



**DISABILITY  
RIGHTS  
SOUTH CAROLINA**

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**MONITORING OF COVID-19  
POLICIES AND PROCEDURES IN  
SOUTH CAROLINA RESIDENTIAL  
FACILITIES**

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## Executive Summary

### Executive Summary

The onset of the COVID-19 pandemic in the United States has presented unique challenges for individuals with disabilities residing in congregate settings and their providers.<sup>1</sup> South Carolina has not been spared from the need for providers to face these challenges and craft innovative solutions to complex issues. With the first COVID-19 case reported in South Carolina on March 6, 2020, numbers amongst both the general population and those in congregate care settings have only increased.<sup>2</sup> As of the date of publication, South Carolina has seen 464,169 confirmed positive cases of COVID-19 and 8,053 COVID-19 confirmed deaths.<sup>3</sup> Of these cases, the Department of Health and Environmental Control (DHEC) reports 12,179 cases and 1,907 COVID-19 related deaths effected individuals residing in long-term care facilities<sup>4</sup>.

To ensure the safety and welfare of individuals with disabilities residing in congregate settings during this unprecedented time, Disability Rights South Carolina (DRSC)<sup>5</sup> conducted monitoring surveys of various types of providers throughout the

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<sup>1</sup> National news reports have consistently reported about the challenges faced by nursing homes, see <https://apnews.com/7f79f4e427cf45523d6270f01e5f33ea>, but have also acknowledged the challenges facing providers in other types of settings where individuals with disabilities reside, see <https://abcnews.go.com/Health/wireStory/homes-disabled-hit-hard-covid-faced-past-violations-71189019>. See also <https://www.islandpacket.com/news/health-care/article243011506.html> (reporting on the impact of COVID-19 on nursing homes in South Carolina).

<sup>2</sup> DDSN reported its first positive COVID-19 cases amongst staff and residents in a community setting on April 7, 2020. <https://ddsn.sc.gov/sites/default/files/Documents/Provider/Emergency%20Management/April%207%20Situational%20Report.pdf>. DHEC began reporting cases by facility, including the first reported cases of COVID-19 in nursing homes and CRCFs, on April 21, 2020. DHEC reported the first positive case in a PRTF in May 2020. <https://scdhec.gov/covid19/nursing-homes-extended-care-facilities-impacted-covid-19>

<sup>3</sup> Additionally, these overall cases and deaths also include many individuals with pre-existing health conditions, including 31.1% of all cases and deaths affecting individuals with cardiovascular disease, 26.7% affecting individuals with diabetes mellitus, and 17.5% affecting individuals with asthma. Notably, while only 7.0% of all cases and deaths affect individuals with neurologic, neurodevelopmental, or intellectual disability, 23.8% of all COVID-19 related deaths in the state of South Carolina have affected individuals these disabilities, many of whom reside in congregate settings. This data is also regularly updated and is available on DHEC's County-Level Dashboard by selecting "Deaths" and then "Comorbidity details". [https://scdhec.gov/sites/default/files/media/document/Comorbidities\\_3\\_15\\_21.pdf](https://scdhec.gov/sites/default/files/media/document/Comorbidities_3_15_21.pdf).

<sup>4</sup> DHEC includes nursing homes, CRCFs, ICF/IIDs, and PRTFs in its reporting of positive cases and COVID-19 related deaths in long-term care facilities.

<sup>5</sup> Formerly Protection and Advocacy for People with Disabilities, Inc. (P&A). Disability Rights South Carolina (DRSC) is the federal and state mandated protection and advocacy system for South Carolina. DRSC was established in 1977 by state law to protect the rights of people with disabilities. S.C. Code Ann. § 43-33-310 et seq. Each year DRSC serves thousands of South Carolinians with disabilities who have been abused, neglected or denied access to

## Executive Summary

state. From the earliest stages of the pandemic, DRSC began conducting surveys and continued monitoring various facilities, including Community Residential Care Facilities (CRCFs), DDSN Residential Habilitation Providers<sup>6</sup>, Intermediate Care Facilities for the Intellectually Disabled (ICF-IID, also called Regional Centers), and Psychiatric Residential Treatment Facilities (PRTFs). These surveys were conducted by DRSC staff, with some surveys being conducted in partnership with the South Carolina Long Term Care Ombudsman's Office, between April 3, 2020 and July 27, 2020. In total, the information about COVID-19 policies and procedures gathered through these surveys affect approximately 3,000 individuals with disabilities in South Carolina.

During the survey process, providers discussed various concerns. The focus of these concerns have often changed throughout the pandemic and have brought to light several unique issues facing these facilities. For example, many providers had difficulty accessing necessary PPE during the early days of the pandemic and worried about having an additional supply available if a positive case arose. Also, many smaller facilities reported a reliance on hospitals as a means of quarantining positive patients, due to a lack of available space for isolation in the facility. Moreover, providers have more recently indicated their primary concerns focus on the vaccine, including concerns about staff's willingness to take the vaccine and/or receiving timely and accurate information about appointments for staff and residents. These concerns and challenges will continue to morph and change as the pandemic's effect

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services. DRSC has broad authority under state and federal law to advocate for the rights of individuals with disabilities in this state, monitor facilities where people with disabilities reside, and investigate allegations of abuse and neglect. See the Protection and Advocacy for Individuals with Developmental Disabilities Act (PAIDD), 42 U.S.C. § 15043 et seq., the Protection and Advocacy for Individuals with Mental Illness Act ("PAIMI"), 42 U.S.C. § 10801 et seq. and S.C. Code Ann. § 43-33-310 et seq.

<sup>6</sup> "DDSN" refers to the Department of Disabilities and Special Needs. For more information about these settings, see section below entitled: DDSN Residential Habilitation Providers: Summary.

## Executive Summary

on South Carolina continues.

Lastly, DRSC has also noted issues with reporting of COVID-19 cases and deaths, namely inaccurate reporting and the lack of public access to detailed reports of cases and deaths in certain facilities. DRSC emphasizes that accurate, public reporting by state agencies of COVID-19 cases in facilities, COVID-19 deaths in facilities, and other information related to COVID-19 remains of prime importance to remaining informed about the pandemic's effect on individuals with disabilities in South Carolina.

## Community Residential Care Facilities (CRCFs)

### Community Residential Care Facilities (CRCFs): *Summary*

Community Residential Care Facilities (CRCFs) are facilities that offer room and board and personal care for two or more unrelated adults. These facilities are also referred to as assisted living facilities. DHEC oversees the initial licensing of CRCFs and annual licensing reviews. Private providers generally operate CRCFs, though the Department of Mental Health (DMH) and DDSN Residential Habilitation providers operate some CRCFs. In addition to DHEC oversight, DRSC itself regularly conducts unannounced inspections of CRCFs through the Team Advocacy Program.<sup>7</sup>

On April 21, 2020, DHEC began reporting the number of COVID-19 cases and related deaths amongst both staff and residents by CRCFs and other long-term care facilities.<sup>8</sup> DHEC has also issued various guidance documents directly to CRCFs throughout the pandemic, particularly addressing policies regarding visitation.<sup>9</sup> DRSC conducted its surveys of CRCFs from April 3, 2020 to May 21, 2020. These early surveys showed these CRCFs quickly attempting to develop policies to comply with relevant CDC guidance on COVID-19, including early implementation of screening measures, such as staff and resident temperature checks.

