range of non-invasive cardiac and circulatory diagnostic services should be available within the hospital, including the following:

1. services for hematology and coagulation disorders
2. electrocardiography, including exercise stress testing
3. diagnostic radiology
4. clinical pathology services which include blood chemistry and blood gas analysis
5. nuclear medicine services which include nuclear cardiology
6. echocardiography
7. pulmonary function testing
8. microbiology studies
9. Coronary Care Units (CCU's)
10. medical telemetry/progressive care
11. perfusion

Backup physician personnel in the following specialties should be available in emergency situations:

1. cardiology
2. anesthesiology
3. pathology
4. thoracic surgery
5. radiology

Each applicant shall document plans for providing cardiac rehabilitation services to its patients or plans for establishing referral agreements with facilities offering cardiac rehabilitation services.

Adult open heart surgery services should be available within 60 minutes' one-way automobile travel for 90% of the population. A pediatric cardiac surgical service should provide services for a minimum service area population with 30,000 live births, or roughly two million people. Open heart surgery for elective procedures should be available at least 40 hours per week, and elective open heart surgery should be accessible with a waiting time of no more than two weeks. All facilities providing open heart surgery must conform to local, state, and federal regulatory requirements and should meet the full accreditation standards for The Joint Commission (TJC), if the facility is TJC accredited.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. *The establishment of an open heart surgery program requires Certificate of Need review.*
2. Comprehensive cardiac catheterization laboratories shall only be located in hospitals that provide open heart surgery.
3. The capacity of an open heart surgery program is 500 open heart procedures per year per open heart surgery unit (*i.e.*, each operating room equipped and staffed to perform open heart surgery has a maximum capacity of 500 procedures annually).
4. There should be a minimum of 200 adult open heart surgery procedures performed annually per open heart surgery unit within three years after initiation in any institution in which open heart surgery is performed for adults. In institutions performing pediatric open heart surgery there should be a minimum of 100 pediatric heart operations per open heart surgery unit; at least 75 should be open heart surgery.
5. New open heart surgery services shall be approved only if the following conditions are met:
  - a. Each existing unit in the service area (defined as all facilities within 60 minutes' one way automobile travel, excluding any facilities located in either North Carolina or Georgia) is performing an annual minimum of 350 open heart surgery procedures per open heart surgery unit for adult services (70 percent of functional capacity). The standard for pediatric open heart cases in pediatric services is 130 procedures per unit. An exception to this requirement may be authorized should an applicant meet both of the following criteria:
    - 1) There are no open heart surgery programs located in the same county as the applicant; and
    - 2) The proposed facility currently offers cardiac catheterization services

and provided a minimum of 1,200 diagnostic procedures, as measured on an equivalent basis, in the previous year of operation.

- b. An applicant must project that the proposed service will perform a minimum of 200 adult open heart surgery procedures annually per open heart surgery unit within three years after initiation (the standard for pediatric open heart surgery shall be 100 procedures annually per open heart surgery unit within three years after initiation):
  - 1) The applicant shall provide epidemiological evidence of the incidence and prevalence of conditions for which open heart surgery is appropriate within the proposed service area, to include the number of potential candidates for these procedures;
  - 2) The applicant shall provide an explanation of how the applicant projects the utilization of the service and the effect of its projected utilization on other open heart surgery services, including:
    - a) The number of patients of the applicant hospital who were referred to other open heart surgery services in the preceding three years and the number of these patients who could have been served by the proposed service;
    - b) The number of additional patients, if any, who will be generated through changes in referral patterns, recruitment of specific physicians, or other changes in circumstances. The applicant shall document the services, if any, from which these patients will be drawn; and
    - c) The existing and projected patient origin information and referral patterns for each open heart surgery service serving patients from the area proposed to be served shall be provided.
6. No new open heart surgery programs shall be approved if the new program will cause the annual caseload of other programs within the proposed service area to drop below 350 adult procedures or 130 pediatric procedures per open heart surgery unit.
7. *A one-time incremental expansion of one open heart surgery unit shall not be considered a substantial expansion of a health service, and therefore shall not be grounds for Certificate of Need review.* Expansion of an existing open heart surgery service beyond the one-time incremental increase of one open heart unit shall only be approved if the service has operated at a minimum use rate of 70 percent of capacity for each of the past two years and can project a minimum of 200 procedures per year in the new

open heart surgery unit. The applicant shall document the other service providers, if any, from which these additional patients will be drawn.

8. The application shall include standards adopted or to be adopted by the service, consistent with current medical practice as published by clinical professional organizations, such as the American College of Cardiology or the American Heart Association, defining high-risk procedures and patients who, because of their conditions, are at high risk and shall state whether high-risk cases are or will be performed or high-risk patients will be served.
9. Open heart surgery services should be staffed by a minimum of two physicians licensed by the State of South Carolina who possess the qualifications specified by the governing body of the facility. Protocols should be established that govern initial and continuing granting of clinical staff privileges to physicians to perform open heart surgery and therapeutic cardiac catheterizations. In addition, standards should be established to assure that each physician using the service will be involved in adequate numbers of applicable types of open heart surgery and therapeutic cardiac catheterizations to maintain proficiency.
10. The open heart surgery service will have the capability for emergency coronary artery surgery, including:
  - a. Sufficient personnel and facilities available to conduct the coronary artery surgery on an immediate, emergency basis, 24 hours a day, 7 days a week;
  - b. Location of the cardiac catheterization laboratory(ies) in which therapeutic catheterizations will be performed near the open heart surgery operating rooms; and
  - c. A predetermined protocol adopted by the cardiac catheterization service governing the provision of percutaneous transluminal coronary angioplasty (PTCA) and other therapeutic or high-risk cardiac catheterization procedures or the catheterization of patients at high risk and defining the plans for the patients' emergency care. These high-risk procedures should only be performed with open heart surgery backup. The cardiac team must be promptly available and capable of successfully operating on unstable acute ischemic patients in an emergency setting.
11. The Department encourages all applicants and providers to share their outcomes data with appropriate registries and research studies designed to improve the quality of cardiac care.



12. An applicant for open heart surgery service agrees, as a condition for issuance of its Certificate of Need for such service, to discontinue services and surrender the Certificate of Need for that service if they have failed to achieve 200 open heart procedures per open heart unit per year by the expiration of the first three years of operation of such services. One time incremental expansions of one open heart unit are subject to the same threshold, and any such unit shall be closed if it does not achieve 200 open heart procedures within three years of the expansion.
13. The expansion of an existing open heart surgery service beyond the incremental expansion described above shall only be approved if the service has operated at a minimum use rate of 70 percent of capacity, overall, for each of the past two years and can project a minimum of 200 procedures per year in the new open heart surgery units. The applicant shall document the other service providers, if any, from which these additional patients will be drawn.

The Open Heart Units Chart is located at the end of this Chapter.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Staff Resources; and
4. Adverse Effects on Other Facilities.

The Department makes the following findings:

- (1) Open heart surgery services are available within 60 minutes' travel time for the majority of residents of South Carolina;
- (2) Based upon the standards cited above, most of the open heart surgery providers are currently utilizing less than the functional capability (*i.e.*, 70% of maximum capacity) of their existing surgical suites;
- (3) The preponderance of the literature on the subject indicates that a minimum number of procedures is recommended per year in order to develop and maintain physician and staff competency in performing these procedures; and
- (4) Increasing geographic access may create lower volumes in existing programs causing a potential reduction in quality and efficiency, exacerbate existing problems regarding the availability of nursing staff and other personnel, and not necessarily

reduce waiting time since other factors (such as the referring physician's preference) would still need to be addressed.

- (5) Research has shown a positive relationship between the volume of open heart surgeries performed annually at a facility and patient outcomes. Thus, the Department establishes minimum standards that must be met by a hospital in order to provide open heart surgery. Specifically, a hospital is required to project a minimum of 200 open heart surgeries annually within three years of initiation of services. This number is considered to be the minimum caseload required to operate a program that maintains the skill and efficiency of hospital staff and reflects an efficient use of an expensive resource. It is in the public's interest that facilities achieve their projected volumes.
- (6) The Department recognizes the important correlation between volume and proficiency. The Department further recognizes that the number of open heart surgery cases is decreasing and that maintaining volume in programs is very important to the provision of quality care to the community.

The benefits of improved accessibility will not outweigh the adverse effects of duplication in evaluating Certificate of Need applications for this service.

**CARDIAC CATHETERIZATION PROCEDURES  
(Chapter 8)**

Facility by Region	# Cath Labs	2016				2017				2018					
		Diag	Adult Therp	Total Equiv	Ped Therp	Diag	Adult Therp	Total Equiv	Ped Therp	Diag	Adult Therp	Total Equiv	Ped Therp	Other	Total Equiv
<b>Region I</b>															
Anned Health Medical Center	6	2,317	976	4,269		2,536	1,008	4,552		1,293	1,041	3,375			
Prisma Greenville Memorial Hospital (Formerly GHS)	5	2,068	1,654	5,376		2,289	1,695	5,679		2,350	1,783	5,916			
Saint Francis - Downtown	4	2,091	1,033	4,157		2,313	1,068	4,449		2,194	1,090	4,374			
Self Regional Healthcare	2	947	631	2,209		936	656	2,248		1,091	691	2,473			
Prisma Oconee Memorial Hospital (Formerly GHS)	1	301	301	--		316	53	422		364	69	502			
Baptist Easley Hospital	1	NR	NR	--		NR	NR	--		NR	NR	--			
Spartanburg Medical Center - Mary Black Campus	2	44		44		62		62		282		282			
(Formerly Mary Black Health System)															
Spartanburg Medical Center	4	1,735	950	3,635	852	1,531	1,895	5,321		1,599	2,354	6,307			
Pelham Medical Center	1	1	0	1		6		6		50		50			
<b>Total Region I</b>	<b>26</b>	<b>9,504</b>	<b>5,244</b>	<b>19,992</b>		<b>9,989</b>	<b>6,375</b>	<b>22,799</b>		<b>9,223</b>	<b>7,028</b>	<b>23,279</b>			
<b>Region II</b>															
Aiken Regional Medical Centers 1	1	961	332	1,625		872	330	1,532		789	276	1,341			
Kershaw Health	1	541		541		546		546		115		115			
MUSC Health Lancaster Medical Center (Formerly Springs Memorial)	1	353		353		320		320		355		355			
Lexington Medical Center 2	4	2,345	940	4,225		2,449	992	4,433		2,294	930	4,154			
Prisma Health Baptist (Formerly Palmetto Health)	1	522	2	526		461	0	461		435	0	435			
Prisma Health Baptist Parkridge (Formerly Palmetto Health) 3	1					0		0		0		0			
Prisma Health Richland (Formerly Palmetto Health)	4	3,583	1,695	6,973		3,827	1,931	7,689		2,843	1,593	6,029			
Providence Health	7	2,552	1,463	5,478		3,423	1,204	5,831		2,797	1,105	5,007			
Piedmont Medical Center	3	1,245	682	2,609		1,261	691	2,643		1,171	659	2,489			
<b>Total Region II</b>	<b>22</b>	<b>12,102</b>	<b>5,114</b>	<b>22,330</b>		<b>13,159</b>	<b>5,148</b>	<b>23,455</b>		<b>10,799</b>	<b>4,563</b>	<b>19,925</b>			
<b>Region III</b>															
Carolina Pines Regional Medical Center 1	1			0		191		191		310		310			
MUSC Health Florence Medical Center (Formerly Carolinas Health System)	3	625	226	1,077		632	212	1,056		568	246	1,060			
McLeod Regional Medical Center of the Pee Dee	5	1,873	376	2,625		2,280	1,129	4,538		2,133	665	3,463			
Tidelands Georgetown Memorial Hospital	2	748	119	986		622	272	1,166		513	277	1,067			
Conway Hospital	1	571	0	571		510		510		551		551			
Grand Strand Medical Center 3	5	2,615	1,234	5,083		2,671	1,319	5,309		2,664	1,331	5,326			
McLeod Loris 4	0	222		222		282		282		266		266			
McLeod Seacoast 4	1	0	0	0		0		0		0		0			
Prisma Health Tuomey (Formerly Palmetto Health)	1	61	0	61		308		308		528		528			
<b>Total Region III</b>	<b>19</b>	<b>6,715</b>	<b>1,955</b>	<b>10,625</b>		<b>7,496</b>	<b>2,932</b>	<b>13,360</b>		<b>7,533</b>	<b>2,519</b>	<b>12,571</b>			

**CARDIAC CATHETERIZATION PROCEDURES  
(Chapter 8)**

Facility by Region	# Cath Labs	2016					2017					2018							
		Diag	Adult Therp	Total Equiv	Ped Therp	Other	Total Equiv	Diag	Adult Therp	Total Equiv	Ped Therp	Other	Total Equiv	Diag	Adult Therp	Total Equiv	Ped Therp	Other	Total Equiv
<b>Region IV</b>																			
Beaufort Memorial Hospital	1	389	77	543			391	139	669			479	146	771					
Hilton Head Hospital	2	626	194	1,014			439	84	607			609	201	1,011					
East Cooper Medical Center	1	0	0	0			0	0	0			42	42	42					
MUSC Medical Center	6	1,738	1,165	4,068	220	276	1,912	1,258	4,428	223	53	1,986	1,208	4,402	262	229	66	1,277	
Roper Berkeley Hospital <sup>5</sup>	1	0	0	0			0	0	0			0	0	0					
Roper Hospital	3	1,625	879	3,383			1,629	609	2,847			1,690	652	2,994					
Trident Medical Center	2	1,512	523	2,558			1,623	607	2,837			1,814	672	3,158					
Regional Medical Center of Orangeburg & Calhoun	1	268		268			266		266			341		341					
<b>Total Region IV</b>	<b>17</b>	<b>6,158</b>	<b>2,838</b>	<b>11,834</b>		<b>1,341</b>	<b>6,260</b>	<b>2,697</b>	<b>11,654</b>		<b>1,534</b>	<b>6,961</b>	<b>2,879</b>	<b>12,719</b>		<b>1,277</b>			
<b>Statewide Totals</b>																			
	<b>84</b>	<b>34,479</b>	<b>15,151</b>	<b>64,781</b>		<b>1,341</b>	<b>36,904</b>	<b>17,152</b>	<b>71,208</b>		<b>1,534</b>	<b>34,516</b>	<b>16,989</b>	<b>68,494</b>		<b>1,277</b>			

\* CON SC-18-01 issued for establishment of diagnostic cardiac catheterization services through addition of a single diagnostic catheterization lab. CON relinquished. Prisma Health Baptist Parkridge (Formerly Palmetto Health) has been removed from inventory.

1 Facility has reported two (2) labs on JAR, with Department staff finding no corresponding approval for a second laboratory.

2 CON SC-19-16 issued 2/12/19 for the addition of a fourth cardiac catheterization lab to the existing Cardiac Cath Department.

3 Approved September 23, 2019 for renovation and expansion (7,703 sf) for the addition of one comprehensive cardiac cath lab, and one EP lab at a total project cost of \$17,375,000.

4 CON SC-17-16 issued April 6, 2017 to transfer single cardiac catheterization lab from McLeod Loris Hospital to McLeod Seacoast Hospital.

5 Approved July 25, 2016 for addition of a single diagnostic cardiac catheterization lab for a total of one diagnostic cardiac catheterization lab. Currently on appeal.

**OPEN HEART UNITS  
(Chapter 8)**

<u>Region/Facility</u>	<u># Open Heart Units</u>	<u>FY 2016</u>		<u>FY 2017</u>		<u>FY 2018</u>	
		<u>Adults</u>	<u>Peds</u>	<u>Adults</u>	<u>Peds</u>	<u>Adults</u>	<u>Peds</u>
<b>Region I</b>							
Anmed Health Medical Center	2	145		174		159	
Prisma Greenville Memorial Hospital (Formerly GHS)	3	443		513		491	
Saint Francis - Downtown	2	350		344		319	
Self Regional Healthcare	1	92		90		93	
Spartanburg Medical Center	3	434		449		395	
<b>Total Region I</b>	<b>11</b>	<b>1,464</b>		<b>1,570</b>		<b>1,457</b>	
<b>Region II</b>							
Aiken Regional Medical Centers	1	26		30		26	
Lexington Medical Center	2	342		402		422	
Prisma Health Richland (Formerly Palmetto Health)	3	356		363		484	
Piedmont Medical Center	2	148		71		200	
Providence Health	4	427		390		304	
<b>Total Region II</b>	<b>12</b>	<b>1,299</b>		<b>1,256</b>		<b>1,436</b>	
<b>Region III</b>							
MUSC Health Florence Medical Center (Formerly Carolinas Hopsital System)	1	60		58		63	
Grand Strand Medical Center	2	432		384		371	
McLeod Regional Medical Center of the Pee Dee	3	372		443		259	
<b>Total Region III</b>	<b>6</b>	<b>864</b>		<b>885</b>		<b>693</b>	
<b>Region IV</b>							
Hilton Head Hospital	2	60		44		44	
MUSC Medical Center 1	5	358	295	250	175	404	260
Roper Hospital	2	502		534		470	
Trident Medical Center	2	240		226		190	
<b>Total Region IV</b>	<b>11</b>	<b>1,160</b>	<b>295</b>	<b>1,054</b>	<b>175</b>	<b>1,108</b>	<b>260</b>
<b>Statewide Totals</b>	<b>40</b>	<b>4,787</b>	<b>295</b>	<b>4,765</b>	<b>175</b>	<b>4,694</b>	<b>260</b>

1 SC-17-63 issued 8/11/2017 for addition of one pediatric open-heart suite. Not yet operational.

## CHAPTER 9

### RADIATION ONCOLOGY

Cancer is a group of related diseases that involve out-of-control growth and spread of abnormal cells. These cells accumulate and form tumors that invade and destroy normal tissue. The American Cancer Society (ACS) estimates that **39 out of 100** men and **38 out of 100** women will suffer from cancer during their lifetimes. The most common types of cancer include prostate cancer for men, breast cancer for women, whereas lung and colon cancer are a common occurrence in both genders. The Department tracks the occurrence of cancer in the State, including identification of "[cancer cluster](#)" locations, through the [South Carolina Central Cancer Registry](#).