Of the CRCFs surveyed by DRSC, only six facilities (ranging from eight to sixty beds) had reported to DHEC positive cases or COVID-19 related deaths amongst staff and/or residents since the beginning of the pandemic. These reported cases range from compiling 10-56% of the facility's licensed beds. Of these facilities, one CRCF reported cases early in the pandemic while three additional CRCFs reported cases

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<sup>7</sup> See <https://www.disabilityrightssc.org/what-we-do/monitoring-investigations/crcf-inspections/> for more information.

<sup>8</sup> DHEC continues to report this data biweekly at <https://scdhec.gov/covid19/nursing-homes-extended-care-facilities-impacted-covid-19>.

<sup>9</sup> See <https://scdhec.gov/covid19/guidance-healthcare-professionals-covid-19/nursing-homes-covid-19> for more information.

## Community Residential Care Facilities (CRCFs)

during the surge in the summer of 2020. The responses given by these CRCFs as compared to other CRCFs do not seem to indicate a qualitative difference in each individual facility's response, but rather the inherent danger of COVID-19 entering and spreading within a congregate care facility. However, DRSC noted at least two facilities that reported a positive case to DRSC which have not been included in DHEC's report of long-term care facilities.<sup>10</sup> Lastly, DRSC included almost all CRCFs initially surveyed in a brief follow-up survey conducted in January 2021. Two CRCFs responded and reported generally more detailed COVID-19 policies. One CRCF reported residents at their facility received their first vaccine dose, with the second one scheduled in upcoming weeks.

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<sup>10</sup> One report involved a temporary agency staff and the other report involved a regular staff member.

## Community Residential Care Facilities (CRCFs)

### Community Residential Care Facilities (CRCFs): *Survey Results*

As of the publication date, **23** Community Residential Care Facilities (CRCFs), , have responded to DRSC's COVID-19 Monitoring Survey. Below is a list of providers that have responded.

Joy Community Care Home	Gregory's Community Care Home #6
Cantrell RCF	Howell House
Wrights Residential Care 1	Gregory's Community Care Home #7
Wrights Residential Care 2A & B	Craven House
Carriage House of Florence	Gregory's Community Care Home #8
Carriage House Senior Living of Sumter	Metzs House
Camp Community Residence	Turning Point CRCF
Cabading Home #1 <sup>11</sup>	Ivory's Loving Care Residential Facility I
Cabading Home #2	Ivory's Loving Care Residential Facility II
Cabading Home #3	Acline Place
Farmington Community Residence	Black's Drive Community
Mckinney House	JJ Residential
Gregory's Community Care Home #5	PADD -Wren Home
Malone House	

As of the publication date, DRSC has directly contacted **33** CRCFs that are operated by or have memorandums with DMH and **9** DDSN operated CRCFs.

As of the publication date, **4** CRCFs have completed the survey as a result of the Long Term Care Ombudsman.

#### ***Types of Settings***

As of the publication date, providers operating the following types of settings have responded (with an approximate number of **beds** indicated in parenthesis):

CRCFs Operated by DDSN (32)  
CRCFs Operated by or Have Memoranda with DMH (177)  
Standard CRCFs (171)

#### ***Counties***

As of the publication date, providers with residences in **10** of 46 counties have responded. These counties include:

Barnwell	Darlington	Greenville	Orangeburg	Spartanburg
Charleston	Florence	Greenwood	Richland	Sumter

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<sup>11</sup> Responded by indicating the residences are "okay" in all areas



## Community Residential Care Facilities (CRCFs)

### **SURVEY RESULTS**

#### ***Environment and Supplies***

19 CRCF(s) reported having adequate cleaning/disinfecting supplies.

[1 did not respond].

18 CRCF(s) reported having a protocol for cleaning or following CDC guidance. [2 did not respond].

18 CRCF(s) reported having adequate PPE. [1 did not respond].

2 CRCF(s) reported NOT having adequate PPE

- 1 of these CRCF(s) reported an active shortage of gowns.
- 1 of these CRCF(s) reported that some supplies are on back order
- 1 of these CRCF(s) reported that it is concerned about its future supply of face masks.

0 CRCF(s) reported having issues pre-ordering medications or other supplies

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*"Cleaning products should be used throughout the day with deep cleaning every 3<sup>rd</sup> shift."*

**- Acline Place**

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*"Orangeburg Preparedness gives us supplies every week."*

**- JJ Residential**

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*"At WRCF we have cleaning and disinfecting supplies. We have gloves and may be needing more face masks for staff and patients."*

**- Wright's RCF 1 & 2A-B**

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*"We have enough supplies for the month. We usually receive orders on the last week of the month. We do not have gowns at this time."*

**- Carriage House – Florence**

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*"All staff have been asked to obtain cloth masks to assist with protecting themselves and residents."* - **Gregory's Community Care 5-8**

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*"We have a routine 2-week supply of medications and other equipment that has not been affected. Everything is in before the weekend."*

**- Farmington CRCF**

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*"We have an abundance of gloves, gowns, and masks to last for at least a couple of months."*

**- Ivory's Loving Care I & II**

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## Community Residential Care Facilities (CRCFs)

### Staff

16 CRCF(s) reported screening staff for COVID-19. [1 did not respond].

- 11 CRCF(s) noted this screening includes actively taking staff members' temperatures prior to each shift.
- 2 CRCF(s) noted that staff will be referred for screening if symptoms arise.

2 CRCF(s) reported a staff member testing POSTIVE for COVID-19.

19 CRCF(s) reported having a protocol requiring staff members to go home, stay out of work, and/or seek medical attention upon showing symptoms of COVID-19.<sup>12</sup> [1 did not respond].

2 CRCF(s) reported having a staff member(s) temporarily or permanently stop working due to being at risk of contracting COVID-19. [1 did not respond].

19 CRCF(s) reported having adequate staff levels. [1 did not respond].

17 CRCF(s) reported having back up staff available.<sup>13</sup> [1 did not respond].

19 CRCF(s) reported having contingency plans if a staff member tests positive. [1 did not respond].

19 CRCF(s) reported providing training to staff on COVID-19. [1 did not respond].

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*"[Staff] are sent home and tested with a negative result before they can return."* -  
**Carriage House: Florence**

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*"If a staff member shows symptoms, [we] will take temperature and send to the ER."*  
- **Carriage House Senior Living of Sumter**

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*"[Staff] would not be allowed to come in, should get tested at the hospital."*  
- **Farmington CRCF**

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*"Three staff have been on self-quarantine due to being in a high risk group. 2 staff have returned and 1 staff will be returning in the future."*  
- **McKinney House**

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*"Yes, we are providing training. The training consists of: no group activities, aiding the residents to practice social distancing, and how to wear a face mask the proper way. No visitors allowed into the facility."*  
- **Wright's RCF 1 & 2A-B**

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*"We are not screening or testing staff, we are a small facility."*  
- **JJ Residential**

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*"One temp agency staff member tested positive. The staff member has been self-quarantined... and [will be] out until he is symptom free and cleared by a doctor."*  
- **Gregory's Community Care**

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<sup>12</sup> Carriage House Senior Living of Sumter noted that staff that test positive are either laid off or put on quarantine.

<sup>13</sup> Gregory's Community Care 5-8 is relying on a staffing agency in the event of back-up staff being required.

## Community Residential Care Facilities (CRCFs)

### **Residents**

19 CRCF(s) reported educating residents about COVID-19. [1 did not respond].

16 CRCF(s) reported screening residents for COVID-19. [1 did not respond].

- 6 CRCF(s) noted that this includes taking resident temperatures daily.
- 2 CRCF(s) noted that screening is only during certain medical appointments.

0 CRCF(s) reported residents testing POSITIVE for COVID-19.

18 CRCF(s) reported having a protocol requiring isolation or quarantine measures for residents showing symptoms of COVID-19. [1 did not respond].

12 CRCF(s) reported identifying separate isolation or quarantine rooms. [1 did not respond].

- 3 CRCF(s) noted that they would isolate residents in their bedrooms.
- 3 CRCF(s) noted that they would isolate residents to a different bedroom or a vacant room.

8 CRCF(s) reported a protocol of requiring residents to be sent to the ER upon a showing of symptoms.

- 6 CRCF(s) noted this protocol is due to a lack of isolation space.

19 CRCF(s) reported residents having access to a phone or computer to maintain contact with family/friends. [1 did not respond].

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*"Yes, consumers are screened for symptoms of illness at least daily. If complaints of illness develop throughout the day, they are screened more frequently and increased distancing measures are implemented." – **Black's Drive***

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*"We do not have an extra room for isolation at this time; therefore, we will call 911 to have the resident sent to hospital. Resident will not be allowed to return to our facility until the virus has gone."  
– **Ivory's Loving Care I and II***

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*"First, [residents] will be sent to the hospital. The facility has private rooms in case of need to quarantine." – **Carriage House Senior Living of Sumter***

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*"If a resident tests positive, they will be put in a room by themselves... they will be assigned one bathroom to use."  
– **Gregory's Community Care 5-8***

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*"Residents have access to the phone." – **Farmington CRCF***

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*"[We have been] going room to room and doing an education about CDC guidelines." **Carriage House: Florence***

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*"We will follow the doctor's direction; however, we do not have the resources to keep them isolated or in quarantine at the facility."  
– **JJ Residential***

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## Community Residential Care Facilities (CRCFs)

**At this time, is there anything you need that would help you better service your residents?** [14 said no or did not respond]

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*"We are serving our residents to the best of our ability."*

**- Cantrell's Residential Care Facility**

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*"More staff."*

**- Farmington CRCF**

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*"I feel that our consumers are doing well overall with all measures being implements. I do feel like easy to access safe exercise equipment/areas would be beneficial during this time since consumers are not able to get out for exercise as they typically would."*

**- Black's Drive**

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*"We are doing all we can to ensure safety."*

**- Ivory's Loving Care I and II**

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### DDSN Residential Habilitation Providers: *Summary*

DRSC also conducted surveys with DDSN Residential Habilitation Providers. The Department of Disabilities and Special Needs (DDSN) oversees the provision of residential habilitation services for individuals with intellectual or related disabilities throughout the state of South Carolina. Some of these providers are county boards of disabilities and special needs (DSN boards) and others are private providers. These providers serve individuals in a number of different types of settings<sup>14</sup>, including:

- SLP-I: A model for people who need only occasional support with daily activities, generally offered in an apartment setting. An individual has access to staff twenty-four hours a day.
- SLP-II: A model for people who need intermittent supervision and support with daily activities, generally offered in an apartment setting. An individual has access to staff who will respond with fifteen minutes twenty-four hours a day.
- CTH-I: A model where a person receives personalized care, supervision, and individual training in accordance with a service plan. A maximum of two people live in a support provider's home.
- CTH-II: A model where a person has the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff, receiving care, skills training, and supervision in accordance with a service plan. A maximum of four people live in each residence.
- Community ICF/IID<sup>15</sup>: A facility that provides twenty-four hour care, supervision, training, recreation, and other services for individuals needing maximum support for their high levels of need. These facilities range from eight to fifteen people living in the residence.

Throughout the pandemic, DDSN has provided overall updates on COVID-19 cases and deaths amongst staff and residents in residential habilitation placements publically through its

"[Our greatest challenge has been] maintaining staff with the number of staff that have been quarantined due to exposure or testing positive. [Our greatest challenge for the future] the reluctance of people to take the vaccine and adhere to safety precautions."

<sup>14</sup> Adapted from DDSN's Residential Habilitation Standards, available at [https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Standards/Residential%20Habilitation%20Standards%20-%20Revised%20\(061820\).pdf](https://ddsn.sc.gov/sites/default/files/Documents/Quality%20Management/Current%20Standards/Residential%20Habilitation%20Standards%20-%20Revised%20(061820).pdf) and <https://ddsn.sc.gov/services/overview-ddsn-services>. Some DD Residential Habilitation Providers also operate CRCFs.

<sup>15</sup> In addition to oversight by the DDSN, DHEC also oversees the licensing and review of Community ICF/IIDs. Therefore, DHEC has included Community ICF/IIDs in its report on positive cases and COVID-19 related deaths in long-term care facilities.

## DDSN Residential Habilitation Providers

"[Our greatest challenge has been] helping our clients understand why they are not able to do things in the community, come to their jobs, or socialize with other outside of their home. Other than attending the work program when open and going on medical appointments, our clients have not been out in the community since March 17, 2020.

website and through reports to its seven-member Commission, but has not delineated this data by provider or by placement. DDSN has also provided resources and guidance to DDSN residential habilitation providers on a variety of topics, including reporting.<sup>16</sup>

DDSN reported its first case of COVID-19 in a residential habilitation setting on April 7, 2020.<sup>17</sup> By April 20, 2020, DDSN reported 12 individuals and 32 staff in these settings tested positive for COVID-19.<sup>18</sup> These numbers steadily increased as cases increased in the community, and on July 23, 2020, DDSN noted that cases amongst residents in the community increased 203% over a three-week period.<sup>19</sup> On August 20, 2020, DDSN reported to its commission 293 individual cases of COVID-19 and 12 COVID-19 related deaths in community placements since the

"The greatest challenge even for a short period of time, is trying to shift staff to cover in residences of infected houses, with staff that have never tested positive. But to date, we have covered all our shifts to this point. The greatest [future] challenge for us as an agency is getting our residents and staff vaccinated.... Vaccination of [staff, residents, or both] would be a huge step in the right direction for us."

<sup>16</sup> <https://ddsn.sc.gov/providers/emergency-management>. DDSN has required providers to report cases of COVID-19 as "critical incidents".

<https://ddsn.sc.gov/sites/default/files/Documents/Provider/Emergency%20Management/June%2012%20Situational%20Report%2024.pdf>

<sup>17</sup> <https://ddsn.sc.gov/sites/default/files/Documents/Provider/Emergency%20Management/April%207%20Situational%20Report.pdf>.