Megavoltage radiation has been utilized for decades as a standard modality for cancer treatment. It is best known as Radiation Therapy, but is also called Radiotherapy, X-Ray Therapy, or Irradiation. Beams of ionizing radiation are aimed to meet at a specific point and deliver radiation to that precise location. The amount of radiation used is measured in "gray" (Gy) and varies depending on the type and stage of cancer being treated. Radiation damages both cancer cells and normal cells, so the goal is to damage as many cancer cells as possible, while limiting harm to nearby healthy tissue. A typical course of treatment **is five times per week, Monday through Friday, and** lasts for **three to nine** weeks, depending on the type of cancer and the treatment goal.

#### Relevant Definitions

There are varying types of radiation treatment, and definitions are often used interchangeably. The following definitions apply:

["Adaptive Radiation Therapy \(ART\)"](#) – Patient setup and/or radiation delivery is evaluated and modified periodically during the treatment course based on imaging and dose measurements made prior to or during treatment.

["Three-Dimensional Conformal Radiation Therapy \(3D-CRT\)"](#) - **Uses the results of imaging tests such as MRI and special computers to map the location of the tumor precisely to deliver radiation beams from different directions designed to match the shape of the tumor. This helps to reduce radiation damage to normal tissues and better kill the cancer by focusing the radiation dose on the tumor.**

["Electronic Portal Imaging Devices \(EPIDs\)"](#) have been developed because of the increased complexity of treatment planning and delivery techniques. The most common EPIDs are video-based systems wherein on-line digital port images are captured and analyzed before or during treatment. These systems are used for pre-treatment verification of Intensity Modulated Radiation Therapy fields and to reduce errors in patient positioning.

[“Fractionation”](#) is the practice of providing only a small fraction of the entire prescribed dose of radiation in each treatment or session. Individual treatment plans are created to minimize the side effects for normal tissue. The typical fractionation schedule for adults is once per day, five days a week. Hyperfractionation (Superfractionation) refers to radiation given in smaller doses twice a day. In Hypofractionation, individual doses are given less often than daily, such as in two-five sessions.

[“Helical-tomotherapy”](#) is a form of IRMT that delivers radiation inside a large “donut.” For this treatment, the patient lies on a table that slowly slides through the donut as the machine spirals around the patient. It delivers many small beams of radiation at the tumor from different angles around the body. This allows for even more precisely focused radiation.

[“Image-Guided Radiation Therapy \(IGRT\)”](#)– Is a form of 3D-CRT where imaging scans (like a CT scan) are done before each treatment. This allows the radiation oncologist to adjust the position of the patient or re-focus the radiation as needed to hit the tumor and limit other damage.

[“Intensity Modulated Radiation Therapy \(IMRT\)”](#) - Is like 3D-CRT, but it also changes the strength of some of the beams in certain areas. This gets stronger doses to certain parts of the tumor and helps lessen damage to nearby normal body tissues.

[“Conformal Proton Beam Radiation Therapy”](#) uses proton beams instead of photons or electrons. Protons are positive parts of atoms that cause little damage to tissues they pass through but are very good at killing cells at the end of their path. Proton beam radiation delivers more radiation to the tumor while reducing side effects on normal tissues. Protons can only be put out by a special machine called a cyclotron or synchrotron.

[“Stereotactic Body Radiation Therapy \(SBRT\)”](#) is a precision radiation therapy delivery concept derived from cranial (brain) stereotactic radiosurgery. It is an external beam radiation therapy method used to very precisely deliver a high dose of radiation to an extracranial target within the body, using either a single dose or a small number of fractions. SBRT has become an established treatment technique for lung, liver, and spinal lesions.

[“Stereotactic Radiosurgery \(SRS\)”](#) is a non-surgical radiation therapy used to treat functional abnormalities and small tumors of the brain. It can deliver precisely-targeted radiation in fewer high-dose treatments than traditional therapy, which can help preserve healthy tissue. It is also known as Stereotaxic Radiosurgery or Radiation Surgery.

[“Stereotactic Radiation Therapy \(SRT\)”](#) is an approach similar to Stereotactic Radiosurgery that delivers radiation to the target tissue. However, the total dose of radiation is divided into several smaller doses given over several days, rather than a single large dose. It can be used to treat both brain and extracranial tumors.

## **TYPES OF RADIATION EQUIPMENT**

### Linear Accelerator (LINAC)

The LINAC produces high energy x-rays that are collected to form a beam that matches the size and shape of the patient's tumor. Radiation can be delivered to the tumor from any angle by a rotating robotic arm. A LINAC must be located in a room with lead and concrete walls to keep the rays from escaping.

The capacity standards for a linear accelerator vary by the capability of the equipment and are addressed in the Standards below.

There is also LINAC equipment designed strictly to provide Stereotactic Radiotherapy. These specialized LINACs have an even lower capacity because of the treatment time associated with this type of care. The capacity for such equipment is established as 1,500 treatments per year per unit.

### Proton Beam Therapy Unit

This modality is a type of external beam radiation therapy that uses protons rather than x-rays to treat cancer. A proton is a positively charged particle. A synchrotron or cyclotron speeds up protons to create high energy. This energy makes the protons travel to the desired depth in the body where the protons give the targeted radiation dose in the tumor.

### Cobalt-60 (Photon)

This modality, best known by the trade name of Gamma Knife, is used to perform Stereotactic Radiosurgery. It is primarily used to treat brain tumors, although it can also be used for other neurological conditions like Parkinson's Disease and Epilepsy. Its use is generally reserved for cancers that are difficult or dangerous to treat with surgery. The radiation damages the genetic code of the tumor in a single treatment, preventing it from replicating and causing it to slowly shrink.

The Gamma Knife consists of a large shield surrounding a large helmet-shaped device with separate, fixed ports that allow the radiation to enter the patient's head in small beams that converge on the designated target. A rigid frame is attached to the patient's skull to provide a solid reference for both targeting and treatment. The patient is then sent for imaging, to accurately determine the position of the target. The computer system develops a treatment plan to position the patient and the paths and doses of radiation. The patient is positioned with the head affixed to the couch, and the treatment is delivered.



## **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS FOR RADIOTHERAPY**

1. The capacity of a conventional linear accelerator, either with or without EPID, is 7,000 treatments per year.
2. Linear accelerators with IMRT or IGRT capabilities have a capacity of 5,000 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.
3. IMRT/IGRT linear accelerators with stereotactic procedures capabilities have a capacity of 4,500 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.
4. Linear Accelerators designed strictly to provide Stereotactic Radiotherapy have a capacity of 1,500 treatments per year. A facility must document that it is providing or will provide these specialized treatments in sufficient volume to justify why it should be held to this planning capacity.
5. There are 13 service areas established for Radiotherapy units.
6. New Radiotherapy services shall only be approved if the following conditions are met:
  - a. All existing units in the service area have performed at a combined use rate of 80 percent of capacity as evidenced in the most recent Joint Annual Reports preceding the filing of the applicant's Certificate of Need application; and
  - b. An applicant must project that the proposed service will perform a minimum number of treatments equal to 50 percent of capacity annually within three years of initiation of services, without reducing the utilization of the existing machines in the service area below the 80 percent threshold. The applicant must document where the potential patients for this new service will come from and where they are currently being served, to include the expected shift in patient volume from existing providers.
7. Expansion of an existing service, whether the expansion occurs at the existing site or at an alternate location in the service area, shall only be approved if the service has operated at a minimum use rate of 80 percent of capacity for each of the past two years and can project a minimum use rate of 50 percent of capacity per year on the additional equipment within three years of its implementation.
8. The applicant shall project the utilization of the service and document referral sources for patients within its service area, including letters of support from physicians and

health care facilities indicating a willingness to refer patients to the proposed service.

9. The applicant must affirm the following:
  - a. All treatments provided will be under the control of a board certified or board eligible radiation oncologist;
  - b. The applicant will have access to a radiation physicist certified or eligible for certification by the American Board of Radiology or its equivalent;
  - c. The applicant will have access to simulation equipment capable of precisely producing the geometric relationships of the equipment to be used for treatment of the patient;
  - d. The applicant will have access to a custom block design and cutting system; and
  - e. The institution shall operate its own tumor registry or actively participate in a central tumor registry.

The Megavoltage Visits Chart and Radiotherapy Chart are located at the end of this Chapter.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for these services:

1. Community Need Documentation;
2. Distribution (Accessibility); and
3. Medically Underserved Groups.

Radiotherapy services are distributed statewide and are located within 60 minutes' travel time for the majority of residents of the State. Because a typical course of treatment **is five times per week, Monday through Friday, and lasts for three to nine weeks,** the benefits of improved accessibility **may outweigh** the adverse effects of duplication in evaluating Certificate of Need applications for this service.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS FOR STEREOTACTIC RADIOSURGERY**

1. The capacity of a dedicated Stereotactic Radiosurgery unit is 300 procedures annually. This is based on an average of two procedures per day times three days per week times 50 weeks per year.
2. New Radiosurgery services shall only be approved if the following conditions are met:

- a. All existing dedicated Stereotactic Radiosurgery units in the service area have performed at a combined use rate of 80 percent of capacity as evidenced in the most recent Joint Annual Reports; and
  - b. An applicant must project that the proposed service will perform a minimum of 200 procedures annually within three years of initiation of service, without reducing the utilization of existing units below the 80 percent threshold.
3. Expansion of an existing radiosurgery service shall only be approved if the service has operated at a minimum use rate of 80 percent of capacity for each of the prior two years and can project a minimum of 200 procedures per year on the additional equipment within three years of its implementation.
4. The applicant shall project the utilization of the service, to include:
  - a. Epidemiological evidence of the incidence and prevalence of conditions for which radiosurgery treatment is appropriate, to include the number of potential patients for these procedures;
  - b. The number of patients of the applicant who were referred to other radiosurgery providers in the preceding three years and the number of those patients who could have been served by the proposed service; and
  - c. Current and projected patient origin information and referral patterns for the facility's existing radiation therapy services. The applicant shall document the number of additional patients, if any, that will be generated through changes in referral patterns, recruitment of specific physicians or other changes in circumstances.
5. The applicant must include letters of support from physicians and health care facilities indicating a willingness to refer patients to the proposed service.
6. The applicant must document that protocols will be established to assure that all clinical radiosurgery procedures performed are medically necessary and that alternative treatment modalities have been considered.
7. The applicant must affirm the following:
  - a. The radiosurgery unit will have a board certified neurosurgeon and a board certified radiation oncologist, both of whom are trained in stereotactic radiosurgery;
  - b. The applicant will have access to a radiation physicist certified or eligible for certification by the American Board of Radiology or its equivalent;

- c. Dosimetry and calibration equipment and a computer with the appropriate software for performing radiosurgical procedures will be available;
  - d. The applicant has access to a full range of diagnostic technology, including CT, MRI and angiography; and
  - e. The institution shall operate its own tumor registry or actively participate in a central tumor registry.
8. Due to the unique nature and limited need for this type of equipment, the applicant should document how it intends to provide accessibility for graduate medical education students in such fields as neurosurgery and oncology.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for these services:

- 1. Community Need Documentation;
- 2. Distribution (Accessibility);
- 3. Record of the Applicant; and
- 4. Medically Underserved Groups.

The service area for a dedicated Stereotactic Radiosurgery unit is defined as all facilities within 90 minutes' travel time. The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

**MEGAVOLTAGE VISITS  
(Chapter 9)**

<u>Facility by Region</u>	<u>County</u>	<u>Units</u>	<u>Total</u>			
			<u>Capacity</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
<b>REGION 1</b>						
Anmed Health Medical Center	Anderson	2	9,500	13,159	13,292	12,352
<b>Prisma Health - Upstate</b>						
Prisma Health Cancer Institute - Eastside <b>1</b>	Greenville	1	5,000	7,831	6,681	--
Prisma Health Cancer Institute - Faris <b>1</b>	Greenville	3	14,000	11,923	13,995	--
Prisma Health Cancer Institute - Greer <b>1</b>	Greenville	1	5,000	2,835	1,709	--
Prisma Health Greenville Memorial Hospital <b>1, 2</b>	Greenville		--	--	--	21,950
Prisma Health Cancer Institute- Seneca <b>1</b>	Oconee	1	5,000	2,867	3,189	4,883
Prisma Health Cancer Institute- Spartanburg <b>1</b>	Spartanburg	1	5,000	2,819	2,427	2,948
St. Francis Millennium Cancer Center	Greenville	1	4,500	9,385	9,060	9,479
<b>Spartanburg Regional Healthcare System</b>						
Spartanburg Regional Medical Center <b>3</b>	Spartanburg	2	9,500	21,162	21,313	19,541
Gibbs Cancer Center & Research Institute - Pelham Cyberknife	Spartanburg	1	7,000	--	--	--
Gibbs Cancer Center & Research Institute - Gaffney	Cherokee	1	5,000	--	--	--
Self Regional Healthcare	Greenwood	2	9,500	8,149	7,778	9,039
<b>REGION II</b>						
Aiken Regional Medical Centers	Aiken	2	10,000	9,480	8,829	9,604
Lancaster Radiation Therapy Center	Lancaster	1	5,000	4,600	6,003	6,142
Lexington Medical Center	Lexington	3	16,500	18,013	16,183	17,288
Newberry Oncology Associates <b>4</b>	Newberry	1	5,000	NR	2,922	NR
Palmetto Health Richland <b>5</b> Gamma Knife	Richland	0	--	--	--	--
		1	1,500	138	126	103
Radiation Oncology, LLC <b>5</b>	Richland	5	25,000	39,831	25,534	28,480
Rock Hill Radiation Therapy Center	York	2	9,500	12,500	12,277	19,231
<b>REGION III</b>						
MUSC Health Florence Medical Center <b>6</b>	Florence	1	7,000	3,187	3,629	5,102
McLeod Regional Medical Center - Pee Dee	Florence	4	21,500	10,424	9,205	8,059
<b>Tidelands Health</b>						
Tidelands' Georgetown Memorial Hospital <b>7</b>	Georgetown	0	--	7,839	6,048	6,050
Tidelands' Waccamaw Community Hospital <b>7, 8</b>	Georgetown	2	9,500	--	--	--
<b>Carolina Regional Cancer Center</b>						
Carolina Regional Cancer Center	Horry	3	17,000	23,716	18,852	17,317
Carolina Regional Cancer Center - Conway <b>9</b>	Horry	1	4,500	--	5,898	6,364
Grand Strand Regional Medical Center <b>10</b>	Horry	1	5,000	--	--	1,203
Prisma Health Tuomey	Sumter	2	10,000	9,154	9,521	8,835
McLeod Seacoast Hospital <b>11</b>	Horry	1	5,000	--	--	--
<b>REGION IV</b>						
SJC Oncology Services - SC (Hilton Head)	Beaufort	1	4,500	7,098	6,726	6,018
SJC Oncology Services - SC (Bluffton) <b>12</b>	Beaufort	1	5,000	--	--	--

**MEGAVOLTAGE VISITS  
(Chapter 9)**

<u>Facility by Region</u>	<u>County</u>	<u>Units</u>	<u>Total</u>			
			<u>Capacity</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>
Broad River Radiation Therapy Center <b>13</b>	Beaufort	1	5,000	--	--	--
Beaufort Memorial Hospital	Beaufort	1	4,500	6,049	6,026	5,441
<b>Medical University Hospital Authority</b>						
MUSC Medical Center	Charleston					
Linear Accelerators		5	24,000	19,221	19,010	20,085
Gamma Knife		1	1,500	292	259	284
MUSC Radiation Therapy Center-Berkeley County <b>14</b>	Berkeley	1	5,000	--	--	--
<b>Roper St. Francis Healthcare</b>						
Roper Hospital	Charleston	1	5,000	5,507	3,981	4,174
CyberKnife		1	1,500	408	312	266
Bon Secours St. Francis Xavier	Charleston	2	9,500	10,191	11,717	10,204
Roper St. Francis Hospital - Berkeley <b>15</b>	Berkeley	1	5,000	--	--	--
Trident Medical Center	Charleston	3	16,500	10,422	11,019	12,048
Regional Medical Center of Orangeburg & Calhoun Counties	Orangeburg	2	9,500	4,710	4,853	4,857
	<b>Totals</b>	<b>68</b>	<b>329,000</b>	<b>282,910</b>	<b>268,374</b>	<b>277,347</b>

Effective January 29, 2016, Prisma discontinued radiation therapy services provided at the Prisma Health Cancer Institute-  
**1** Formerly Greenville Health System.

**2** In 2018, Prisma Health Greenville Memorial Hospital reported all of its Greenville County LINACs on its hospital JARs.

**3** Spartanburg Regional Health System reported all linear accelerator and CyberKnife data on Spartanburg Regional Medical Center JAR. CyberKnife utilization has not been separated.

**4** Facility did not report required JAR data in 2016 and 2018.

**5** Correction to inventory -- 2016 JAR Comment Section states, linear accelerator machines and treatments edited on March 12, 2018 to reflect 0 as Radiation Oncology LLC reports these machines and volumes. Richland does not own any machines.

**6** Formerly Carolinas Hospital System.

**7** CON SC-15-42 issued November 6, 2015 for relocation of an existing LINAC to a new facility located on Tideland's Waccamaw campus.

**8** CON SC-18-15 issued March 20, 2018 for the addition of one linear accelerator for a total of two.

**9** In 2016, Carolina Regional Cancer Center reported all locations on one JAR.

**10** CON SC-16-10 issued March 7, 2016 for establishment of new radiation center attached to facility. Project licensed March 6, 2018.

**11** Approved August 23, 2019 for the establishment of radiotherapy service and purchase of one linear accelerator, under appeal.

**12** CON SC-18-31 issued June 1, 2018 for the construction of an outpatient radiation oncology center and the purchase of one linear accelerator.

**13** CON SC-18-32 issued June 1, 2018 for the development of a radiation therapy cancer center with one linear accelerator.

**14** Approved November 22, 2017 for one additional linear accelerator to be located in Berkeley county, under appeal.

**15** CON SC-18-47 issued October 3, 2018 for the establishment of radiation therapy services with one linear accelerator.

**RADIOTHERAPY  
(Chapter 9)**

<u>Service Areas</u>	<u>2018 Population</u>	<u># OF LINAC</u>	<u>Pop Per LINAC</u>	<u>Total Area Treatments</u>	<u>Planning Area Capacity</u>	<u>Percent Capacity</u>
Anderson, Oconee	278,856	3	92,952	17,235	14,500	118.9%
Greenville, Pickens	639,150	6	106,525	31,429	28,500	110.3%
Cherokee, Spartanburg, Union	398,376	6	66,396	22,489	28,000	80.3%
Chester, Lancaster, York	401,749	3	133,916	25,373	14,500	175.0%
Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	219,282	2	109,641	9,039	9,500	95.1%
Fairfield, Kershaw, Lexington, Newberry, Richland	836,122	10	83,612	45,871	48,000	95.6%
Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro	338,751	5	67,750	13,161	28,500	46.2%
Clarendon, Lee, Sumter	157,354	2	78,677	8,835	10,000	88.4%
Georgetown, Horry, Williamsburg	437,002	8	54,625	30,934	41,000	75.4%
Bamberg, Calhoun, Orangeburg	115,729	2	57,865	4,857	9,500	51.1%
Allendale, Beaufort, Hampton, Jasper	245,940	4	61,485	11,459	19,000	60.3%
Berkeley, Charleston, Colleton, Dorchester	825,303	15	55,020	47,061	68,000	69.2%
<b>Aiken, Barnwell</b>	190,513	2	95,257	9,604	10,000	96.0%
<b>State Total</b>	<b>5,084,127</b>	<b>68</b>	<b>74,767</b>	<b>277,347</b>	<b>329,000</b>	<b>84.3%</b>

## CHAPTER 10

### OUTPATIENT FACILITIES

[Outpatient facilities](#) provide community service for the diagnosis and treatment of ambulatory patients that is operated in connection with a hospital or as a freestanding facility under the professional supervision of a licensed physician. These facilities serve patients who do not require hospitalization and makes available a range of diagnostic and treatment services. Hospital-based outpatient departments vary in scope, but generally include diagnostic laboratory, radiology, and clinical referral services.

#### **AMBULATORY SURGICAL FACILITY**

Ambulatory surgery, often described as outpatient or same-day surgery, may be provided in a freestanding Ambulatory Surgical Facility (ASF). An ASF is a distinct, freestanding, entity that is organized, administered, equipped and operated exclusively for the purpose of performing surgical procedures or related care, treatment, procedures, and/or services, for which patients are scheduled to arrive, receive surgery, or related care, treatment, procedures, and/or services, and be discharged on the same day, as defined in [Regulation 61-91](#), Section 101.RR. The owner or operator makes the facility available to other providers who comprise an organized professional staff (open medical staff). This definition does not apply to any facility used as an office or clinic for the private practice of licensed health care professionals.

For purposes of this Plan, an [endoscope](#) is defined as a flexible, semi-flexible or rigid instrument, which may or may not have a light attached, that is inserted into a natural orifice in a non-sterile, clean environment, to visually inspect for purposes of screening and diagnosis and to perform therapeutic treatment of the interior of a bodily canal or a hollow organ (such as the colon, bladder, stomach or nasal sinuses).

A substantial increase has occurred in both the number and percentage of ambulatory surgeries performed and in the number of approved ASFs. This trend has generally been encouraged because many surgical procedures can be safely performed on an outpatient basis at a lower cost.

#### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. The county in which the proposed facility is to be located is considered to be the service area for inventory purposes. The applicant may define a proposed service area that encompasses additional counties.
2. The applicant must identify the physicians who are affiliated or have an ownership interest in the proposed facility by medical specialty. These physicians must identify where they currently perform their surgeries and whether they anticipate making any changes in staff privileges or coverage should the application be approved.



3. For a new facility, the applicant must document where the potential patients for the facility will come from and where they are currently being served, to include the expected shift in patient volume from existing providers. For the expansion of an existing facility, the applicant must provide patient origin information on the current facility.
4. The applicant must document the need for the expansion of or the addition of an ASF, based on the most current utilization data available. This need documentation must include the projected number of surgeries or endoscopic procedures to be performed by medical specialty. The existing resources must be considered and documentation presented as to why the existing resources are not adequate to meet the needs of the community.
5. The applicant must document the potential impact that the proposed new ASF or expansion of an existing ASF will have upon the existing service providers.
6. The applicant must document whether it will restrict surgeries by specialty. Applicants that wish to restrict surgeries by specialty understand that *another Certificate of Need would be required* before the ASF could provide other surgical specialties. Applicants seeking to perform only endoscopic procedures are considered restricted.
7. Before an application for a new general Ambulatory Surgery Facility can be accepted for filing in a county having a current population of less than 100,000 people, all general ASFs in the county must have been licensed by the Department and operational for an entire year and must have submitted data on the Department's annual questionnaire to allow for a determination of their utilization. The requirements that all ASFs must have been licensed and operational for an entire year and submitted utilization data to the Department will not be applied to applicants for an ASF filing in a county having a current population of greater than 100,000 people.
8. Endoscopy suites are considered separately from other operating rooms and therefore are not considered competing applicants for Certificate of Need review purposes. Before an application for a new endoscopy-only ASF can be accepted for filing in a county having a current population of less than 100,000 people, all ASFs with endoscopy suites in the county must have been licensed by the Department and operational for an entire year and must have submitted data on the Department's annual questionnaire to allow for a determination of their utilization. The requirements that all ASFs with endoscopy suites must have been licensed and operational for an entire year and submitted utilization data to the Department will not be applied to applicants for a new endoscopy-only ASF filing in a county having a current population of greater than 100,000 people.
9. The approval of a new general or endoscopy-only ASF in a county does not preclude an existing facility from applying to expand its number of operating rooms and/or endoscopy

suites. The merger of two existing ASFs in a county to construct a consolidated ASF does not constitute a “new ASF” for the purpose of interpreting Standards 8 and 9.

10. The applicant for a new ambulatory surgery facility must provide a written commitment that the facility will accept Medicare and Medicaid patients, and that un-reimbursed services for indigent and charity patients will be provided at a percentage that is comparable to all other existing ambulatory surgery facilities, if any, in the service area.

Facilities providing ambulatory surgery services must conform to local, state, and federal regulatory requirements and must commit to seek accreditation from CMS or any accrediting body with deemed status. Ambulatory surgical services are generally available within 30 minutes’ one-way automobile travel time of most South Carolina residents. Most ASFs operate five days a week, with elective surgery being scheduled several days in advance.

The Ambulatory Surgical Facility Utilization Chart is located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Medically Underserved Groups; and
4. Staff Resources.

The benefits of improved accessibility will be equally weighed with the adverse effects of duplication in evaluating Certificate of Need applications for this service.

### **FREESTANDING EMERGENCY HOSPITAL SERVICES**

The popularity of freestanding emergency hospital services is increasing as a means of providing ready access to such services at the community level.

### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. *A Certificate of Need is required to establish a freestanding emergency service.*
2. All off-campus emergency services must be an extension of an existing hospital’s emergency service in the same county, unless the applicant is proposing to establish a freestanding emergency service in a county that does not have a licensed hospital. The hospital must have a license that is in good standing and must be in operation to support the off-campus emergency services.

3. [Regulation 61-16](#) will be used to survey off-campus emergency services, specifically including 24-hour/7-day per week physician coverage on site.
4. An off-campus emergency service must have written agreements with Emergency Medical Services providers and surrounding hospitals regarding serious medical problems, which the off-campus emergency service cannot handle.
5. The applicant must demonstrate need for this service by documenting capacity constraints within existing emergency departments in the service area and/or a travel time of greater than 15 minutes to an existing emergency department in the service area.

The Freestanding Emergency Services Chart is located at the end of this Chapter.

#### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Medically Underserved Groups; and
4. Staff Resources.

Access to emergency medical services should be available within 15 minutes travel time for the majority of residents of the State. The benefits of improved accessibility will outweigh the adverse effects of duplication in evaluating applications for this service.

**AMBULATORY SURGERY FACILITY UTILIZATION**  
(Chapter 10)

2018

Facility by Region	County	# of		Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite	
		ORS	Endos							
<b>Region I</b>										
AnMed Health Medicus Surgery Center	Anderson	3		3	4,196	139	4,335	1,445		
Upstate Endoscopy Center	Anderson		2	2		6,247	6,247		3,124	
Endoscopy Center of the Upstate	Greenville		3	3		6,860	6,860			
Greenville Endoscopy Center	Greenville		3	3		6,633	6,633		2,211	
Greenville Endoscopy Center at Patewood 1	Greenville		4	4		7,332	7,332		1,833	
Jervey Eye Center	Greenville	3		3	NR					
Piedmont Surgery Center	Greenville	4		4	5,104		5,104	1,276		
Prisma Health Cross Creek Surgery Center 2	Greenville	4		4	5,182		5,182	1,296		
Prisma Health Patewood Outpatient Surgery Center 3	Greenville	6	2	8	5,841	2,354	8,195	974	1,177	
Upstate Surgery Center	Greenville	2		2	3,284		3,284	1,642		
Greenwood Endoscopy Center	Greenwood		4	4		8,103	8,103		2,026	
Surgery Center of the Lakelands	Greenwood	5		5	3,966		3,966	793		
Surgery and Laser Center at Professional Park	Laurens	2		2	3,240		3,240	1,620		
Blue Ridge Surgery Center	Oconee	2		2	1,844		1,844	922		
Synergy Spine Center	Oconee	2		2	NR					
Ambulatory Surgery Center of Spartanburg	Spartanburg	7	2	9	4,416	3,875	8,291	631	1,938	
Carolina Specialty Eye Surgery 4	Spartanburg	2		2						
Prisma Health Surgery Center - Spartanburg 5	Spartanburg	2		2	1,253		1,253	627		
Spartanburg Surgery Center	Spartanburg	4		4	7,046		7,046	1,762		
Surgery Center at Pelham	Spartanburg	4	2	6	2,234	1,426	3,660	559	713	
<b>Region II</b>										
Carolina Ambulatory Surgery Center	Aiken	1		1	NR					
Center for Colon & Digestive Diseases	Aiken	4	2	2		3,101			1,551	
Surgery Center of Aiken 6	Aiken	3	1	5	1,100	585	1,685	275	585	
Kershaw Health Ambulatory Surgery Center 7	Kershaw	3		3						
Surgery Center at Edgewater	Lancaster	3	1	4	2,384	3	2,387	795	3	
Chapin Orthopedic Surgery Center 8	Lexington	2		2	391		391	196		
Midlands Endoscopy Center	Lexington		2	2		2,138	2,138		1,069	
Moore Orthopaedic Clinic Outpatient Surgery Center	Lexington	4		4	3,742		3,742	936		
Outpatient Surgery Center Lexington Med Ctr - Lexington	Lexington	4	1	5	3,060	645	3,705	765	645	
Outpatient Surgery Center Lexington Med Ctr - Irmo	Lexington	4		4	2,006		2,006	502		
South Carolina Endoscopy Center	Lexington		4	4		12,706	12,706		3,177	
Urology Surgery Center	Lexington	2		2	NR					
Berkeley Endoscopy Center	Richland		2	2		1,242	1,242		621	
Carolina Colonoscopy Center	Richland		2	2		3,884	3,884		1,942	
Carolina Interventional Pain Institute 9	Richland	2		2						
Columbia Eye Surgery Center	Richland	4		4	NR					
Columbia Gastrointestinal Endoscopy Center	Richland		4	4	0	3,693	3,693		923	
Columbia Nephrology Associates 10	Richland	2		2	0	1,821	1,821		911	
Lake Murray Endoscopy Center	Richland	4	2	2	0					
Midlands Orthopaedics Surgery Center	Richland	4		4	3,415		3,415	854		
Palmetto Endoscopy Suite	Richland		2	2		4,826	4,826		2,413	
Palmetto Surgery Center	Richland	5		5	NR					
South Carolina Endoscopy Center Northeast	Richland		5	5		7,230	7,230		1,446	

**AMBULATORY SURGERY FACILITY UTILIZATION**  
(Chapter 10)

2018

Facility by Region	County	# of		Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite	
		ORs	Endos							
Carolina Surgical Center	York	4		4	9,296	999	10,295	2,324		
Center for Orthopaedic Surgery	York	3		3	2,628	NR	2,628	876		
York County Endoscopy Center	York		3	3						
<b>Region III</b>										
Florence Surgery & Laser Center	Florence	2		2	4,016		4,016	2,008		
McLeod Ambulatory Surgery Center <b>11</b>	Florence	0		0	0		0	0		
Bay Microsurgical Unit	Georgetown	1		1	4,905		4,905	4,905		
Carolina Coast Surgery Center	Georgetown	2		2	2,840		2,840	1,420		
Tidelands Georgetown Endoscopy Center <b>12</b>	Georgetown		0	0		393	393		393	
Tidelands Waccamaw Surgery Center	Georgetown	1		1	567		567	567		
Carolina Bone and Joint Surgery Center	Horry	3		3	2,595		2,595	865		
CMC Health Plaza South <b>13</b>	Horry	2		2						
Grande Dunes Surgery Center	Horry	3	1	4	NR	NR				
Parkway Surgery Center	Horry	2		2	4,563		4,563	2,282		
Rivertown Surgery Center	Horry	3		3	7,150		7,150	2,383		
Strand Gastrointestinal Endoscopy Center <b>14</b>	Horry		3	3		6,143	6,143		2,048	
Surgery Center of Conway, Inc. <b>15</b>	Horry	1		1						
Tidelands Health Medical Park at the Market Common Endoscopy Center <b>16</b>	Horry		2	2						
Tidelands Health Medical Park at the Market Common Ambulatory Surgery Center <b>17</b>	Horry	4		4						
Wesmark Ambulatory Surgery Center	Sumter	2		2	NR	NR				
<b>Region IV</b>										
Bluffton Okatie Surgery Center	Beaufort	2		2	2,410	983	3,393	1,697		
Laser and Skin Surgery Center	Beaufort	2		2	2,076		2,076	1,038		
Outpatient Surgery Center of Hilton Head	Beaufort	4	2	6	6,957	1,150	8,107	1,739	575	
Low Country Endoscopy Center <b>18</b>	Berkeley		3	3						
Roper Hospital Ambulatory Surgery - Moncks Corner Medical Plaza <b>19</b>	Berkeley	3		3	31	36	67	22		
Center for Advanced Surgery	Charleston	2		2	1,902			951		
Charleston Endoscopy Center	Charleston		5	5	11	10,850	10,861		2,172	
Charleston Surgery Center	Charleston	4	1	5	NR	NR			300	
Colorectal Endo Surgery Institute of the Carolinas	Charleston		2	2	193	407	600		1,878	
Elms Endoscopy Center	Charleston		3	3		5,634				
Lowcountry Ambulatory Center	Charleston	2		2	2,115		2,115	1,058		
MUSC Children's Health R. Keith Summey Medical Pavilion <b>20</b>	Charleston	4	1	5						
MUSC Health Mount Pleasant Surgery Center <b>21</b>	Charleston	2	1	3						
MUSC Musculoskeletal Institute <b>22</b>	Charleston	2	2	4						
Palmetto Endoscopy Center	Charleston		2	2	47	7,143	7,190		3,572	
Palmetto Endoscopy Center - Mt. Pleasant <b>23</b>	Charleston		2	2						
Physicians Eye Surgery Center	Charleston	4		4	15,925		15,925	3,981		
Roper Hosp Ambulatory Surg & Pain Mgt James Island	Charleston	4		4	3,232		3,232	808		
Roper St. Francis Eye Center	Charleston	3		3	2,252		2,252	751		
Southeastern Spine Institute Ambulatory Surgery Center	Charleston	2		2	13,315		13,315	6,658		
Surgery Center of Charleston	Charleston	4		4	5,699		5,699	1,425		

**AMBULATORY SURGERY FACILITY UTILIZATION**  
(Chapter 10)

2018

Facility by Region	County	# of		Total # of Suites	Total Operations	Total Endos	Combined Total	Operations per OR	Endos per Suite
		ORS	Endos						
Trident Ambulatory Surgery Center	Charleston	6		6	3,945	1,032	4,977	830	
Colleton Ambulatory Surgery Center	Colleton	2	1	3	NR	NR			
Lowcountry Outpatient Surgery Center	Dorchester	3		3	7,696	7,696	7,696	2,565	
Summerville Endoscopy Center	Dorchester		2	2	14	4,709	4,723		2,362
<b>Totals</b>		<b>184</b>	<b>86</b>	<b>270</b>	<b>170,084</b>	<b>124,322</b>	<b>294,406</b>	<b>924</b>	<b>1,446</b>

E-19-17 issued 3/19/19 for the permanent closure of ASF and transfer of assets to operate under MUSC Health Florence Medical Center as a hospital outpatient department and Florence Surgery has been removed from inventory.