<sup>18</sup> <https://ddsn.sc.gov/sites/default/files/Documents/Provider/Emergency%20Management/April%2020%20Situational%20Report%2015.pdf>

<sup>19</sup> The three week period was from 6/30/20 to 7/21/20.

<https://ddsn.sc.gov/sites/default/files/Documents/Provider/Emergency%20Management/July%2023%20Situational%20Report%20Number%2029-1.pdf>

## DDSN Residential Habilitation Providers

beginning of the pandemic. Additionally, DDSN reported 448 staff cases of COVID-19 and 8 COVID-19 related deaths.<sup>20</sup>

DRSC conducted its survey of DDSN Residential Habilitation Providers from April 8, 2020 to June 6, 2020. Due to the lack of data delineated by provider or facility, it is difficult to analyze how different practices affected individual outcomes, except in the cases of providers that operate Comm.

ICF/IIDs, as providers report cases and deaths in these facilities to DHEC.

Of the DDSN Residential Habilitation Providers surveyed by DRSC that operate

"[Our greatest challenge has been dealing with changes in] in the way healthcare services (routine and emergent) are provided due to the COVID pandemic. These changes have posed a tremendous burden on an already strained system. Because of this strain, service recipients have been denied care or provided less care than in previous years from outside medical providers."

"[Our greatest challenge has been] the toll it is taking on our clients who are staying at home. They are ready to resume life. We did have our workshop opened and had a small number of clients that were coming in to do contract work. That has now been suspended due to the spike in numbers of positive COVID. It is also taking a huge financial impact on us as long as our workshop remains closed. [Our greatest challenge for the future is] the mental exhaustion that it is taking on all of us."

Comm. ICFs, five facilities with eight beds each had reported to DHEC positive cases or COVID-19 related deaths amongst staff and/or residents since the beginning of the pandemic. Of these providers, four reported cases during the surge of summer 2020, and one reported cases more recently. The providers reported anywhere from one to

seven cases of COVID-19 amongst their residents, with one provider reporting one death. Most of these providers noted (in April and May) that they planned on

<sup>20</sup>[https://ddsn.sc.gov/sites/default/files/Documents/About%20Us/Meeting%20Minutes/August%202020%2C%202020%20Commission%20Meeting%20Minutes%20-%20APPROVED%20\(091720\).pdf](https://ddsn.sc.gov/sites/default/files/Documents/About%20Us/Meeting%20Minutes/August%202020%2C%202020%20Commission%20Meeting%20Minutes%20-%20APPROVED%20(091720).pdf)

## DDSN Residential Habilitation Providers

"We are facing daily challenges with regards to staffing. Every day brings a new situation. We are providing and maintaining care and supervision by using monetary incentives such as overtime and hazard pay. Staffing our facilities, obtaining the initial and secondary doses of the vaccine will be the greatest challenges facing [us] if the COVID-19 pandemic continues in our state."

conducting staff screening regularly, but in a recent follow-up survey, at least one provider clarified that this included daily temperature checks and screening of symptoms. However, one provider noted only a once-weekly screening protocol for staff members.<sup>21</sup> DDSN has not issued guidance regarding whether staff screening is required.

DRSC included most DD residential habilitation providers initially surveyed in a brief follow-up survey conducted in mid-January 2021.

Ten providers completed these surveys. Generally, these follow-up surveys reflected greater access to PPE and more detailed guidance about testing for residents and staff, including two providers reporting involvement in testing initiatives.<sup>22</sup> Additionally, as of January 29, 2021:

"[Our greatest challenge has been] maintaining staff with absences due to testing and positive cases. [Our greatest challenge for the future] is building the confidence in the vaccine so that people will take it."

- 2 of 10 providers responding to the follow-up survey reported receiving COVID-19 vaccines for staff and/or residents,
- 4 of 10 providers reported receiving information about, being registered for or being scheduled for COVID-19 vaccine appointments for staff and/or residents,
- 4 of 10 providers reported receiving *no* information about COVID-19 vaccine appointments for staff and/or residents.<sup>23</sup>

<sup>21</sup> CDC Guidance for "Group Homes for Individuals with Disabilities", last updated May 30, 2020, contained a recommendation to screen staff and residents, which includes actively taking the individual's temperature and questions about symptoms. <https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html> However, no DHEC or DDSN mandate required DDSN Residential Habilitation Providers to implement this recommendation.

<sup>22</sup> One of these providers noted participation in a local health center initiative.

<sup>23</sup> One of these providers noted that they had successfully registered with the CDC vaccination program, but received no further information.



## DDSN Residential Habilitation Providers

Lastly, providers almost uniformly reported their greatest challenge has been maintaining adequate staff and have used a variety of methods to combat this challenge, such as the use of administrative staff, overtime, and hazard pay.

"[Our greatest challenge has been] staff's recognition of their own signs and symptoms. [Our greatest challenge for the future] ensuring the mental health of residents and staff. The isolation takes a toll on everyone."

## DDSN Residential Habilitation Providers

### DDSN Residential Habilitation Providers: *Survey Results*

As of the publication date, **20 DSN Boards** and **6 Private Providers** have responded to DRSC's COVID-19 Monitoring Survey. Below is a list of residential providers that have responded (in order of date responded).

Dorchester DSN Board	Florence DSN Board
Charleston DSN Board	Thrive Upstate (Greenville DSN Board)
CHESCO Services	Horry DSN Board
Oconee DSN Board (Tribble Center)	Presbyterian Agency for the
Community Options, Inc.	Developmentally Disabled <sup>2</sup>
Cherokee DSN Board	Bamberg DSN Board
Orangeburg DSN Board	Chester/Lancaster DSN Board
Laurens DSN Board	Beaufort DSN Board
Lutheran Family Services	Williamsburg DSN Board
Care Focus, Inc.	Union DSN Board
United Cerebral Palsy of SC	Calhoun DSN Board
Berkeley Citizens, Inc.	Marion/Dillon DSN Board
Allendale/Barnwell DSN Board <sup>24</sup>	Fairfield DSN Board
Burton Center <sup>2</sup>	

As of the publication date, DRSC has directly contacted **31 DSN Boards** and **8 Private Providers**.

As of the publication date, 1 DSN Board(s) has completed the survey as a result of the posting on siterep.

#### ***Types of Settings***

As of the publication date, providers operating the following types of settings have responded (with an approximate number of **residences** indicated in parenthesis):

CTH-I (72)	SLP-II (316)
CTH-II (398)	Comm. ICF (39)
SLP-I (150)	

#### ***Counties***

As of the publication date, providers with residences in **39** of 46 counties have responded. These counties include:

Abbeville	Charleston	Dorchester	Laurens	Orangeburg
Allendale	Cherokee	Edgefield	Lancaster	Richland
Aiken	Chester	Fairfield	Lexington	Saluda
Bamberg	Chesterfield	Florence	Marion	Spartanburg
Barnwell	Clarendon	Greenville	Marlboro	Sumter
Beaufort	Colleton	Greenwood	McCormick	Union
Berkeley	Darlington	Hampton	Newberry	Williamsburg
Calhoun	Dillon	Horry	Oconee	

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<sup>24</sup> Also reported in CRCF Section.