**1** NA-19-08 issued 9/26/19 to renovate existing space to add one endoscopy procedure room.

**2** Formerly GHS Cross Creek Surgery Center.

**3** Formerly GHS Patewood Outpatient Surgery Center.

**4** CON SC-18-36 issued 7/27/18 for the construction of a new ASF with 2 ORs.

**5** Formerly Surgery Center - Spartanburg.

**6** Formerly Ambulatory Surgical Center of Aiken

**7** CON SC-17-80 issued 12/13/17 for the construction of a new ASF with 3 ORs.

**8** CON SC-15-49 issued 12/23/15 for the construction of a general ASF with 2 ORs. Licensed June 11, 2018.

**9** CON SC-17-48 issued 7/20/17 for the construction of a new ASF with 2 ORs. Licensed March 16, 2018.

**10** CON SC-17-49 issued 7/20/17 for the construction of a new ASF with 2 ORs. Licensed September 3, 2019.

**11** E-18-33 issued July 20, 2018, for the permanent closure of an ASF.

**12** Per 2018 JAR comment, facility closed as of February 28, 2018.

**13** Approved 2/25/19 for the development of a multispecialty ASF with 2 ORs. Under appeal.

**14** CON SC-19-22 issued 4/2/19 for the relocation and expansion of an Endoscopy Only ASF, with the addition of 1 endoscopy room for a total of 3 endoscopy rooms.

**15** CON SC-18-20 issued 5/4/18 for the construction of an ASF with 1 OR, limited to ophthalmic procedures only.

**16** Approved 10/22/18 for the development of an endoscopy only ASF with 2 endoscopy rooms. Under appeal. NOTE: Should a CON ultimately be issued, it would result in an endoscopy only ASF with 2 endoscopy suites. However, should a CON ultimately be issued to Tideland's Health Medical Park at the Market Common Ambulatory Surgery Center, it will result in facility with 4 ORs providing ASF appropriate surgeries and endoscopies.

**17** Approved 2/25/19 for the development of a multi-specialty ASF with 4 ORs. Under appeal. NOTE: Should a CON ultimately be issued, it would result in 1 facility with 4 ORs providing ASF appropriate surgeries and endoscopies.

**18** CON SC-19-17 issued 2/21/19 for the development of an endoscopy only ambulatory surgery facility with 3 endoscopy rooms.

**19** Formerly Roper Hospital Ambulatory Surgery Berkeley.

**20** CON SC-17-30 issued 5/22/17 for the construction of a new pediatric ASF with 4 ORs and 1 endoscopy suite. Licensed April 10, 2019.

**21** CON SC-17-64 issued 9/14/17 for the construction of a new ASF with 2 ORs and 1 endoscopy suite.

**22** CON SC-17-31 issued 5/22/17 for the construction of a new ASF with 2 ORs.

**23** CON SC-19-26 issued 4/25/19 for the construction of a new endoscopy only ambulatory surgery facility with 2 endoscopy rooms.

**FREESTANDING EMERGENCY HOSPITAL SERVICES\*  
(Chapter 10)**

<b><u>Freestanding ED</u></b>	<b><u>Licensed Under</u></b>	<b><u>City</u></b>	<b><u>County</u></b>
Moncks Corner Medical Center	Trident Medical Center	Moncks Corner	Berkeley
Roper Hospital Diagnostics and ER - Berkeley	Roper Hospital	Moncks Corner	Berkeley
Summerville Freestanding ED	Trident Medical Center	Summerville	Berkeley
MUSC Health Emergency Services <b>1</b>	Medical University Hospital Authority	Summerville	Berkeley
Roper Hospital Diagnostics and ER - Northwoods	Roper Hospital	North Charleston	Charleston
Centre Pointe Emergency	Trident Medical Center	Charleston	Charleston
James Island Emergency <b>2</b>	Trident Medical Center	Charleston	Charleston
North Strand Medical Center	Grand Strand Medical Center	Myrtle Beach	Horry
South Strand Ambulatory Care Center	Grand Strand Medical Center	Myrtle Beach	Horry
Seacoast Medical Center	McLeod Loris	Little River	Horry
McLeod Health Carolina Forest Campus <b>3</b>	McLeod Seacoast	Myrtle Beach	Horry
Carolina Forest Emergency <b>4</b>	Grand Strand Medical Center	Myrtle Beach	Horry
Coastal Carolina Hospital <b>5</b>	Coastal Carolina Hospital	Hardeeville	Jasper
Fort Mill Freestanding Emergency Department <b>6</b>	Piedmont Medical Center	Fort Mill	York
Aiken Regional Medical Centers Freestanding Emergency Department <b>7</b>	Aiken Regional Medical Centers	N. Augusta	Aiken
Providence Health - Fairfield*	Providence Northeast Hospital	Winnsboro	Fairfield
Bamberg/Barnwell Emergency Medical Center*	Regional Medical Center of Orangeburg and Calhoun Counties	Denmark	Bamberg

- 1** Approved September 25, 2017, under appeal.
- 2** Approved September 21, 2018, under appeal.
- 3** Approved January 23, 2017, licensed October 8, 2019
- 4** Approved January 23, 2017, not yet completed.
- 5** CON SC-17-65 issued October 4, 2017, licensed September 13, 2019.
- 6** CON SC-18-19 issued May 2, 2018, not yet completed.
- 7** Approved September 23, 2019, under appeal.

\*As a condition of legislative proviso, additional freestanding emergency hospital services in Fairfield and Bamberg Counties did not require CON approval.

## CHAPTER 11

### LONG-TERM CARE FACILITIES AND SERVICES

#### NURSING FACILITIES

Nursing facilities provide inpatient care for convalescent or chronic disease residents who require nursing care and related medical services. This care is performed under the general direction of persons licensed to practice medicine or surgery in the State. Facilities furnishing primarily domiciliary care are not included. The licensing list of nursing facilities also denotes the facilities that have Alzheimer's units. For more specific detail about nursing facilities, refer to [Regulation 61-17](#) (*Standards for Licensing Nursing Homes*).

Since the vast majority of patients utilizing nursing facilities are 65 years of age or older, only this segment of the population is used in the need calculations. **County bed needs are projected through 2022.** A two-year projection is used because nursing facilities can be constructed and become operational in two years.

#### CERTIFICATE OF NEED PROJECTIONS AND STANDARDS

1. Based on observations of methodologies from other states operating a Certificate of Need regime, and recognizing that potential reliance on long-term skilled nursing services increases with age, bed need is calculated on a county basis using the following ratios:
  - a) 10 beds/1,000 population aged 65-74; and
  - b) 58 beds/1,000 population aged 75 and over
2. For each county, these needs are calculated separately. The individual age-group needs are then added together, and the existing bed count subtracted from that total to determine the deficit or (surplus) of beds.
3. When a county shows **surplus** beds, additional beds will not be approved, except to allow an individual nursing facility to add some additional beds in order to make more economical nursing units. These additions are envisioned as small increments in order to increase the efficiency of the nursing home. This exception for additional beds will not be approved if it results in a three bed ward. A nursing facility may add up to 16 additional beds per nursing unit to create either 44 or 60 bed nursing units, regardless of the projected bed need for the county. The nursing facility must document how these additional beds will make a more economical unit(s).



4. Some Institutional Nursing Facilities are dually licensed, with some beds restricted to residents of the retirement community and the remaining beds are available to the general public. The beds restricted to residents of the retirement community are not eligible to be certified for Medicare or Medicaid. Should such a facility have restricted beds that are inadvertently certified, the facility will be allowed to apply for a Certificate of Need to convert these beds to general nursing home beds, regardless of the projected bed need for that county.

The Long-Term Care Inventory and Bed Need Chart are located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria are considered the most important in evaluating Certificate of Need applications for these beds or facilities:

1. Community Need Documentation;
2. **Distribution (accessibility);**
3. Staff Resources; **and**
4. Record of the Applicant.

Because nursing facilities are located within approximately 30 minutes' travel time for the majority of the residents of the State and at least one nursing facility is located in every county, no justification exists for approving additional nursing facilities or beds that are not indicated as needed in this Plan. The major accessibility problem is caused by the lack of Medicaid funding since the Medicaid Program pays for approximately 65% of all nursing facility residents. This Plan projects the need for nursing facility beds by county. The benefits of improved accessibility do not outweigh the adverse effects caused by the duplication of any existing beds or the placement of Medicaid funds for the beds.

### **MEDICAID NURSING HOME PERMITS**

The Medicaid Nursing Home Permit Act, formerly known as the Nursing Home Licensing Act of 1987, sets forth a regulatory scheme whereby Medicaid nursing home permits and Medicaid patient days are allocated in South Carolina. A long-term care facility (nursing home) must obtain a Medicaid Nursing Home Permit from the Department in order to serve Medicaid patients. A Medicaid patient is a person who is eligible for Medicaid (Title XIX) sponsored long-term care services. Each year, the South Carolina General Assembly establishes the maximum number of Medicaid patient days the Department is authorized to issue. A Medicaid patient day is a day of nursing home care for which the holder of a Medicaid nursing home Permit can receive Medicaid reimbursement. The South Carolina Department of Health and Human Services provides the Department with the total number of Medicaid patient days available so the Department may distribute those patient days amongst Permit holders.

The Medicaid Patient Days and Medicaid Beds Requested & Authorized Chart is located at the end of this Chapter.

### **COMMUNITY LONG-TERM CARE (CLTC) PROGRAM**

South Carolina is seeking to increase access to long-term care facilities through a number of different programs. The Community Long-Term Care Project (CLTC) provides mandatory pre-admission screening and case management to Medicaid-eligible individuals who are in need of applying for nursing facility placement under the Medicaid program. It also provides several community-based services for Medicaid participants who prefer to receive care in the community rather than institutional care. In certain counties, those services include:

Adult Day Healthcare: CLTC offers Adult Day Health Care to individuals enrolled in the Community Choices Waiver. This is medically supervised care and services provided at a licensed day care center. Transportation to and from the home is provided within 15 miles of the center.

Attendant/Personal Assistance: CLTC offers attendant services to individuals enrolled in the Community Choices Waiver. Nurses assist by observing care and helping consumers develop skills in managing their attendant. Services may include assistance with general household activities; help with activities such as bathing, dressing, preparing meals, and housekeeping; and observing health signs.

Care Management (Case Management - Service Coordination): CLTC assigns a nurse to help determine the services for which the participant qualifies and what services will best meet the needs of an individual enrolled in the Community Choices Waiver. Nursing Facility Transition Services may also be offered to help a participant residing in a nursing facility return to the community.

Companion (Sitter): CLTC provides an approved companion to provide supervision of an individual and short-term relief for regular caregivers to individuals enrolled in the Community Choices Waiver.

Home Repair/Modification Assistance: CLTC helps provide pest control services, ramps, heater fans and air conditioners to individuals enrolled in the Community Choices Waiver. It can also help make minor adaptations to non-rental property for the safety and health of the Medicaid participant.

Medical Equipment/Personal Care Supplies: CLTC provides limited durable medical equipment and incontinence supplies (diapers, underpads, wipes, etc.) to individuals enrolled in the Community Choices Waiver.

Nutritional Supplement Assistance: CLTC's Community Choices Program provides two cases per month of Nutritional Supplements to its participants.

The Program for All-Inclusive Care for the Elderly (PACE) is a Medicaid State option that provides comprehensive long-term care to primarily elderly residents of the State. PACE is available to Medicaid participants who are certified as "nursing home" eligible, but prefer care from community services. GHS Senior Care, Palmetto SeniorCare, and The Methodist Oaks currently operate PACE programs in the State.

### **SPECIAL NEEDS FACILITIES**

The South Carolina Department of Disabilities and Special Needs (DDSN) provides 24-hour care to individuals with complex, severe disabilities through five in-state regional facilities located in Columbia, Florence, Clinton, Summerville and Hartsville. These facilities serve those individuals who cannot be adequately cared for by one of DDSN's community living options and focus on those with special needs, head and spinal cord injuries and pervasive development disorders. In 2014, the Centers for Medicare and Medicaid Services (CMS) issued its final rule on Home and Community Based Services (HCBS) that will, inter alia, ensure that individuals who receive services through Medicaid's HCBS programs have access to the benefits of community living. DDSN believes the HCBS initiative will affect its Day Programs and where its clients live. The South Carolina Department of Health and Human Services (DHHS) will be the lead agency in implementing HCBS which will be phased in over the next five (5) years.

### **INSTITUTIONAL NURSING FACILITY (RETIREMENT COMMUNITY NURSING FACILITY)**

An institutional nursing facility means a nursing facility (established within the jurisdiction of a larger non-medical institution) that maintains and operates organized facilities and services to accommodate only students, residents or inmates of the institution. These facilities provide necessary services for retirement communities as established by church, fraternal, or other organizations. Such beds must serve only the residents of the housing complex and either be developed after the housing has been established or be developed as a part of a total housing construction program that has documented that the entire complex is one inseparable project.

### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

To be considered under this special bed category, the following criteria must be met:

1. The nursing facility must be a part of and located on the campus of the retirement community.
2. It must restrict admissions to campus residents.

3. The facility may not participate in the Medicaid program.

There is no projection of need for this bed category. The applicant must demonstrate that the proposed number of beds is justified and that the facility meets the above qualifications. If approved by the Department, such a facility would be licensed as an “Institutional Nursing Home” and the beds generated by such a project will be placed in the statewide inventory in Chapter 11. These beds are not counted against the projected need of the county where the facility is located. For established retirement communities, a generally accepted ratio of nursing facility beds to retirement beds is 1:4.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria, as outlined in Chapter 8 of [Regulation 61-15](#), are considered the most important in evaluating Certificate of Need applications for these beds or facilities:

1. **Community Need Documentation;**
2. **Acceptability;** and
3. **Record of the Applicant.**

Because Institutional Nursing Facility Beds are used solely by the residents of the retirement community, there is no justification for approving this type of nursing facility unless the need can be documented by the retirement center. The benefits of improved accessibility do not outweigh the adverse effects caused by the duplication of any existing beds or facilities.

### **SWING-BEDS**

*A Certificate of Need is not required to participate in the Swing Bed Program in South Carolina; however, the hospital must obtain Medicare certification.*

[The Social Security Act \(Section 1883\(a\)\(1\), \[42 U.S.C. 1395tt\]\)](#) permits certain small, rural hospitals to enter into a swing bed agreement, under which the hospital can use its beds to provide either acute or SNF care, as needed. The hospital must be located in a rural area and have fewer than 100 beds.

Medicare Part A covers the services furnished in a swing bed hospital under the SNF PPS. The PPS classifies residents into one of 44 categories for payment purposes. To qualify for SNF-level services, a beneficiary is required to receive acute care as a hospital inpatient for a stay of at least three consecutive days, although it does not have to be from the same hospital as the swing bed. Typical medical criteria include daily physical, occupational and/or speech therapy, IV or nutritional therapy, complex wound treatment, pain management, and end-of-life care.

The Swing-Bed Participants Chart is located at the end of this Chapter.

### **HOSPICE FACILITIES AND HOSPICE PROGRAMS**

Hospice is a centrally administered, interdisciplinary health care program, which provides a continuum of medically supervised palliative and supportive care for the terminally ill patient and the family or responsible party, including, but not limited to home, outpatient and inpatient services provided directly or through written agreement. Inpatient services include, but are not limited to, services provided by a hospice in a licensed hospice facility.

A Hospice Facility means an institution, place or building licensed by the Department to provide room, board and appropriate hospice care on a 24-hour basis to individuals requiring such services pursuant to the orders of a physician.

The Inpatient Hospice Facilities Chart is located at the end of this Chapter.

A Hospice Program means an entity licensed by the Department that provides appropriate hospice care to individuals as described in the first paragraph above, exclusive of the services provided by a hospice facility.

### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. *A Certificate of Need is only required for an Inpatient Hospice Facility; it is not required for the establishment of a Hospice Program.*
2. An Inpatient Hospice Facility must be owned or operated either directly or through contractual agreement with a licensed hospice program.
3. The applicant must document the need for the facility and justify the number of inpatient beds that are being requested.
4. The proposed facility must consider the impact on other existing inpatient hospice facilities.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following Project Review Criteria are considered to be the most important in evaluating Certificate of Need applications for this service:

1. Community Need Documentation;
2. Distribution (Accessibility);
3. Record of the Applicant; and
4. Staff Resources.

Hospice services should be available within sixty (60) minutes' travel time for the majority of residents of the State. The benefits of improved accessibility will be weighed equally with the adverse effects of duplication in evaluating Certificate of Need applications for this facility type.

## **HOME HEALTH**

### [Home Health Agencies](#)

Home Health Agency means a public, nonprofit, or proprietary organization, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services. Home health services means those items and services furnished to an individual by a home health agency, or by others under arrangement with the home health agency, on a visiting basis and except for (f) below, in a place of temporary or permanent residence used as the individual's home as follows:

Part-time or intermittent skilled nursing care as ordered by a physician or podiatrist and provided by or under the supervision of a registered nurse and at least one other therapeutic service listed below: (a) physical, occupational, or speech therapy; (b) medical social services; (c) home health aide services; (d) other therapeutic services; (e) medical supplies as indicated in the treatment plan and the use of medical appliances, to include durable medical equipment and (f) any of the above items and services provided on an outpatient basis under arrangements made by the home health agency with a hospital, nursing home or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items/services cannot readily be made available to the individual in his/her home, or which are furnished at one of the above facilities while the patient is there to receive such items or services. Transportation of the individual in connection with any such items or services is not included.

## **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. An applicant must propose home health services to cover the geographic area of an entire county and agree to serve residents throughout the entire county.
2. A separate application is required for each county in which services are to be provided.
3. A new home health agency may be approved if an applicant can demonstrate it will serve 50 or more patients projected to be in need in non-rural counties, or 25 or more patients projected to be in need in rural counties, through evidence that may include, but would not be limited to, the following:

- a. Letters of support that identify need for additional home health services from physicians and other referral sources.
  - b. Evidence of underutilization of home health services.
  - c. Evidence of limited scope home health agency service including skilled nursing, physical therapy, occupational therapy, speech therapy, home health aides, and medical social workers.
  - d. Evidence of the denial or delay in the provision of home health services, including but not limited to long waiting lists or delays which exceed industry standards.
  - e. Evidence that one or more existing home health agencies has failed to meet the minimum patient service requirements set forth in Standard 8 of this section of the Plan within two years of the initiation of patient services after receiving a home health license.
4. For the purposes of this Section, a rural county shall mean a county with a population of less than 50,000, according to the most recent projections of the South Carolina Revenue and Fiscal Affairs office as of the time the current Plan was adopted.
  5. All home health agency services (Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Home Health Aide, and Medical Social Worker) should be available within a county. If there is no hospital in a county and the existing licensed home health agencies between them do not provide all of the services identified above, this may be cited as potential justification for the approval of an additional agency that intends to offer these services.
  6. Specialty home health providers are exempt from the need calculation applicable to full-service home health agencies, but are otherwise subject to Certificate of Need.
  7. The applicant should have a track record that demonstrates a commitment to quality services. There should be no history of prosecution, consent order, abandonment of patients in other business operations, or loss of license. However, any consent orders or loss of licenses related to licenses that were obtained from the Department between July 1, 2013 and May 22, 2014 without a Certificate of Need shall not be grounds for denial of a Certificate of Need application pursuant to this Section. The applicant must provide a list of all licensed home health agencies it operates and the state(s) where it operates them.
  8. The applicant must document that it can serve at least 25 patients annually in each rural county for which it is licensed and 50 patients annually in each non-rural county for which it is licensed within two years of initiation of services. The applicant must

assure the Department that, should it fail to reach this threshold number two years after initiation of services in a county, it will voluntarily relinquish its license for that county.

9. Nothing in this Section is intended to restrict the ability of the Department to approve more than one new Home Health Agency in a county at any given time.

The Home Health Agency Inventory Chart is located at the end of this Chapter.

### **RELATIVE IMPORTANCE OF PROJECT REVIEW CRITERIA**

The following project review criteria, as outlined in Chapter 8 of [Regulation 61-15](#), are considered to be the most important in reviewing Certificate of Need applications for this service:

1. **Community Need Documentation;**
2. **Distribution (Accessibility); and**
3. **Medically Underserved Groups.**

The benefits of improved accessibility outweigh the adverse effects caused by the duplication of any existing service.

### **Pediatric Home Health Agencies**

Due to the limited number of home health providers available to treat children 18 years or younger, an exception to the above criteria may be made for a Certificate of Need for a Home Health Agency restricted to providing intermittent home health skilled nursing services to patients 18 years or younger. The license for the agency will be restricted to serving children 18 years or younger and will ensure access to necessary and appropriate intermittent home health skilled nursing services to these patients. Any such approved agency will not be counted in the county inventories for need projection purposes.

### **CERTIFICATE OF NEED PROJECTIONS AND STANDARDS**

1. A separate Certificate of Need application will be required for each county for an agency that proposes to provide this specialized service to pediatric patients in multiple counties.
2. The applicant must document that there is an unmet need for this service in the county of application, and the agency will limit such services to the pediatric population 18 years or younger.



3. The applicant must document the full range of services that they intend to provide to pediatric patients.

#### Continuing Care Retirement Community Home Health Agencies

A licensed continuing care retirement community that also incorporates a skilled nursing facility may provide home health services and *does not require Certificate of Need review provided:*

- a. The continuing care retirement furnishes or offers to furnish home health services only to residents who reside in living units provided by the continuing care retirement community pursuant to a continuing care contract;
- b. The continuing care retirement community maintains a current license and meets the applicable home health agency licensing standards; and
- c. Residents of the continuing care retirement community may choose to obtain home health services from other licensed home health agencies.

Staff from other areas of the continuing care retirement community may deliver the home health services, but at no time may staffing levels in any area of the continuing care retirement community fall below minimum licensing standards or impair the services provided. If the continuing care retirement community includes charges for home health services in its base contract, it is prohibited from billing additional fees for those services. Continuing care retirement communities certified for Medicare or Medicaid, or both, must comply with government reimbursement requirements concerning charges for home health services. The continuing care retirement community shall not bill in excess of its costs. These costs will be determined on non-facility-based Medicare and/or Medicaid standards.

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

Region I	# Beds
<b>Abbeville</b>	
Abbeville Nursing Home	94
<b>Anderson</b>	
Brookdale Anderson	44
Ellenburg Nursing Center	181
Iva Rehabilitation and Healthcare Center	60
Linley Park Rehabilitation and Healthcare	88
NHC HealthCare Anderson	290
Richard M. Campbell Veterans Nursing Home	220
Southern Oaks Rehabilitation and Healthcare Center	88
<b>Cherokee</b>	
Blue Ridge in Brookview House	132
Peachtree Centre	111
<b>Greenville</b>	
Arboretum at the Woodlands	30
Brookdale Greenville	45
Brushy Creek Post Acute 1	144
Carlyle Senior Care of Fountian Inn	60
Greenville Post Acute 2	132
Greer Rehabilitation and Healthcare Center	133
Heartland Health Care Center - Greenville East	132
Heartland Health Care Center - Greenville West	125
Linville Courts at the Cascades Verdae	44
Magnolia Manor - Greenville	99
NHC HealthCare Greenville	176
NHC HealthCare Mauldin	180
Patewood Rehabilitation and Healthcare Center	120
Poinsett Rehabilitation and Healthcare Center	132
Prisma Health Greenville Memorial Subacute 3	15
River Falls Rehabilitation and Healthcare Center	44
Rolling Green Village Health Care Facility	74
Simpsonville Rehabilitation and Healthcare Center	132
Southpointe Healthcare and Rehabilitation	120
<b>Greenwood</b>	
Greenwood Transitional Rehabilitation Unit	12
Magnolia Manor - Greenwood	88
NHC HealthCare Greenwood	152
Wesley Commons Health and Rehabilitation Center	80

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

**Laurens**

Martha Franks Baptist Retirement Community	88
NHC HealthCare Clinton	131
NHC HealthCare Laurens	176
Presbyterian Communities of SC - Clinton 4 (48 institutional beds)	64

**McCormick**

McCormick Rehabilitation and Healthcare Center	120
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**Oconee**

Prisma Health Lila Doyle 5	120
Seneca Health and Rehabilitation Center	132

**Pickens**

Brookdale Easley	60
Capstone Rehabilitation and Healthcare Center	60
Clemson Area Retirement Center - Health Care Center	68
Fleetwood Rehabilitation and Healthcare Center	103
Manna Rehabilitation and Healthcare Center	130
Presbyterian Communities of South Carolina - Foothills	44
PruittHealth - Pickens	44

**Spartanburg**

Golden Age Operations 6	44
Inman Operations 7	40
Lake Emory Post Acute Care	88
Magnolia Manor - Inman	176
Magnolia Manor - Spartanburg	95
Mountainview Nursing Home	132
Physical Rehabilitation & Wellness Center of Spartanburg	120
Rosecrest Rehabilitation and Healthcare	75
Skylyn Nursing and Rehabilitation Center	44
Spartanburg Hospital for Restorative Care SNF	25
Summit Hills Skilled Nursing Facility	33
Valley Falls Terrace	88
White Oak at North Grove	132
White Oak Estates	88
White Oak Manor Spartanburg	60
Woodruff Manor	88

**Union**

Ellen Sagar Nursing Center	113
Heartland Health Care Center - Union	88

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

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**Region II**

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**Aiken**

Anchor Rehabilitation and Healthcare Center of Aiken	120
Carlyle Senior Care of Aiken	86
NHC HealthCare North Augusta	192
Place at Pepper Hill <b>8</b>	125
PruittHealth - Aiken	176
PruittHealth - North Augusta	132

**Barnwell**

Blackville Healthcare and Rehab <b>9</b>	85
PruittHealth - Barnwell	44
Williston Healthcare and Rehab <b>10</b>	44

**Chester**

MUSC Health Chester Nursing Center <b>11</b>	80
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**Edgefield**

Ridge Rehabilitation and Healthcare Center	120
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**Fairfield**

PruittHealth - Ridgeway	150
Ridgeway Manor Healthcare Center <b>12</b>	112

**Kershaw**

KershawHealth Karesh Long Term Care	96
Springdale Healthcare Center	148

**Lancaster**

Lancaster Health and Rehabilitation <b>13</b>	142
MUSC Health Lancaster Nursing Center <b>14</b>	14
White Oak Manor Lancaster	132

**Lexington**

Brian Center of Nursing Care - St. Andrews	108
Heritage at Lowman Rehabilitation & Healthcare	176
Laurel Crest Retirement Community <b>15</b>	12
Lexington Medical Center Extended Care	388
Millennium Post Acute Rehabilitation	132
NHC HealthCare Lexington	170
Opus Post Acute Rehabilitation <b>16</b>	98
Presbyterian Communities of South Carolina - Columbia	44
Retreat at Wellmore of Lexington	60
South Carolina Episcopal Home at Still Hope	70

**Newberry**

JF Hawkins Nursing Home	118
White Oak Manor Newberry	146

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

**Richland**

CM Tucker Jr. Nursing Center Fewell & Stone Pavilions	252
CM Tucker Jr. Nursing Center Roddey Pavilion	308
Heartland of Columbia Rehabilitation & Nursing Center	132
Life Care Center of Columbia	179
Midlands Health & Rehabilitation Center	88
NHC HealthCare Parklane	180
PruittHealth - Blythewood	120
PruittHealth - Columbia 17	150
Rice Estate Rehabilitation and Healthcare	80
Sedgewood Manor Health Care Center 18	38
White Oak Manor Columbia	120
Wildewood Downs Nursing and Rehabilitation Center	80

**Saluda**

Saluda Nursing Center	176
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**York**

Lodge at Wellmore	60
Magnolia Manor - Rock Hill	106
PruittHealth Rock Hill	132
Rock Hill Post Acute Care Center	99
Westminster Health and Rehabilitation Center	66
White Oak Manor York	109
White Oak of Rock Hill	141
Willow Brook Court at Park Pointe Village	40

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**Region III**

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**Chesterfield**

Cheraw Healthcare	120
Rehab Center of Cheraw 19	104

**Clarendon**

Lake Marion Nursing Facility	88
Windsor Manor Nursing Home	64

**Darlington**

Betha Baptist Health Care Center 20	88
Medford Nursing Center	88
Morrell Nursing Center	154
Oakhaven Nursing Center	88

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

**Dillon**

Carlyle Senior Care of Fork	111
PruittHealth Dillon	84

**Florence**

Carlyle Senior Care of Florence	88
Commander Nursing Center	163
Faith Healthcare Center	104
Heritage Home of Florence	132
Honorage Nursing Center	88
Lake City-Scranton Healthcare Center	88
Methodist Manor Healthcare Center	32
Presbyterian Communities of South Carolina - Florence	44
Southland Health Care Center	88

**Georgetown**

Blue Ridge in Georgetown	84
Lakes at Litchfield Skilled Nursing Center	24
Prince George Healthcare Center	148

**Horry**

Brightwater Skilled Nursing Center	67
Compass Post Acute Rehabilitation	95
Conway Manor	190
Grand Strand Rehab and Nursing Center	88
Loris Rehab and Nursing Center	88
Myrtle Beach Manor	60
NHC HealthCare Garden City	148
PruittHealth Conway at Conway Medical Center 21	88

**Lee**

McCoy Memorial Nursing Center	120
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**Marion**

MUSC Health Mullins Nursing Center 22	92
Senior Care of Marion	95

**Marlboro**

Dundee Manor	110
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**Sumter**

Blue Ridge of Sumter	96
Covenant Place Nursing Center (16 institutional beds)	44
NHC HealthCare Sumter	138
Sumter East Health and Rehabilitation Center	176

**Williamsburg**

Carlyle Senior Care of Kingstree	96
Dr. Ronald E McNair Nursing and Rehabilitation Center	88

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

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**Region IV**

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**Allendale**

John Edward Harter Nursing Center 44

**Bamberg**

Pruitthealth - Bamberg 88

**Beaufort**

Bayview Manor 170

Broad Creek Care Center Skilled Nursing 25

Fraser Health Care 33

Life Care Center of Hilton Head 88

NHC HealthCare Bluffton 120

Preston Health Center 77

Sprenger Healthcare of Bluffton 23 60

Sprenger Healthcare of Port Royal 65

**Berkeley**

Heartland Health and Rehab Care Center - Hanahan 135

Lake Moultrie Nursing Home 88

PruittHealth - Moncks Corner 132

Retreat at Wellmore of Daniel Island 60

**Calhoun**

Calhoun Convalescent Center 120

**Charleston**

Bishop Gadsden Episcopal Health Care Center 24 100

Franke Health Care Center 44

Heartland of West Ashley Rehabilitation & Nursing Center 125

Johns Island Post Acute 25 132

Life Care Center of Charleston 148

Mount Pleasant Manor 132

NHC HealthCare Charleston 132

North Charleston Post Acute 26 70

Riverside Health and Rehab 160

Sandpiper Rehab & Nursing 176

Savannah Grace at the Palms of Mt. Pleasant 48

Shem Creek Nursing and Rehab 27 40

White Oak Manor Charleston, Inc. 176

**Colleton**

Pruitthealth - Walterboro 132

Veterans Victory House 220

**LONG-TERM CARE INVENTORY  
(Chapter 11)**

**Dorchester**

Hallmark Healthcare Center	88
Oakbrook Health and Rehabilitation Center	88
Presbyterian Communities of South Carolina-Summerville 28	88
St. George Healthcare Center	88

**Hampton**

PruittHealth Estill	104
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**Jasper**

Ridgeland Nursing Center	88
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**Orangeburg**

Edisto Post Acute 29	113
Jolley Acres Healthcare Center	60
Methodist Oaks	122
PruittHealth - Orangeburg	88

**Statewide Total**

**20,640**

E-18-28 was issued June 13, 2018 for the permanent closure of Covenant Towers Health Care (Horry) a 30 bed nursing home facility and has been removed from inventory.

E-19-05 was issued March 2, 2019 for the permanent closure of Palmetto Health Tuomey Subacute

E-19-11 was issued March 12, 2019 for the permanent closure of GHS Laurens County Memorial Palmetto Health Rehabilitation Center (Richland) a 22 bed nursing facility closed June 22, 2017 and has been removed from the inventory.

Vibra Hospital of Charleston - TCU (Charleston) a 35 bed nursing facility closed May 13, 2019 and has been removed from inventory.

**1** Formerly Brushy Creek Rehabilitation and Healthcare Center.

**2** Formerly Greenville Rehabilitation & Healthcare Center.

**3** Formerly GHS Greenville Memorial Hospital Subacute.

**4** E-18-42 issued August 27, 2018 for the decrease of licensed bed capacity from 66 to 64.

**5** Formerly GHS Lila Doyle.

**6** Formerly Golden Age - Inman.

**7** Formerly Inman Healthcare.

**8** Formerly Pepper Hill Nursing & Rehab Center.

**9** Formerly Laurel Baye Healthcare of Blackville, LLC.

**10** Formerly Laurel Baye Healthcare of Williston, LLC.

**11** Formerly Chester Nursing Center.

**12** Formerly Blue Ridge in the Fields.

**13** Formerly Lancaster Convalescent Center.

**14** Formerly Transitional Care Unit at Springs Memorial Hospital.

**15** CON SC-19-103 issued September 12, 2019 for conversion of 12 Institutional Nursing beds to 12 Non-Institutional Nursing beds at a total project cost of \$50,000.



**LONG-TERM CARE INVENTORY**  
**(Chapter 11)**

- 16** E-18-27 issued June 13, 2018 for the decrease of licensed bed capacity from 100 to 98.
- 17** E-19-37 was issued on November 19, 2019 for the decrease in licensed bed capacity by 35 skilled
- 18** Formerly Countrywood Nursing Center.
- 19** Formerly Chesterfield Convalescent Center.
- 20** CON SC-19-15 issued February 12, 2019 for construction of a 44,804 sf building for the
- 21** Formerly Kingston Nursing Center.
- 22** Formerly Mullins Nursing Center.
- 23** Applicant requested a decrease in bed count from 65 to 60 prior to licensing.
- 24** CON SC-19-23 issued April 10, 2019 for construction of a new health care facility that will offer a
- 25** Formerly Johns Island Rehabilitation and Healthcare Center.
- 26** December 21, 2017 Decision granting approval for the construction of a 70 bed skilled nursing
- 27** Formerly South Bay at Mount Pleasant.
- 28** CON SC-16-18 issued May 26, 2016 for construction for the replacement of an existing 87 bed
- 29** Formerly Riverside Rehabilitation and Healthcare Center.