## DDSN Residential Habilitation Providers

### **SURVEY RESULTS**

#### ***Environment and Supplies***

25 provider(s) reported having adequate cleaning/disinfecting supplies.

25 provider(s) reported having a protocol for cleaning or following CDC guidance. [1 did not respond].

18 provider(s) reported having adequate PPE.

8 provider(s) reported NOT having adequate PPE.

- 1 of these providers reported having an active shortage of PPE.
- 7 of these providers reported concerns about obtaining PPE in the future.<sup>25</sup>
  - 4 of these provider(s) reported concerns about obtaining masks.
  - 4 of these provider(s) reported concerns about obtaining gowns.
  - 1 of these provider(s) reported concerns about obtaining other PPE.

4 provider(s) reported utilizing alternative methods for PPE (i.e., making cloth face masks, using rain ponchos for gowns, etc.).

0 provider(s) reported having issues pre-ordering medications or other supplies.

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*"Masks are a problem.... We are in the process of making masks so staff/residents can have them per the CDC guidelines. We have contacted state agencies about this issue but also have worked through this issue on our own." –*  
***Community Options, Inc.***

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*"Each facility has a supply of 16 surgical masks, 8 re-useable masks, disinfecting cleaners/bleach-water in 1:10 ratio mixture, 1 gallon of hand sanitizer, gloves, faceshields, and gowns.*

***– Allendale/Barnwell DSN Board***

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*"We have had trouble acquiring cloth masks for our staff, but recently found a supplier and will have an order in this week."*

***– Florence DSN Board***

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*"We were able to get two cases of gloves from EMS as well as face mask and face shields. We have it but have fear of not having it, so we're constantly ordering but no real issues."*

***– Calhoun DSN Board***

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*"Our supply fluctuates on a daily basis based on use. Currently, we do have an adequate supplies of all the aforementioned item. The agency has the following items in stock that comprise a UPK (Universal Precautions Kit): masks (general and N95), face shields, goggles, gowns, gloves, anti-microbial wipes. Each program has been provided multiple UPK for use as needed by staff. Additionally, each program has a supply of gloves, masks, face shields, biohazard bags (red bags and labels)."*

***– Horry County DSN Board***

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*"We have staff that are making masks. We supplied all staff with handmade masks. We have surgical masks but are reserving in case we have actual confirmed cases."*

***– Marion/Dillon DSN Board***

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*"We have a small, sustainable amount of PPE at this time. We're holding on to it dearly for use if there is a positive case. All houses have a supply of PPE, an OSHA kit, and donations of hand-made masks (for every employee). It's hard to predict our need for N-95 masks and gowns, which have not been distributed at this time..."*

***– Berkeley Citizens, Inc.***

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<sup>25</sup> Five of these providers that reported concerns about PPE were surveyed prior to 04.14.20.

## DDSN Residential Habilitation Providers

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*"We were able to use some of our day program supplies: we have plenty of gloves, but masks are an issue. We have 153 masks for 350 staff/clients. We have been making reusable masks, including masks that are "slip-on" for individuals in SLPs who cannot tie a mask. We have ordered rain ponchos as an alternative to gowns. Everyone seems to have what they need at this time."*

***– Oconee DSN Board***

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*"... We need more PPE on hand for potential isolation cases in our homes. We have had issues getting additional supplies each week. We are using recently purchased masks that are washed daily for prevention. We need more N95 masks, face shields, gowns, and thermometer covers."*

***– Laurens DSN Board***

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*"[We] currently ha[ve] approximately 80 masks/shields on hand, 30 gowns, and an ample amount of gloves... We are awaiting an order of 200 masks from a commercial vendor and another supply from the Orangeburg County Emergency Management Division. We recently received a donations (50 surgical masks, 1 gallon of hand sanitizer, and 30 N95 medical grade masks)..."*

***– Orangeburg DSN Board***

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*"Because we are owned by a nationwide provider (Maxim Healthcare), we have been fortunate to have people in administration advocating for supplies. We currently have a good supply of PPE and are expecting an additional shipment, which is currently stuck in customs in Chicago. Each house has plenty of regular gloves and masks and each has one N-95 respirator."*

***Care Focus, Inc.***

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*"While PPE has been has been challenging to acquire, we have managed to build a supply to aid us in maintaining health and safety. We aim to store the PPE items used for the care of an actively ill person (respiratory masks, gowns) and will only use them if we experience a localized outbreak. Otherwise, cloth face coverings and disposable surgical masks are being distributed now to all home locations in accordance with the CDC's most recent guidance. Currently we have: ... [lists specific numbers]."*

***– United Cerebral Palsy of SC***

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*"We have nearly a two month supply stored in our day program."*

***– Cherokee DSN Board***

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*"We have had great cooperation with obtaining PPE from emergency management services for our Chesterfield Division (Lancaster, Chesterfield, and Marlboro); however, we have not had cooperation for our Midlands Division (Richland, Lexington). There, we have been told that we must have a positive case before we can access PPE."*

***– CHESCO Services***

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*"Gowns are the only thing of concern."*

***– Chester/Lancaster DSN Board***

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*"More than adequate [amount of PPE]: 750 gowns, 10,000 gloves, N95 Masks, couple hundred non-sterile masks."*

***– Beaufort DSN Board***

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*"While staff in both CTH-Is and CTH-IIs currently have enough masks, agency wide we are having trouble acquiring additional supplies and are worried about our future supply."*

***– Lutheran Family Services***

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## DDSN Residential Habilitation Providers

### Staff

24 provider(s) reported screening staff for COVID-19.<sup>26</sup>

- 14 provider(s) noted this screening includes actively taking staff members' temperatures prior to each shift.
- 2 provider(s) noted that staff are required to self-monitor their temperature.

3 provider(s) reported a staff member testing POSTIVE for COVID-19.

1 provider(s) reported a staff member testing NEGATIVE for COVID-19.

23 provider(s) reported having a protocol requiring isolation or quarantine measures on staff members showing symptoms of COVID-19. [1 did not respond].

- 9 provider(s) have policies simply requiring staff to go home upon showing symptoms.

8 provider(s) reported having a staff member(s) temporarily or permanently stop working due to being at risk of contracting COVID-19. [2 did not respond].

25 provider(s) reported having adequate staff levels. [1 did not respond].

17 provider(s) reported having back up staff available. [3 did not respond].

21 provider(s) reported having contingency plans if a staff member tests positive. [3 did not respond].

25 providers reported providing training to staff on COVID-19. [1 did not respond].