**LONG-TERM CARE BED NEED  
(Chapter 11)**

Regions	2022 Population (Thousands) Age 65-74 Years	Bed Need (Pop x 10)	2022 Population (Thousands) Age 75+ Years	Bed Need (Pop x 58)	Existing Beds	Total # Beds to be Added
<b>Region I</b>						
Abbeville	3.25	33	2.53	147	94	85
Anderson	22.81	228	17.26	1,001	971	258
Cherokee	6.12	61	4.40	255	243	73
Greenville	55.37	554	39.69	2,302	1,937	919
Greenwood	7.86	79	6.54	379	332	126
Laurens <sup>1</sup>	7.76	78	5.86	340	411	6
McCormick	1.97	20	1.56	90	120	-10
Oconee	11.96	120	8.44	490	252	357
Pickens	12.93	129	10.14	588	509	208
Spartanburg	33.19	332	24.10	1,398	1,328	402
Union	3.50	35	2.47	143	201	-23
<b>Region I Total</b>	<b>166.72</b>	<b>1,667</b>	<b>122.99</b>	<b>7,133</b>	<b>6,398</b>	<b>2,403</b>
<b>Region II</b>						
Aiken	21.62	216	15.89	922	831	307
Barnwell	2.44	24	1.71	99	173	(49)
Chester	3.81	38	2.76	160	80	118
Edgefield	3.32	33	2.38	138	120	51
Fairfield	3.38	34	2.09	121	262	(107)
Kershaw	8.01	80	5.52	320	244	156
Lancaster	13.84	138	10.99	637	288	488
Lexington	32.32	323	22.41	1,300	1,258	365
Newberry	4.82	48	3.55	206	264	(10)
Richland	36.93	369	23.97	1,390	1,727	33
Saluda	2.43	24	2.08	121	176	(31)
York	29.01	290	18.76	1,088	753	625
<b>Region II Total</b>	<b>161.93</b>	<b>1,619</b>	<b>112.11</b>	<b>6,502</b>	<b>6,176</b>	<b>1,946</b>
<b>Region III</b>						
Chesterfield	5.47	55	3.73	216	224	47
Clarendon	4.86	49	3.80	220	152	117
Darlington	8.11	81	5.82	338	418	1
Dillon	3.27	33	2.25	131	195	(32)
Florence	15.08	151	10.76	624	827	(52)
Georgetown	11.56	116	8.17	474	256	333
Horry	70.71	707	39.70	2,303	824	2,186
Lee	2.06	21	1.29	75	120	(25)
Marion	3.95	40	2.71	157	187	10
Marlboro	2.99	30	2.05	119	110	39
Sumter <sup>2</sup>	11.07	111	8.32	483	438	155
Williamsburg	4.05	41	2.90	168	184	25
<b>Region III Total</b>	<b>143.18</b>	<b>1,432</b>	<b>91.50</b>	<b>5,307</b>	<b>3,935</b>	<b>2,804</b>
<b>Region IV</b>						
Allendale	1.08	11	0.78	45	44	12
Bamberg	1.86	19	1.42	82	88	13
Beaufort	34.08	341	27.13	1,574	638	1,276
Berkeley	23.16	232	14.83	860	415	677
Calhoun	2.05	21	1.57	91	120	(8)
Charleston	48.06	481	31.70	1,839	1,483	836
Colleton	4.94	49	3.28	190	352	(112)
Dorchester	16.94	169	10.67	619	352	436
Hampton	2.17	22	1.64	95	104	13
Jasper	4.94	49	2.83	164	88	126
Orangeburg	10.38	104	7.97	462	383	183
<b>Region IV Total</b>	<b>149.66</b>	<b>1,497</b>	<b>103.82</b>	<b>6,022</b>	<b>4,067</b>	<b>3,451</b>
<b>Statewide Totals</b>	<b>621.49</b>	<b>6,215</b>	<b>430</b>	<b>24,964</b>	<b>20,576</b>	<b>10,603</b>

1 48 institutional beds at Presbyterian Communities of SC - Clinton are not included in Laurens County inventory  
2 16 insitutional beds at Covenant Place Nursing Center are not included in Sumter County inventory.

Medicaid Patient Days and Medicaid Beds Requested and Authorized:

Year	# Days Requested	Beds	# Days Authorized	Beds	# Days Difference
1988-1989	3,032,839	8,309	2,971,811	8,142	61,028
1989-1990	3,644,248	9,984	3,644,248	9,984	0
1990-1991	3,709,814	10,163	3,659,965	10,028	49,849
1991-1992	3,856,833	10,567	3,659,965	10,028	196,868
1992-1993	3,976,576	10,895	3,806,382	10,429	170,194
1993-1994	4,012,359	10,993	3,856,382	10,566	155,977
1994-1995	4,023,690	11,024	3,892,882	10,665	130,808
1995-1996	3,969,681	10,876	3,892,882	10,665	76,799
1996-1997	4,072,519	11,158	4,002,382	10,965	70,137
1997-1998	4,119,753	11,287	4,097,282	11,225	22,471
1998-1999	4,265,182	11,685	4,265,182	11,685	0
1999-2000	4,367,134	11,965	4,341,832	11,895	25,302
2000-2001	4,420,522	12,111	4,378,332	11,995	42,190
2001-2002	4,473,170	12,255	4,275,998	11,715	197,172
2002-2003	4,340,158	11,891	4,205,553	11,522	134,605
2003-2004	4,304,160	11,792	4,205,553	11,522	98,607
2004-2005	4,294,977	11,767	4,205,553	11,522	89,424
2005-2006	4,291,812	11,758	4,205,553	11,522	86,259
2006-2007	4,283,209	11,735	4,205,553	11,522	77,656
2007-2008	4,263,785	11,682	4,205,553	11,522	58,232
2008-2009	4,231,047	11,592	4,205,553	11,522	25,494
2009-2010	4,215,522	11,549	4,205,553	11,522	9,969
2010-2011	4,217,584	11,555	4,205,553	11,522	12,031
2011-2012	4,250,190	11,644	3,771,878	10,333	478,312
2012-2013	4,268,032	11,693	3,815,921	10,455	452,111
2013-2014	4,132,731	11,323	3,815,921	10,455	316,810
2014-2015	4,094,917	11,219	3,815,921	10,455	278,996
2015-2016	4,112,740	11,268	3,815,921	10,455	296,819
2016-2017	4,006,470	10,977	3,815,921	10,455	190,549
2017-2018	4,020,582	11,015	3,815,921	10,455	204,661
2018-2019	4,114,439	11,272	3,864,665	10,588	249,774
2019-2020	4,259,602	11,670	3,864,665	10,588	394,937

**SWING-BED PARTICIPANTS  
(Chapter 11)**

<b>FACILITY</b>	<b>TOTAL BEDS</b>	<b>SWING BEDS</b>	<b>2018 ADMISSIONS</b>	<b>2018 PT DAYS</b>	<b>ADC</b>
Abbeville Area Medical Center	25	25	107	1,379	3.78
Allendale County Hospital	25	25	35	1,298	3.56
McLeod Health Cheraw	59	49	79	982	2.69
Edgefield County Hospital	25	25	126	2,605	7.14
Hampton Regional Medical Center	32	6	13	207	0.57
MUSC Health Marion Medical Center <b>1</b>	124	10	20	193	0.53
McLeod Medical Center - Darlington	72	24	277	6,360	17.42
Newberry County Memorial Hospital	90	20	49	397	1.09
Union Medical Center <b>2</b>	85	--	--	--	--
Williamsburg Regional Hospital	25	10	71	1,076	2.95

\* E-19-02 issued for the permanent closure of Fairfield Memorial Hospital effective December 2018. Fairfield Memorial removed from inventory.

**1** Formerly Carolinas Hospital System - Marion

**2** E-19-38 issued November 19, 2019 for a decrease in licensed bed capacity by 58 general beds for a total licensed bed capacity of 85 general beds. Upon issuance of amended license, facility will re-certify swing bed status.

**INPATIENT HOSPICE FACILITIES**  
(Chapter 11)

2018

Facility by Region	County	2018				% Occupancy Rate
		Total Beds	Admissions	Patient Days		
<b>Region I</b>						
Callie & John Rainey Hospice House	Anderson	32	606	4367		37.4%
McCall Hospice House of Greenville	Greenville	30	521	3901		35.6%
Hospice House of Hospice and Palliative Care of the Piedmont <b>1</b>	Greenwood	15	298	3313		60.5%
Hospice of Laurens County	Laurens	12	125	1097		25.0%
Prisma Health Cottingham Hospice House <b>2</b>	Oconee	15	251	3206		58.6%
Hospice House of the Carolina Foothills	Spartanburg	12	235	1,547		35.3%
Spartanburg Regional Hospice Home	Spartanburg	15	670	3738		68.3%
<b>Total</b>		<b>131</b>	<b>2,706</b>	<b>21,169</b>		<b>44.3%</b>
<b>Region II</b>						
Agape House of Lexington	Lexington	30	296	6,140		56.1%
Agape Hospice House of the Midlands	Richland	12	187	2,528		57.7%
Hospice & Community Care House	York	16	305	1873		32.1%
<b>Total</b>		<b>58</b>	<b>788</b>	<b>10,541</b>		<b>49.8%</b>
<b>Region III</b>						
McLeod Hospice House	Florence	24	829	5245		59.9%
Embrace Hospice House of the Grand Strand	Horry	36	444	5,643		42.9%
<b>Total</b>		<b>60</b>	<b>1,273</b>	<b>10,888</b>		<b>49.7%</b>
<b>Region IV</b>						
Summerville Community Hospice House <b>3</b>	Berkeley	30	--	--		--
Roper Hospice Cottage <b>4</b>	Charleston	20	163	840		11.5%
Friends of Caroline Hospice of Beaufort, Inc. d/b/a Caroline's Cottage <b>5</b>	Beaufort	8	--	--		--
<b>Total</b>		<b>58</b>	<b>163</b>	<b>840</b>		<b>4.0%</b>
<b>Statewide Total</b>		<b>307</b>	<b>4,930</b>	<b>43,438</b>		<b>38.8%</b>

**1** Formerly HospiceCare of the Piedmont  
**2** Formerly Greenville Health System  
**3** CON SC-16-07, issued February 16, 2016 for the construction of a 30-bed inpatient hospice. Formerly known as Agape House of Summerville. Facility licensed on 7/19/19  
**4** Formerly Hospice Center of Hospice of Charleston  
**5** CON SC-19-20, issued March 12, 2019 for construction of an eight-bed inpatient and residential hospice facility as well as a new administrative building at a total project cost of \$6,565,000.

**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<b><u>Home Health Agency</u></b>	<b><u>Counties Served</u></b>
Advanced Home Care	Lancaster, York
Amedysis Home Health Care	Clarendon, Florence, Georgetown, Williamsburg
Amedisys Home Health of Beaufort	Beaufort, Jasper
Amedisys Home Health of Bluffton	Allendale, Beaufort, Hampton, Jasper
Amedisys Home Health of Camden	Calhoun, Darlington, Fairfield, Kershaw, Lexington, Marlboro, Newberry, Orangeburg, Richland
Amedisys Home Health of Charleston	Berkeley, Charleston, Dorchester
Amedisys Home Health of Charleston East	Allendale*, Berkeley, Charleston, Colleton, Dorchester, Hampton
Amedisys Home Health of Clinton	Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg, Union
Amedisys Home Health of Conway	Darlington, Dillon, Horry, Marion, Marlboro
Amedisys Home Health of Georgetown	Georgetown, Williamsburg
Amedisys Home Health of Lexington	Aiken, Bamberg, Barnwell, Calhoun, Edgefield, Lee, Lexington, McCormick, Newberry, Orangeburg, Richland, Saluda, Sumter
Amedisys Home Health of Myrtle Beach	Horry
AnMed Health Home Health Agency	Anderson, Pickens
Bayada Home Health Care - Greenville	Anderson, Florence*, Greenville, Lexington*, Richland*, Spartanburg, Sumter*
Bayada Home Health Care - Rock Hill	Lancaster, York
Bethea Home Health (May Serve Retirement Community Only)	Darlington
Bioscrip Infusion Services (May Serve Pediatric Patients Only)	Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union, York
Brightstar Care	Lancaster, York

**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<b><u>Home Health Agency</u></b>	<b><u>Counties Served</u></b>
Brighstar Care of Charleston	Charleston
Brightstar Care-Bluffton	Beaufort, Jasper
Brightstar of Spartanburg	Greenville, Spartanburg
Carolinas Home Health	Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg
Chesterfield Visiting Nurses Services	Chesterfield, Darlington, Marlboro
Coastal Health, LLC	Clarendon*, Dillon*, Florence*, Marion*, Williamsburg*
Continuum Pediatric Nursing Services	Berkeley*, Charleston*, Dorchester*
Covenant Place CCRC Home Health Services (May Serve Retirement Community Only)	Sumter
Cypress Club Home Health Agency (May Serve Retirement Community Only)	Beaufort
Encompass Health Home Health- Aiken 1	Aiken, Lexington, Richland
Encompass Health Home Health- Bluffton 2	Beaufort, Jasper
First Priority Home Health Care	Richland
Florence Visiting Nurses Service	Dillon, Florence, Lee, Marion
Grove Park Pharmacy Home Care	Orangeburg
Health Related Home Care	Abbeville, Anderson, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Saluda
Healthy @ Home	Lancaster, York
HomeCare of HospiceCare of the Piedmont (In Saluda County, May Only Serve Terminally Ill Patients)	Abbeville, Greenwood, Laurens, McCormick, Saluda
Home Care of Lancaster	Chester, Kershaw, Lancaster, Marion*, York

**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<b><u>Home Health Agency</u></b>	<b><u>Counties Served</u></b>
Home Health Services of Self Regional Healthcare	Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda
HomeCare of the Regional Medical Center	Bamberg, Calhoun, Orangeburg
Interim HealthCare	Beaufort, Berkeley, Charleston, Dorchester
Interim HealthCare of Rock Hill	Chester*, Lancaster*, York
Interim HealthCare of the Upstate	Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union
Intrepid USA Healthcare Services	Allendale, Berkeley, Charleston, Colleton, Dorchester, Georgetown
Island Health Care	Beaufort, Jasper
Kershawhealth Home Health	Kershaw
Kindred at Home	Calhoun, Lexington, Richland, Orangeburg
Kindred at Home - Anderson	Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union
Kindred at Home - Charleston	Berkeley, Charleston, Dorchester
Kindred at Home - Coastal	Georgetown, Horry, Williamsburg
Kindred at Home - Greenville (May Only Serve Patients in Union County with Initial Diag Requiring IV Therapy and/or Home Uterine Activity Monitoring)	Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union
Kindred at Home - Low Country	Allendale, Bamberg, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, Jasper
Kindred at Home - Midlands	Aiken, Barnwell, Chester, Edgefield, Fairfield, Lancaster, Lexington, Newberry, Richland, Saluda, York
Kindred at Home - Pee Dee	Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, Williamsburg



**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<b><u>Home Health Agency</u></b>	<b><u>Counties Served</u></b>
Kindred at Home - Upstate	Cherokee, Chester, Union, York
Laurel Crest Home Health (May Serve Retirement Community Only)	Lexington
Liberty Home Care - Myrtle Beach	Georgetown, Horry
McLeod Home Health	Chesterfield, Clarendon, Darlington, Dillon, Florence, Horry, Lee, Marion, Marlboro, Sumter
Medical Services of America - Coastal	Berkeley, Charleston, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Marion, Marlboro, Williamsburg
Medical Services of America Home Health	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Calhoun, Cherokee, Chester, Clarendon, Colleton, Dorchester, Edgefield, Fairfield, Greenville, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Newberry, McCormick, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York
Methodist Manor Home Health (May Serve Retirement Community Only)	Florence
MUSC Health at Home by Bayada - Conway	Georgetown, Horry
MUSC Health at Home by Bayada - Charleston	Berkeley, Charleston, Dorchester
MUSC Health at Home by BAYADA	Beaufort*, Colleton*, Orangeburg*
Neighbors Care Home Health Agency an Amedisys Company	Cherokee, Chester, Lancaster, York
NHC HomeCare - Aiken	Aiken, Allendale, Barnwell, Edgefield, Orangeburg
NHC HomeCare - Beaufort	Beaufort, Colleton, Jasper, Hampton
NHC HomeCare - Darlington	Chesterfield*, Darlington*, Florence*, Lee*, Marlboro*
NHC HomeCare - Greenwood	Abbeville, McCormick, Greenwood, Newberry, Saluda

**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<b><u>Home Health Agency</u></b>	<b><u>Counties Served</u></b>
NHC HomeCare - Laurens	Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg
NHC HomeCare - LowCountry	Bamberg, Berkeley, Charleston, Clarendon, Dorchester, Williamsburg
NHC HomeCare - Midlands	Calhoun, Fairfield, Kershaw, Lexington, Richland, Sumter
NHC HomeCare - Murrells Inlet	Dillon, Georgetown, Horry, Marion
NHC HomeCare - Piedmont	Chester, Lancaster, Union, York
Oaks Home Health (Restricted to residents of the Methodist Oaks Continuing Care campus only)	Orangeburg
Optum Women's and Children's Health LLC (May Serve Obstetrical Patients Only)	Aiken, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Fairfield, Georgetown, Kershaw, Lancaster, Lexington, Newberry, Richland
Optum Women's and Children's Health - Piedmont (May Serve Obstetrical Patients Only)	Abbeville, Allendale, Anderson, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Darlington, Dillon, Edgefield, Florence, Greenville, Greenwood, Hampton, Horry, Jasper, Laurens, Lee, Marion, Marlboro, McCormick, Oconee, Orangeburg, Pickens, Saluda, Spartanburg, Sumter, Union, Williamsburg, York
Palliative Care of the Lowcountry (Restricted to Terminally Ill Residents)	Beaufort, Jasper
Palmetto Infusion Services, LLC (Specialty HHA- Home Infusion Nursing Services Only)	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston*, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield*, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York

**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<b><u>Home Health Agency</u></b>	<b><u>Counties Served</u></b>
PHC Home Healthcare 3	York
PHC Home Health	Berkeley, Charleston, Dorchester
Presbyterian Communities of SC Home Health Agency (May Serve Retirement Communities Only)	Berkeley, Dorchester, Florence, Laurens, Lexington, Pickens, Richland
Prisma Health Home Health 4	Lexington, Richland
Prisma Health Home Health Agency 5	Anderson, Greenville, Oconee, Pickens
Prisma Health Tuomey Home Health 6 (May Only Serve Terminally Ill Patients In Lee & Clarendon Counties)	Clarendon, Lee, Sumter
Providence Care at Home	Anderson, Cherokee, Chester, Greenville, Lancaster, Laurens, Pickens, Spartanburg, York
Providence Home Health, LLC 7	Chester*, Richland, Sumter
PruittHealth @ Home- Columbia 8	Abbeville, Anderson, Calhoun, Cherokee, Chester, Fairfield, Greenville, Greenwood, Kershaw, Lancaster, Laurens, Lexington, Newberry, Oconee, Pickens, Richland, Spartanburg, Sumter, Union, York
PruittHealth @ Home- Florence 9	Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Williamsburg
PruittHealth @ Home- Low Country 10	Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick, Orangeburg, Saluda
Rolling Green Village Home Health (Serving Community Residents Only)	Greenville
Roper - St. Francis Home Health Care	Berkeley, Charleston, Dorchester
Seabrook Wellness & Home Health Care (May Serve Retirement Community Only)	Beaufort

**HOME HEALTH AGENCY INVENTORY  
(Chapter 11)**

<u>Home Health Agency</u>	<u>Counties Served</u>
Sea Island Healthcare	Beaufort*, Jasper*
Spartanburg Medical Center Home Health	Cherokee, Greenville, Spartanburg, Union
St. Francis Hospital Home Care	Anderson, Greenville, Pickens, Spartanburg
Still Hopes Home Health (May Serve Retirement Community Only)	Lexington
Trinity Home Health of Aiken	Aiken, Barnwell, Edgefield
University Home Health - North Augusta	Aiken, Edgefield
VNA of Greater Bamberg	Allendale, Bamberg, Barnwell, Calhoun, Colleton, Hampton, Orangeburg
Well Care Home Health of the Lowcountry	Beaufort, Berkeley, Charleston, Colleton, Dorchester, Horry, Georgetown, Marion, Williamsburg
Well Care Home Health of the Midlands	Aiken*, Calhoun*, Clarendon, Darlington, Dillon, Fairfield*, Florence, Kershaw*, Lee, Lexington*, Newberry*, Orangeburg*, Richland*, Saluda*, Sumter
Well Care Home Health of the Upstate	Anderson*, Cherokee, Chester, Greenville*, Lancaster, Laurens*, Oconee*, Pickens*, Spartanburg*, Union*, York
Wesley Commons Home Health Care (May Serve Retirement Community Only)	Greenwood
Westminster Towers Home Health (May Serve Retirement Community Only)	York

\* Received CON but not licensed.

Beaufort-Jasper Home Health Agency (Beaufort, Jasper) closed July 2018 and has been removed from inventory.

Critical Nurse Staffing, Inc. (Aiken, Allendale, Barnwell, Beaufort, Charleston, Edgefield, Hampton, Jasper, Lexington, Orangeburg, Richland) has been removed from inventory.

Liberty Home Care - Bennettsville (Chesterfield, Marlboro) closed September 30, 2018 and has been removed from inventory.

## **HOME HEALTH AGENCY INVENTORY (Chapter 11)**

Sea Island Home Health (Charleston, Colleton) closed April 30, 2019 and has been removed from inventory.

Renaissance Home Health, LLC (Abbeville) was withdrawn by the applicant on May 16, 2018 and has been removed from inventory.

- 1** Previously Encompass Home Health of South Carolina and change of ownership from Tidewater Home Health, PA for Lexington and Richland Counties
- 2** Previously Encompass Home Health of South Carolina-Bluffton
- 3** Previously Personal Home Care of North Carolina, LLC d/b/a PHC-SC
- 4** Previously Palmetto Health HomeCare
- 5** Previously GHS Home Health Agency
- 6** Previously Palmetto Health Tuomey Home Health
- 7** Previously South Carolina Homecare
- 8** Previously PruittHealth Home Health Columbia
- 9** Previously PruittHealth Home Health Florence
- 10** Previously PruittHealth Home Health Low Country

## GLOSSARY

TERM	DEFINITION	SOURCE
Adaptive Radiation Therapy (ART)	Patient setup and/or radiation delivery is evaluated and modified periodically during the treatment course based on imaging and dose measurements made prior to or during treatment.	South Carolina Health Plan
Affiliated Facilities	Two or more health care facilities, whether inpatient or outpatient, owned, leased, or who have a formal legal relationship with a central organization and whose relationship has been established for reasons other than for transferring beds, equipment or services.	South Carolina Health Plan
Ambulatory Surgical Facility (ASF)	A distinct, freestanding, entity that is organized, administered, equipped and operated exclusively for the purpose of performing surgical procedures or related care, treatment, procedures, and/or services, for which patients are scheduled to arrive, receive surgery, or related care, treatment, procedures, and/or services, and be discharged on the same day. The owner or operator makes the facility available to other providers who comprise an organized professional staff (open medical staff). This definition does not apply to any facility used as an office or clinic for the private practice of licensed health care professionals.	South Carolina Health Plan
Basic Perinatal Center with Well Newborn Nursery (Level I)	Level I hospitals provide services for normal uncomplicated pregnancies. A full list of the requirements for a Level I Basic Perinatal Center with Well Newborn Nursery can be found at Regulation 61-16, Section 1306.A. <i>Certificate of Need review is not required to establish a Level I program.</i>	South Carolina Health Plan
Bed Capacity	Bed space designated exclusively for inpatient care, including space originally designed or remodeled for inpatient beds, even though temporarily not used for such purposes.	South Carolina Health Plan
Cardiac Catheterization Procedure	An invasive procedure where a thin, flexible catheter is inserted into a blood vessel; the physician then manipulates the free end of the catheter into the chambers or vessels of the heart. All activities performed	South Carolina Health Plan

	during one clinical session, including angiocardiology, coronary arteriography, pulmonary arteriography, coronary angioplasty and other diagnostic or therapeutic measures and physiologic studies shall be considered one procedure.	
Complex Neonatal Intensive Care Unit (Level IV)	In addition to the requirements of Regulation 61-16, Sections 1306.A through 1306.C, Level IV hospitals shall include additional capabilities and considerable experience in the care of the most complex and critically ill newborn infants and have pediatric medical and surgical specialty consultants available 24-hours a day. A full list of the requirements for a Complex Neonatal Intensive Care Unit can be found at <u>Regulation 61-16, Section 1306.E</u> . A Level IV hospital need not act as a Regional Perinatal Center (RPC). <i>Certificate of Need Review is required to establish a Level IV program.</i>	South Carolina Health Plan
Comprehensive Catheterization Laboratory	A dedicated room or suite of rooms in which PCI as well as diagnostic and therapeutic catheterizations are performed. They are located only in hospitals approved to provide open heart surgery, although diagnostic laboratories are allowed to perform emergent and/or elective therapeutic catheterizations in compliance with Standard 7 or 8 in the Plan.	South Carolina Health Plan
Conformal Proton Beam Radiation Therapy	Uses proton beams instead of photons or electrons. Protons are positive parts of atoms that cause little damage to tissues they pass through but are very good at killing cells at the end of their path. Proton beam radiation delivers more radiation to the tumor while reducing side effects on normal tissues. Protons can only be put out by a special machine called a synchrotron or cyclotron.	South Carolina Health Plan
Continuing Care Retirement Community Home Health Agency	A licensed continuing care retirement community that also incorporates a skilled nursing facility may provide home health services and <i>does not require Certificate of Need review provided:</i>  a. The continuing care retirement furnishes or offers to furnish home health services only to residents who reside in living units provided by the	South Carolina Health Plan

continuing care retirement community pursuant to a continuing care contract;

- b. The continuing care retirement community maintains a current license and meets the applicable home health agency licensing standards; and
- c. Residents of the continuing care retirement community may choose to obtain home health services from other licensed home health agencies.

Critical Access Hospital (CAH)	Hospitals eligible for increased reimbursement without having to meet all criteria for full-service acute care hospitals. They are intended to provide essential health services to rural communities. In order to qualify as a CAH, a hospital must be located in a rural county and be located more than 35 miles from any other hospital or CAH (15 miles for areas with only secondary roads). It must be part of a rural health network with at least one full-service hospital. They can have a maximum of 25 licensed beds and the annual average length of stay must be less than 4 days. Emergency services must be available 24 hours a day.	South Carolina Health Plan
Diagnostic Catheterization	A cardiac catheterization during which any or all of the following diagnostic procedures or measures are performed: Blood Pressure; Oxygen Content and Flow Measurements; Angiocardiology, Coronary Arteriography; and Pulmonary Arteriography.	South Carolina Health Plan
Diagnostic Catheterization Laboratory	A dedicated room in which only diagnostic catheterizations are performed.	South Carolina Health Plan
Elective PCI	Scheduled in advance and performed on a patient with cardiac function that has been stable in the days prior to the procedure.	South Carolina Health Plan
Electronic Portal Imaging Devices	EPIDs have been developed because of the increased complexity of treatment planning and delivery techniques.	South Carolina



(EPIDs)	The most common EPIDs are video-based systems wherein on-line digital port images are captured and analyzed before or during treatment. These systems are used for pre-treatment verification of Intensity Modulated Radiation Therapy fields and to reduce errors in patient positioning.	Health Plan
Emergent or Primary PCI	Means that a patient needs immediate PCI because, in the treating physician's best clinical judgment, delay would result in undue harm or risk to the patient.	South Carolina Health Plan
Endoscope	A flexible, semi-flexible or rigid instrument, which may or may not have a light attached, that is inserted into a natural orifice in a non-sterile, clean environment, to visually inspect for purposes of screening and diagnosis and to perform therapeutic treatment of the interior of a bodily canal or a hollow organ (such as the colon, bladder, stomach or nasal sinuses).	South Carolina Health Plan
Existing Health Care Facility	Means any healthcare facility which has received CON approval, when applicable under law, and for which a Health Facility License has been issued by the Department.	South Carolina Health Plan
Existing Health Service	Means any health service which has received CON approval, when applicable under law, and which is currently operating as approved.	South Carolina Health Plan
Fractionation	The practice of providing only a small fraction of the entire prescribed dose of radiation in each treatment or session. Individual treatment plans are created to minimize the side effects for normal tissue. The typical fractionation schedule for adults is once per day, five days a week. Hyperfractionation (Superfractionation) refers to radiation given in smaller doses twice a day. In Hypofractionation, individual doses are given less often than daily, such as in two-five sessions.	South Carolina Health Plan
Freestanding Medical Detoxification Facilities	Short-term residential facility, separated from an inpatient treatment facility, providing for medically supervised withdrawal from psychoactive substance-induced intoxication, with the capacity to provide screening for medical complications of alcoholism and/or drug abuse, a structured program of counseling, if appropriate, and	South Carolina Health Plan

referral for further rehabilitation. *A Certificate of Need is required for a medical detoxification program.*

General Hospital	A facility with an organized medical staff to maintain and operate organized facilities and services to accommodate two or more nonrelated persons for the diagnosis, treatment and care of such persons over a period exceeding 24 hours and provides medical and surgical care of acute illness, injury or infirmity and may provide obstetrical care, and in which all diagnoses, treatment or care are administered by or performed under the direction of persons currently licensed to practice medicine and surgery in the State of South Carolina.	<a href="#">S.C. Code of Regulations 61-16, Section 101(1)(A)</a>
Health Care Facility	Acute care, hospitals, psychiatric hospitals, alcohol and substance abuse hospitals, nursing homes, ambulatory surgical facilities, hospice facilities, radiation therapy facilities, rehabilitation facilities, residential treatment facilities for children and adolescents, intermediate care facilities for person with intellectual disability, narcotic treatment programs, and any other facility for which Certificate of Need review is required by federal law.	<a href="#">S.C. Code Ann. Section 44-7-130(10)</a>
Health Facility License	A license issued or amended by the Department's Bureau of Health Facilities Licensing for the operation of certain facilities and services.	<a href="#">S.C. Code Ann. Section 44-7-260(A)</a>
Health Service	Clinically related, diagnostic, treatment, or rehabilitative services and includes alcohol, drug abuse, and mental health services for which specific standards or criteria are prescribed in the South Carolina Health Plan.	<a href="#">S.C. Code Ann. Section 44-7-130(11)</a>
Helical-tomotherapy	A form of IRMT that delivers radiation inside a large "donut." For this treatment, the patient lies on a table that slowly slides through the donut as the machine spirals around the patient. It delivers many small beams of radiation at the tumor from different angles around the body. This allows for even more precisely focused radiation.	South Carolina Health Plan
Home Health Agency	A public, nonprofit, or proprietary organization, whether owned or operated by one or more persons or legal	South Carolina

	entities, which furnishes or offers to furnish home health services.	Health Plan
Home Health Service	<p>Home health services means those items and services furnished to an individual by a home health agency, or by others under arrangement with the home health agency, on a visiting basis and except for (f) below, in a place of temporary or permanent residence used as the individual's home as follows:</p> <p>Part-time or intermittent skilled nursing care as ordered by a physician or podiatrist and provided by or under the supervision of a registered nurse and at least one other therapeutic service listed below: (a) physical, occupational, or speech therapy; (b) medical social services; (c) home health aide services; (d) other therapeutic services; (e) medical supplies as indicated in the treatment plan and the use of medical appliances, to include durable medical equipment; and (f) any of the above items and services provided on an outpatient basis under arrangements made by the home health agency with a hospital, nursing home or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items/services cannot readily be made available to the individual in his/her home, or which are furnished at one of the above facilities while the patient is there to receive such items or services. Transportation of the individual in connection with any such items or services is not included.</p>	South Carolina Health Plan
Hospice	A centrally administered, interdisciplinary health care program, which provides a continuum of medically supervised palliative and supportive care for the terminally ill patient and the family or responsible party, including, but not limited to home, outpatient and inpatient services provided directly or through written agreement. <i>Home-based and outpatient hospice programs do not require Certificate of Need review.</i>	South Carolina Health Plan
Hospice Facility	An institution, place or building licensed by the Department to provide room, board and appropriate hospice care on a 24-hour basis to individuals requiring such services pursuant to the orders of a physician. <i>A Certificate of Need is required for a hospice facility.</i>	South Carolina Health Plan

Hospice Program	An entity licensed by the Department that provides appropriate hospice care to individuals as described in the first paragraph above, exclusive of the services provided by a hospice facility. <i>A Certificate of Need is not required for a hospice program.</i>	South Carolina Health Plan
Hospital	<p>A facility organized and administered to provide overnight medical, surgical, or nursing care of illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care is administered by or under the direction of persons currently licensed to practice medicine, surgery, or osteopathy.</p> <p>Hospital may include residential treatment facilities for children and adolescents in need of mental health treatment which are physically a part of a licensed psychiatric hospital. This definition does not include facilities which are licensed by the Department of Social Services.</p>	<a href="#">S.C. Code Ann. Section 44-7-130(12)</a>
Hospital Bed	A bed for an adult or child patient. Bassinets for the newborn in a maternity unit nursery, beds in labor rooms, recovery rooms, and other beds used exclusively for emergency purposes are not included in this definition.	South Carolina Health Plan
Image-Guided Radiation Therapy (IGRT)	<b>Is a form of 3D-CRT where imaging scans (like a CT scan) are done before each treatment. This allows the radiation oncologist to adjust the position of the patient or re-focus the radiation as needed to hit the tumor and limit other damage.</b>	South Carolina Health Plan
Inpatient Psychiatric Services	Those services provided to patients who are admitted to institutions for the evaluation, diagnosis, and treatment of mental, emotional, or behavioral disorders. Services may be provided in either psychiatric units of general hospitals or freestanding psychiatric hospitals.	South Carolina Health Plan
Inpatient Treatment Facility	Short-term treatment service for persons who are in need of an organized intensive program of alcohol and/or drug rehabilitation, but who are without serious debilitating medical complications. These facilities may provide detoxification for their patients, as needed, in the	South Carolina Health Plan

inpatient treatment beds. These facilities are licensed either as a specialized hospital or as part of a hospital. *A Certificate of Need is required for an Inpatient Treatment Facility.*

Institutional Nursing Facility

A nursing facility established within the jurisdiction of a larger non-medical institution that maintains and operates organized facilities and services to accommodate only students, residents or inmates of the institution. These facilities provide necessary services for retirement communities as established by church, fraternal, or other organizations. Such beds must serve only the residents of the housing complex and either be developed after the housing has been established or be developed as a part of a total housing construction program that has documented that the entire complex is one inseparable project. To be considered under this special bed category, the following criteria must be met:

South Carolina Health Plan

1. The nursing facility must be a part of and located on the campus of the retirement community.
2. It must restrict admissions to campus residents.
3. The facility may not participate in the Medicaid program.

There is no projection of need for this bed category. The applicant must demonstrate that the proposed number of beds is justified and that the facility meets the above qualifications.

Intensity Modulated Radiation Therapy (IMRT)

*Is like a 3D-CRT, but it also changes the strength of some of the beams in certain areas. This get stronger doses to certain parts of the tumor and helps lessen damage to nearby normal body tissues.*

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Long-Term Acute Care Hospital (LTACH)

Hospitals with an average Medicare inpatient length of stay of greater than 25 days, including all covered and non-covered days of stay of Medicare patients. They provide treatment to patients with complex medical conditions, such as strokes, cardiac care, ventilator dependency, wound care and post-surgical care.