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*"All staff are screened at the beginning of every shift. Any staff member upon entering the program must complete a health risk assessment and monitor their temperature. This documentation is retained and submitted to the Residential Director and Human Resources. - **Horry DSN Board***

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*"[We take staff members'] temperature and document everyday... We have had two staff test positive. Both were asymptomatic and have recovered." - **Chester/Lancaster DSN Board***

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*"All staff are pre-screen[ed] electronically through our training department every Monday." - **Thrive Upstate***

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*"Temperature taken before shift. If above 100, they go home."- **Union DSN Board***

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*"All staff/consumers get temperature checks three times a day." - **Marion/Dillon DSN Board***

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*"We're very concerned about staffing long term. We have grappled with whether to continue or freeze hiring. We have determined to continue hiring; however, we are only providing two trainings of nine people per month rather than one large training per month. That gives us the opportunity to train 36 new employees per month." - **CHESCO Services***

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*"Since we closed our day program facilities and child care center we have staff designated to work in the homes where need and have some extra staff to assist if the need arises." - **Charleston DSN Board***

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<sup>26</sup> Two providers reported they only screens staff if a staff member reported symptoms. One provider reported screening but only once weekly.

## DDSN Residential Habilitation Providers

<p>"Supervisors are telling staff about all COVID-19 precautions and what to clean. Supervisors have reminded staff about not overusing cleaning products."  <b>- Calhoun DSN Board</b></p>	<p>"Check staff temperature before entering the facility and throughout the day monitoring staff."  <b>- Presbyterian Agency for the Developmentally Disabled</b></p>	<p>"We're providing daily memos on COVID-19 to staff and additional training on PPE, etc."  <b>- Dorchester DSN Board</b></p>
<p>"Within the agency, one staff member showed symptoms of COVID-19. The staff has not been back to work for two weeks – self-quarantine per a doctor's order. I am not aware whether or not she was actually testing. Other staff members who worked in that office were quarantined."  <b>- Lutheran Family Services</b></p>		<p>"We are only screening staff if they report symptoms."  <b>- Berkeley Citizens, Inc.</b></p>
<p>"Current staff levels include 18 DSP vacancies"  <b>- Laurens DSN Board</b></p>		<p>"ICFs and CTH-IIs have about 5 call-ins and nearly 12 Day Program staff are utilized with the Day Program being shut down."  <b>- Cherokee DSN Board</b></p>
<p>"To date, two staff have tested positive for COVID-19. Both are currently recovering. One employee has tested negative since initial diagnosis. Both have remained out of work while recovering."  <b>- United Cerebral Palsy of SC</b></p>	<p>"We have set up a log where staff is to be screened, have automatic thermometer and staff has temperature checked as they come in and out of facilities."  <b>- Bamberg DSN Board</b></p>	<p>"We're using online modules on direct care during a crisis, universal precautions, etc."  <b>- Community Options, Inc.</b></p>
<p>"We have not provided any face-to-face training but are sending out a lot of information on how to stay safe, how to clean, etc."  <b>- Fairfield DSN Board</b></p>		<p>"Our training for staff includes "The Fatal 5 Fundamental Infections" and effective handwashing training."  <b>- Florence DSN Board</b></p>
<p>"All staff members, whether classified as direct care or not, are serving as back up to those with that designation."  <b>- Orangeburg DSN Board</b></p>		<p>"All staff are screened prior to the beginning of their shift. The screening includes: temperature, pulse ox, pulse, and questioning of any respiratory symptoms."  <b>- Allendale/Barnwell DSN Board</b></p>
<p>"We are training our staff daily. Our RN trains both staff and consumers"  <b>- Beaufort DSN Board</b></p>		<p>"We have a PRN list of staff with about 16 people on it. Program leads (admins) can also work."  <b>- Care Focus, Inc.</b></p>
		<p>"We are checking staff temperatures."  <b>- Williamsburg DSN Board</b></p>

## DDSN Residential Habilitation Providers

### Residents

25 provider(s) reported educating residents about COVID-19. [1 did not respond].

21 provider(s) reported screening residents for COVID-19.<sup>27</sup>

- 4 provider(s) noted that this includes taking resident temperatures daily.

1 provider(s) reported residents testing POSITIVE for COVID-19.

23 provider(s) reported having a protocol requiring isolation or quarantine measures for residents showing symptoms of COVID-19.<sup>28</sup>

18 provider(s) reported identifying separate isolation or quarantine rooms.

- 8 provider(s) noted that they would isolate residents in their bedrooms.
- 6 providers(s) noted that they have identified a day program as an isolation building.
  - 1 provider(s) noted a preference to isolate residents in their homes.
- 2 providers(s) noted that they have identified a vacant residence as an isolation building.
  - 1 provider(s) noted a preference to isolate residents in their homes.

25 provider(s) reported residents having access to a phone or computer to maintain contact with family/friends [1 did not respond].

<hr/> <i>"We had one resident test positive back in April and has since recovered."</i> <b>– Chester/Lancaster DSN Board</b> <hr/>	<hr/> <i>"We will ask the hospital to keep the individual in the hospital since we provide a group home environment that cannot quarantine except to their own bedroom. If the hospital will not keep the individual, the individual will have to quarantine in their own bedroom."</i> <b>– Thrive Upstate</b> <hr/>
<hr/> <i>"We have an alternate site identified at one of our day program sites if we need to isolate or move others out of the house to keep them safe, if an individual would not stay in their room for example and put others at risk."</i> <b>– Charleston DSN Board</b> <hr/>	<hr/> <i>"We're as equipped as anybody, but we are not a hospital or skilled nursing facility. We have trained staff, attempted to obtain more PPE, and attempted to preserve our current supply of PPE. We have a large nursing staff and a great group of consultants that we regularly work with. This is a difficult question to answer, I wish I could answer it better."</i> <b>– CHESCO Services</b> <hr/>
<hr/>	<hr/> <i>"We are educating residents through similar in-service training. We've passed out handouts and viewed videos. We have social distancing in effect."</i> <b>– Bamberg DSN Board</b> <hr/>
<hr/> <i>"Consumers are aware of the situation and understand the need for boundaries."</i> <b>– Dorchester DSN Board</b> <hr/>	

<sup>27</sup> Three providers reported they are only screening residents if they exhibit symptoms. One provider reported that it is not screening residents. One provider stated they are not screening residents but have had one consumer who has been tested twice. One provider reported it is only testing residents if they have symptoms.

<sup>28</sup> One provider is relying on hospitals to keep individuals, otherwise, individuals will quarantine in their bedrooms.



## DDSN Residential Habilitation Providers

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*"We're using curriculum produced by a self-advocate to educate residents about COVID-19."*

**– Florence DSN Board**

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*"If any residents test positive, they will be isolated, and staff will use PPE to enter their room. For a larger outbreak, we have a dedicated space for those who have tested positive."*

**– Laurens DSN Board**

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*"We have an empty house right now that we can use for quarantine or isolation. However, our goal is to care for residents in their home."*

**– Community Options, Inc.**

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*"If a resident shows signs of COVID-19, he/she would be isolated and tested. If there is a concern about the consumer's ability to stay home safely, we would follow the CDC guidelines for isolating at home."*

**– Beaufort DSN Board**

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*"We had originally plan to automatically isolate a resident in our gym and/or workshop and have staff care for them there. However, we discussed that if one of us was sick, we would rather be cared for in our homes. So now our goal is to care for a resident in their own home and use the gym if it is not possible for the individual to be isolated in the home (i.e., it would depend on how sick the person is and how compliant he/she is with treatment."*

**– Oconee DSN Board**

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*"We had a few residents that had to be tested in order to have procedures done, but no positive tests."*

**– Calhoun DSN Board**

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*"For CTH-Is, we are attempting to keep individuals in their home with as limited engagement as possible. However, we would assess the need of the individual and his/her caregiver to determine if an alternative is required – i.e., respite."*

**– Lutheran Family Services**

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*"We've implemented limited visitation with families. Distancing meetings at doctor's office parking lots, and some case by case home visits where they have been able to go spend the night depending on the situation."*

**– Fairfield DSN Board**

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*"Each day [residents] have to do a COVID-19 goal."*

**– Marion/Dillon DSN Board**

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*"We have one resident who has been tested twice."*

**– Union DSN Board**

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**[SEE NEXT PAGE]**



## DDSN Residential Habilitation Providers

**At this time, is there anything you need that would help you better service your residents?** [9 said no or did not respond]

*"We would like to be able to provide masks to individuals in CTH-Is and their caregivers. We've attempted to place an order for cloth masks, but could only order 50 (We need at least 80). Additionally, because DHEC, DDSN, and the Fire Marshall have halted their licensing reviews, but DDSN has not halted its requirement for us to assess our CTH-Is, we have had to step in to conduct monthly visits to provide our own self-assessments. We currently have enough PPE for our six staff members to conduct visits to forty consumers in CTH-Is."*

**– Lutheran Family Services**

*"Continue working closely with SCDDSN; the more resources they have the better for everyone statewide."* – **United Cerebral Palsy of SC**

*"There's always something we can do... We are trying to implement more activities for residents. We always struggle with adequate staffing."* – **Dorchester DSN Board**

*"[We] need additional PPE. We are awaiting an order of 200 masks from a commercial vendor and another supply from the Orangeburg County Emergency Management Division."* – **Orangeburg DSN Board**

*"We need more PPE. Otherwise, we are working hard to implement more activities (particularly outdoors) for residents and keep residents entertained in their rooms as much as possible."* – **CHESCO Services**

*"We are concerned about PPE and supplies, but feel adequately prepared thanks to CDC guidance on alternatives to PPE."* – **Oconee DSN Board**

*"We need more disposable PPE."* – **Laurens DSN Board**

*"We're trying to mitigate the disruption to residents as much as possible, anticipating the disruption with worsen over time."* – **Community Options, Inc.**

*"I feel that our consumers are doing well overall with all measures being implements. I do feel like easy to access safe exercise equipment/areas would be beneficial during this time since consumers are not able to get out for exercise as they typically would."*

**– Allendale/Barnwell DSN Board**

*"We need to continue social distancing."* – **Florence DSN Board**

*"Access to more PPE, i.e., masks."* – **Burton Center**

*"Can't think of anything, residents are well taken care of."* – **Presbyterian Agency for the Developmentally Disabled**

*"We have what we need, but we're just struggling with individuals getting restless and tired of staying in the house. We're dealing with a lot of problem behaviors but that is to be expected with residents being confined to the house."*

**– Marion/Dillon DSN Board**

*"Only thing we really need is a filter for the mass hysteria. We have tried to make everything as good as possible for residents, including purchasing ice cream churners, cornhole sets, etc."*

**– Union DSN Board**

*"It hasn't been that out of the ordinary other than not being able to go to work or hang out outside the home... we have not had any shut downs and haven't been lacking for work. ...we just need more money from loss resulting from day program closing."*

**– Fairfield DSN Board**

*"Just trying to finagle through it and taking it day by day. No major obstacles yet other than staffing issues."*

**– Calhoun DSN Board**

*"More reliable internet access. Seeing a bit of cabin fever."* – **Chester/Lancaster DSN Board**

## Psychiatric Residential Treatment Facilities (PRTFs)

### Psychiatric Residential Treatment Facilities (PRTFs): *Summary*

Psychiatric Residential Treatment Facilities (PRTFs) provide inpatient psychiatric treatment for children under 21 years of age. DHEC oversees the initial licensing of PRTFs and annual licensing reviews, monitoring compliance with both state and federal requirements. All PRTFs in South Carolina are currently owned and operated by private entities.

On April 21, 2020, DHEC began reporting the number of COVID-19 cases and related deaths amongst both staff and residents by PRTFs and other long-term care facilities.<sup>29</sup> DHEC reported the first positive case in a PRTF in May 2020.<sup>30</sup> DHEC issued guidance directed at PRTFs on May 27, 2020, last updated on December 15, 2020.<sup>31</sup>

"[Our greatest challenge has been] convincing our staff, residents, and the general public of the seriousness of the threat."

DRSC conducted its surveys of PRTFs from May 27, 2020 to July 27, 2020. These surveys showed PRTFs implementing cleaning/disinfecting protocol and quarantine protocol, but responses varied regarding screening of staff and residents, as only four facilities noted that they were taking temperatures pursuant to DHEC and CDC guidance.

Of the PRTFs surveyed by DRSC, two facilities (ranging from 73-150 beds) have reported to DHEC positive cases or COVID-19 related deaths amongst staff and/or residents since the beginning of the pandemic.<sup>32</sup> The cases reported amongst residents range from compiling 73-85% of the facility's licensed beds. One of these

<sup>29</sup> DHEC continues to report this data biweekly at <https://scdhec.gov/covid19/nursing-homes-extended-care-facilities-impacted-covid-19>.

<sup>30</sup> <https://scdhec.gov/covid19/nursing-homes-extended-care-facilities-impacted-covid-19>

<sup>31</sup> See [https://scdhec.gov/sites/default/files/media/document/COVID-19-Guidance\\_Residential-Treatment-Facility-for-Children-and-Adolescents\\_12.15.2020\\_Final.pdf](https://scdhec.gov/sites/default/files/media/document/COVID-19-Guidance_Residential-Treatment-Facility-for-Children-and-Adolescents_12.15.2020_Final.pdf).

<sup>32</sup> Not including one out of state facility that accepts SC Medicaid surveyed by DRSC.

## Psychiatric Residential Treatment Facilities (PRTFs)

facilities reported intensive protocols related to cleaning/disinfecting, screening/testing staff and residents, and quarantining. The other facility reported some intensive protocols, but did not note whether screening of staff included actively taking temperatures. In both instances, the rapid spread of COVID-19 in these

"[Our greatest challenge has been] keeping staff and residents emotionally and mentally strong."

PRTFs highlights the seriousness of COVID-19 in congregate care facilities for children. Additionally, DRSC has noted at least one facility that reported a positive case to DRSC that was not immediately included in DHEC's report of long-term care facilities.

DRSC included all PRTFs initially surveyed in a brief follow-up survey conducted in January 2021 and received two responses. PRTFs which responded noted increased screening and testing of staff, including one PRTF reporting testing staff on a weekly basis and another PRTF noting inclusion in a South Carolina testing initiative. Lastly, one PRTF also noted difficulty accessing information about vaccinations for staff members, but has since had a local hospital accept a list of staff for vaccinations.<sup>33</sup>

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<sup>33</sup> Vaccinations under the FDA's Emergency Use Authorization (EUA) are not currently available to children – including residents in PRTFs – under 16 years of age and younger. See <https://www.fda.gov/media/144414/download> (Pfizer-BioNTech) and <https://www.fda.gov/media/144637/download> (Moderna).