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Nursing Facility	Facilities which provide inpatient care for convalescent or chronic disease residents who require nursing care and related medical services. Such nursing care and medical services are prescribed by, or are performed under the general direction of, persons licensed to practice medicine or surgery in the State. Facilities furnishing primarily domiciliary care are not included.	South Carolina Health Plan
Open Heart Surgery	An operation performed on the heart or intrathoracic great vessels.	South Carolina Health Plan
Open Heart Surgical Procedure	An operation performed on the heart or intrathoracic great vessels within an open heart surgical unit. All activities performed during one clinical session shall be considered one procedure.	South Carolina Health Plan
Open Heart Surgical Program	The combination of staff, equipment, physical space and support services which is used to perform open heart surgery. Adult open heart surgical programs should have the capacity to perform a full range of procedures, including: <ol style="list-style-type: none"> <li>1. repair/replacement of heart valves;</li> <li>2. repair of congenital defects;</li> <li>3. cardiac revascularization;</li> <li>4. repair/reconstruction of intrathoracic vessels; and</li> <li>5. treatment of cardiac traumas.</li> </ol> <p>In addition, open heart programs must have the ability to implement and apply circulatory assist devices such as intra-aortic balloon and prolonged cardiopulmonary partial bypass.</p>	South Carolina Health Plan
Open Heart Surgery Unit	An operating room or suite of rooms equipped and staffed to perform open heart surgery procedures; such designation does not preclude its use for other related surgeries, such as vascular surgical procedures. A hospital with an open heart surgery program may have one or more open heart surgery units.	South Carolina Health Plan

Opioid Treatment Program	Provide medications for the rehabilitation of persons dependent on opium, morphine, heroin or any derivative or synthetic drug of that group. Opioid maintenance therapy (OMT) is an umbrella term that encompasses a variety of pharmacologic and nonpharmacologic treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone, suboxone and buprenorphine to psychopharmacologically occupy opiate receptors in the brain, extinguish drug craving and thus establish a maintenance state. <i>A Certificate of Need is required for an Opioid Treatment Program.</i>	South Carolina Health Plan
Outpatient Facility	Provide treatment/care/services to individuals dependent upon or addicted to psychoactive substances and their families based on an individual treatment plan in a nonresidential setting. <i>A Certificate of Need is not required for outpatient facilities.</i>	South Carolina Health Plan
Pediatric Home Health Agency	Due to the limited number of home health providers available to treat children 18 years or younger, an exception to the home health criteria may be made for a Certificate of Need for a Home Health Agency restricted to providing intermittent home health skilled nursing services to patients 18 years or younger. The license for the agency will be restricted to serving children 18 years or younger and will ensure access to necessary and appropriate intermittent home health skilled nursing services to these patients. Any such agencies are not counted in the county inventories for need projection purposes.	South Carolina Health Plan
Percutaneous Coronary Intervention (PCI)	A therapeutic procedure to relieve coronary narrowing, such as Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Stent Implantation. These procedures may be performed on an emergent or elective basis. "Emergent or Primary" means that a patient needs immediate PCI because, in the treating physician's best clinical judgment, delay would result in undue harm or risk to the patient. An "Elective" PCI is scheduled in advance and performed on a patient with cardiac function that has been stable in the days prior to the procedure. A therapeutic catheterization procedure used to	South Carolina Health Plan

	<p>revascularize occluded or partially occluded coronary arteries. A catheter with a balloon or a stent is inserted into the blood vessel and guided to the site of the constriction in the vessel. These procedures may be performed on an emergent or elective basis.</p>	
Person	<p>An individual, a trust or estate, a partnership, a corporation including an association, joint stock company, insurance company, and a health maintenance organization, a health care facility, a state, a political subdivision, or an instrumentality including a municipal corporation of a state, or any legal entity recognized by the State.</p>	<p><a href="#">S.C. Code Ann. Section 44-7-130(15)</a></p>
Proton Beam Therapy Unit	<p>This modality is a type of external beam radiation therapy that uses protons rather than x-rays to treat cancer. A proton is a positively charged particle. A synchrotron or cyclotron speeds up protons to create high energy. This energy makes the protons travel to the desired depth in the body where the protons give the targeted radiation dose in the tumor.</p>	<p>South Carolina Health Plan</p>
Regional Perinatal Center with Neonatal Intensive Care Unit (RPC)	<p>In addition to the requirements of Regulation 61-16, Sections 1306.A through 1306.C, RPCs provide consultative, outreach, and support services to other hospitals in the region. A full list of the requirements for a Regional Perinatal Center can be found at Regulation 61-16, Section 1306.D. No more than one Regional Perinatal Center will be approved in each perinatal region. <i>The establishment of a Regional Perinatal Center requires Certificate of Need review.</i></p>	<p>South Carolina Health Plan</p>
Residential Treatment Facility for Children and Adolescents	<p>Operated for the assessment, diagnosis, treatment, and care of children and adolescents in need of mental health treatment. This means a child or adolescent up to age 21 who manifests a substantial disorder of cognitive or emotional process, which lessens or impairs to a marked degree that child's capacity either to develop or to exercise age-appropriate or age-adequate behavior. The behavior includes, but is not limited to, marked disorders of mood or thought processes, severe difficulties with self-control and judgment, including behavior dangerous to self or others, and serious disturbances in the ability to care for and relate to others. These facilities provide</p>	<p>South Carolina Health Plan</p>



	medium to long-term care (6 months or longer). Treatment modalities are both medical and behavioral in nature.	
Residential Treatment Program Facility	24-hour facilities offering an organized service in a residential setting, which is designed to improve the client's ability to structure and organize the tasks of daily living and recovery through planned clinical activities, counseling, and clinical monitoring in order to promote successful involvement or re-involvement in regular, productive, daily activity, and, as indicated, successful reintegration into family living. <i>A Certificate of Need is not required for a Residential Treatment Program.</i>	South Carolina Health Plan
Social Detoxification Facility	Facilities which provide supervised withdrawal from alcohol or other drugs in which neither the client's level of intoxication nor physical condition is severe enough to warrant direct medical supervision or the use of medications to assist in withdrawal, but which maintains medical backup and provides a structured program of counseling, if appropriate, educational services, and referral for further rehabilitation. <i>A Certificate of Need is not required for these facilities.</i>	South Carolina Health Plan
Specialty Perinatal Center with Special Care Nursery (Level II)	In addition to the requirements of Regulation 61-16, Section 1306.A, Level II hospitals provide services for both normal and selected high-risk obstetrical and neonatal patients. A full list of the requirements for a Level II Specialty Perinatal Center can be found at Regulation 61-16, Section 1306.B. <i>Certificate of Need review is not required to establish a Level II program.</i>	South Carolina Health Plan
Stereotactic Body Radiation Therapy (SBRT)	A precision radiation therapy delivery concept derived from cranial stereotactic radiosurgery. <b>It is an external beam radiation therapy method used to very precisely deliver a high dose of radiation to an extracranial target within the body, using either a single dose or a small number of fractions.</b> SBRT has become an established treatment technique for lung, liver, and spinal lesions.	South Carolina Health Plan
Stereotactic Radiation Therapy (SRT)	An approach similar to Stereotactic Radiosurgery that delivers radiation to the target tissue. However, the total dose of radiation is divided into several smaller doses	South Carolina Health Plan

given over several days, rather than a single large dose. It can be used to treat both brain and extracranial tumors.

Stereotactic Radiosurgery (SRS)	A non-surgical radiation therapy used to treat functional abnormalities and small tumors of the brain. It can deliver precisely-targeted radiation in fewer high-dose treatments than traditional therapy, which can help preserve healthy tissue. It is also known as Stereotaxic Radiosurgery or Radiation Surgery.	South Carolina Health Plan
Subspecialty Perinatal Center with Neonatal Intensive Care Unit (Level III)	In addition to the requirements of Regulation 61-16, Sections 1306.A and 1306.B, Level III hospitals provide all aspects of perinatal care, including intensive care and a range of continuously available, sub-specialty consultation as recommended in the most recent edition of the <i>Guidelines for Perinatal Care</i> (GPC) by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists. A full list of the requirements for a Level III Subspecialty Perinatal Center with Neonatal Intensive Care Unit can be found at Regulation 61-16, Section 1306.C. <i>Certificate of Need Review is required to establish a Level III program.</i>	South Carolina Health Plan
Swing-Bed	<a href="#">The Social Security Act (Section 1883(a)(1), [42 U.S.C. 1395tt])</a> permits certain small, rural hospitals to enter into a "Swing Bed" agreement, under which the hospital can use its beds to provide either acute or skilled nursing care, as needed. The hospital must be located in a rural area and have fewer than 100 beds. <i>A Certificate of Need is not required to participate in the Swing Bed Program.</i>	South Carolina Health Plan
Therapeutic Catheterization	A PCI or cardiac catheterization during which, in addition to any diagnostic catheterization procedure, any or all of the following interventional procedures are performed: PTCA; Thrombolytic Agent Infusion; Directional Coronary Atherectomy; Rotational Atherectomy; Extraction Atherectomy; Coronary Stent Implants and Cardiac Valvuloplasty.	South Carolina Health Plan
Therapeutic Catheterization Laboratory	A room in which therapeutic catheterizations are performed in addition to any diagnostic catheterizations as referenced in the above definition of "Therapeutic Catheterization".	South Carolina Health Plan

Three-Dimensional  
Conformal Radiation  
Therapy (3D-CRT)

Uses the results of imaging tests such as MRI and special computers to map the location of the tumor precisely to deliver radiation beams from different directions designed to match the shape of the tumor. This helps to reduce radiation damage to normal tissues and better kill the cancer by focusing the radiation dose on the tumor.

South  
Carolina  
Health Plan

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**  
**MANUAL OF POLICIES ADOPTED BY THE BOARD**

**Office of Internal Audits Policy**

I. Authority and Responsibility

The Board of Health and Environmental Control provides and supports an internal audit office as an independent appraisal function to examine and evaluate agency activities as a service to management and the DHEC Board. The Office of Internal Audits (OIA) reports administratively to the General Counsel and functionally to the Board of Health and Environmental Control (Board). The Board Chairman shall designate two Board members to receive audit information. In carrying out their responsibilities, OIA staff will have full, free and unrestricted access to all agency activities, records, property and personnel. OIA staff should also be provided necessary access to records of agency contractors, grantees, and subrecipients.

OIA is a staff function and as such does not have responsibility or authority over activities audited; therefore, any review or recommendation by OIA will not in any way relieve the supervisor of the assigned responsibilities inherent with his or her position.

“Agency Management” as referenced in the Policy refers to the Agency Director, General Counsel, and Compliance Officer.

II. Objective and Scope

The primary objective of internal auditing is to assist management and the Board in the effective discharge of their responsibilities. To this end, OIA will furnish analyses, appraisals, recommendations, counsel, and pertinent information concerning activities reviewed.

The attainment of this objective includes, but is not limited to, activities such as:

1. The review of Deputy Areas, Bureaus, Divisions, Regions, and other organizational units within the agency, and/or agency contractors, grantees, and subrecipients at appropriate intervals to determine whether they are efficiently and

effectively carrying out their functions in a manner that is consistent with both agency objectives and high standards of administrative practice.

2. Determination of the adequacy and effectiveness of the agency's systems of internal accounting operating controls.
3. Review of the reliability and integrity of financial information and the means used to identify, measure, classify and report such information.
4. Review of established systems to ensure compliance with those policies, plans, procedures, laws, and regulations, which could have a significant impact on operations and reports. OIA may suggest policy when necessary.
5. Review of the means of safeguarding assets and, as appropriate, verification of the existence of such assets.
6. Appraisals of the economy and efficiency with which resources are employed, identifying opportunities to improve operation performance, and recommending solutions to problems where appropriate.
7. Coordination of audit efforts with those of the State Auditor's Office and other external auditors and reporting the progress being made to resolve audit exceptions.
8. Participation in the planning, design, development, implementation, and operation of computer-based systems to the extent necessary to determine whether: a) adequate controls are incorporated in the systems, b) thorough system-testing is performed at appropriate stages, c) system documentation is complete and accurate, and d) the needs of user organizations are met.

### III. Audit Reporting and Implementation of Recommendations

OIA will prepare draft reports as a result of internal audit activity. The draft report will be issued to the director of the audited unit with a copy sent to the unit's respective Executive Leadership Team (ELT) member. OIA will discuss the results of formal examinations, reviews and recommendations with the director of the audited unit and the unit's management in advance of formal release of the report. The purpose of these discussions is to obtain agreement on the facts and to ensure the accuracy of the audit report.

If internal audit activity identifies potential fraudulent and/or illegal activities, the OIA Director and General Counsel will immediately notify the Agency Director. Management of the audited unit may be included in these discussions at the Agency Director's discretion. OIA will consult with DHEC's Office of General Counsel and with the Office of Human Resources in cases of potential misconduct by agency staff on all potential fraudulent and/or illegal activities before issuing the draft report for comment. Suspected fraud or illegal activities will also be reported to the State Office of Inspector General and appropriate law enforcement. OIA will consult with the Agency Director and General Counsel before issuing the draft report for comment.

The unit director must provide a written response to OIA within twenty (20) working days after the draft report is issued, stating his/her degree of concurrence with the findings and recommendations in the report. If the unit director does not concur with the audit findings and recommendations, the response must set forth clearly his/her position, including an alternative approach to satisfactorily address any problems reported. The response must be written in the following format: (1) the recommendation the unit director is responding to; (2) the response to that recommendation including the degree of concurrence; (3) in cases of nonconcurrence, the unit director's alternative solution to dispose of the problem satisfactorily; (4) the planned corrective action to address the finding; (5) the expected implementation date of the corrective action; and (6) the job title of the person responsible for implementation.

If the audited unit needs more than twenty (20) working days to respond to the report, the unit director must request an extension in writing to the OIA Director explaining the justification for the extension and the date the response will be submitted to OIA. A request for extension must be submitted in time to allow the OIA Director to respond to the request before the original deadline.

Management is not required to adopt recommendations in a draft report but is responsible for correcting unsatisfactory conditions. The unit director will be free to accept recommendations, to accept recommendations with modifications, or to reject recommendations made by OIA. Management is expected to adequately resolve any problems brought to its attention by OIA in an efficient manner that incorporates the use of good internal controls. Management is expected to elevate issues to the Agency Director and appropriate ELT member as appropriate. The OIA Director may also elevate issues to the Agency Director and the ELT after consulting with unit directors.

Final audit reports will be addressed to the General Counsel with copies to the Board, Agency Director, Compliance Officer and appropriate staff. OIA will send a summary of each report to all areas that would benefit from or be impacted by the findings and recommendations.

Management is responsible for ensuring corrective action on reported deficient conditions is taken within thirty (30) working days from issuance of the final audit report. Extensions may be granted for recommendation implementation if management and the OIA Director agree the identified problems are too complex to resolve within thirty (30) working days.

The OIA Director will report the status of audit activity, including recommendations, at least semi-annually to the ELT.

The unit director must obtain approval from the Agency Director or appropriate ELT member prior to implementing a specific recommendation that would require the transfer of a department employee from one division to another or a significant organizational change. Any organizational change which has cross agency or deputy implications shall be discussed with the Agency Director in conjunction with the appropriate ELT member before the change is implemented.

After the established time period for the unit director to take corrective action on previously reported conditions, OIA will review management's actions for satisfactory disposition of audit findings. If any findings have not been resolved after the designated time period, management will be responsible for notifying OIA when the findings have been resolved. OIA considers a recommendation closed when a corrective action that resolves the finding presented in the audit report is implemented and when documentation to support the closed recommendation is provided to OIA. A unit director shall prepare an explanation to Agency Management, the designated Board members, the appropriate ELT member for that unit, and the OIA Director for any recommendation not closed within one year, and then quarterly thereafter until the recommendation is closed.

#### IV. Communication with Agency Management and Designated Board Members

The OIA Director will present internal audit reports at least twice a year to Agency Management and the Board members designated by the Board Chairman to receive

staff briefings on internal audit activity. This presentation will include status updates on ongoing internal audit activities, planned internal audits, and open audit recommendations and findings.

In accordance with the Statements on Internal Auditing Standards issued by the Institute of Internal Auditors, OIA will have the following communication with Agency Management and the designated Board members:

- The OIA Director or his/her designee will regularly attend and participate in meetings related to oversight responsibilities for auditing, financial reporting, organizational governance and control.
- The OIA Director will recommend changes whenever the purpose, authority, and responsibility, as defined in this policy statement, are not adequate to enable OIA to accomplish its objectives.
- The annual audit plan will be approved by the Agency Director and presented to the ELT and the designated Board members. The annual audit plan will be designed to expend effort in proportion to the risk and legal obligations involved and will include a risk assessment value and estimate of the time required for each audit.
- The OIA Director will communicate an audit scope limitation along with its potential effect.
- The OIA Director will communicate open internal audit recommendations and the status of the corrective actions.
- External auditors may be required by their professional standards to ensure that certain matters are communicated to Agency Management and the designated Board members. The OIA Director will communicate with the external auditor regarding these matters to obtain an understanding of the issues.

V. Quality Assurance and Improvement Program

OIA will maintain a Quality Assurance and Improvement Program (Program) that covers all aspects of its audit activities. The Program will include an evaluation of OIA's conformance with Generally Accepted Government Accounting Standards



(GAGAS) and an evaluation of whether internal auditors apply the Institute of Internal Auditors Code of Ethics and *Standards*. The Program will also assess the efficiency and effectiveness of OIA and identify opportunities for improvement. OIA will comply with requirements of its OIA Policies and Procedures Manual in all activities.

The OIA Director will communicate with Agency Management and the designated Board members on OIA's Quality Assurance and Improvement Program, including results of internal assessments (both ongoing and periodic) and external assessments conducted at least once every three years by a qualified, independent assessor or assessment team from outside DHEC.