## Psychiatric Residential Treatment Facilities (PRTFs)

### Psychiatric Residential Treatment Facilities (PRTFs): *Survey Results*

As of the publication date, 7 PRTF(s) have responded to DRSC's COVID-19 Monitoring Survey. Below is a list of residential providers that have responded (in order of date responded).

Riverside Behavioral Health Services at Windwood Farm<sup>34</sup> (12 Beds)  
Lighthouse Care Center of Augusta  
Palmetto Pines Behavioral Health (64 Beds)  
Springbrook Behavioral Health (73 Beds)  
Excalibur Youth Services (Venice PRTF) (60 Beds)  
Avalonia Group Homes (Hampton PRTF) (55 Beds)  
New Hope Carolinas (150 Beds)

As of the publication date, DRSC has directly contacted 9 PRTF(s) out of 9 PRTFs in South Carolina.

#### **PRTFs Demographics**

As of the publication date, the following PRTFs that have responded and reported treating residents from out-of-state:

Lighthouse Care Center of Augusta	Excalibur Youth Services (Venice PRTF)
Palmetto Pines Behavioral Health	Avalonia Group Homes (Hampton PRTF)
Springbrook Behavioral Health	New Hope Carolinas

As of the publication date, the following PRTFs that have responded and reported treating residents referred by DJJ:

Palmetto Pines Behavioral Health	Avalonia Group Homes (Hampton PRTF)
Excalibur Youth Services (Venice PRTF)	New Hope Carolinas

As of the publication date, the following PRTFs that have responded and reported treating residents referred by DSS:

Riverside Behavioral Health Services at Windwood Farm	Excalibur Youth Services (Venice PRTF)
Palmetto Pines Behavioral Health	Avalonia Group Homes (Hampton PRTF)
	New Hope Carolinas

#### **Counties**

As of the publication date, providers with PRTFs in 6 counties have responded. These counties include

Charleston	Dorchester
Greenville	Pickens
York	Richmond, GA

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<sup>34</sup> Answers also applicable to their DSS Licensed Level III Group Home

## Psychiatric Residential Treatment Facilities (PRTFs)

### **SURVEY RESULTS**

#### ***Environment and Supplies***

6 PRTF(s) reported having adequate cleaning/disinfecting supplies.

7 PRTF(s) reported having a protocol for cleaning or following CDC guidance.

6 PRTF(s) reported having adequate PPE.

0 PRTF(s) reported NOT having adequate PPE.

0 PRTF(s) reported having issues pre-ordering medications or other supplies.

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*"We compile a daily count of all PPE on hand; not in need of anything at this time."*  
**- Lighthouse Care Center of Augusta**

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*"We have a cleaning company three times a week. All members of their staff wear gloves and masks. We have disinfectant wipes to clean counter tops. We have soap dispensers throughout our buildings. We have a full complement of cleaning supplies. PPE are available for staff"*  
**- Windwood Farm**

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*"We have had trouble with getting alcohol wipes. We need them for thermometers which are frequently used by staff."*  
**- Palmetto Pines Behavioral Health**

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*"The facility currently has an adequate supply of PPE (masks, gloves) and cleaning/disinfecting supplies. The facility has increased the on-hand quantities of these items to ensure a minimum of a 15-day supply is available at all times."*  
**- Venice PRTF and Hampton PRTF**

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*"Springbrook is currently continuing to order supplies... we continue to order additional supplies for the facility to ensure we are prepared if there is an exposure."*  
**- Springbrook Behavioral Health**

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*"Daily [cleaning] by professional housekeeping company using hospital grade disinfectant, this includes electrostatic spraying as needed augmentation by staff."*  
**- New Hope Carolinas**

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***[SEE NEXT PAGE]***

## Psychiatric Residential Treatment Facilities (PRTFs)

### Staff

7 PRTF(s) reported screening staff for COVID-19.<sup>35</sup>

- 2 PRTF(s) noted this screening includes actively taking staff members' temperatures prior to each shift.
- 0 PRTF(s) noted that staff are required to self-monitor their temperature.

2 PRTF(s) reported a staff member testing POSTIVE for COVID-19.

0 PRTF(s) reported a staff member testing NEGATIVE for COVID-19.

5 PRTF(s) reported having a protocol requiring isolation or quarantine measures on staff members showing symptoms of COVID-19.<sup>36</sup>

2 PRTF(s) reported having a staff member(s) temporarily or permanently stop working due to being at risk of contracting COVID-19.

7 PRTF(s) reported having adequate staff levels.

5 PRTF(s) reported having back up staff available. [1 did not respond.]

7 PRTF(s) reported having contingency plans if a staff member tests positive.

7 PRTF reported providing training to staff on COVID-19.

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*"We screen staff by having them complete a short survey when they report to work. We also take their temperature."*

**- Windwood Farms**

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*"We have had some problems with understaffing, but have been combating that with recent job fairs. We currently have four vacancies in the facility, in comparison to 16 vacancies prior to the pandemic."*

**- Palmetto Pines Behavioral Health**

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*"We have had 9 staff members test positive. We require staff to go home if showing symptoms, stay home and isolate for 14 days, call nursing for clearance, and get a test if possible."*

**- New Hope Carolinas**

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*"Any staff reporting or showing symptoms of COVID-19 are not allowed to work and are encouraged to seek appropriate medical attention. These staff are not allowed to return until recommended quarantine period has expired and they are able to provide a doctor's note indicating a negative test and/or absence of symptoms after quarantine period has expired."*

**- Venice PRTF and Hampton PRTF**

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*"We are providing staff with materials from the CDC when they are released."*

**- Lighthouse Care Center of Augusta**

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*"We have had two staff test positive with one of them on the RTF. Notifications were sent out to the unit families if their unit was affected. There were no additional positives...When a staff tests positive then video surveillance is reviewed immediately to identify any potential exposures within the past two weeks. Notifications to parents/families are sent out. Staff that were exposed are tested. Clients that were exposed are tested"*

**- Springbrook Behavioral Health**

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<sup>35</sup> Two facilities simply noted they are following DHEC guidelines.

<sup>36</sup> One facility simply noted that it is following CDC guidelines related to employees.

## Psychiatric Residential Treatment Facilities (PRTFs)

### Residents

6 PRTF(s) reported educating residents about COVID-19. [1 did not respond].

6 PRTF(s) reported daily screening residents for COVID-19.

- 4 PRTF(s) noted that this includes taking resident temperatures daily.
- 1 PRTF(s) noted it will seek testing for a resident displaying symptoms.
- 1 PRTF(s) noted that screening and/or testing is only if symptoms arise.

2 PRTF(s) reported requiring residents to be tested prior to admission.<sup>37</sup>

3 PRTF(s) reported requiring a certification that a resident is symptom free prior to admission.

4 PRTF(s) reported requiring other screening guidelines, such as completion of a screening tool.<sup>38</sup>

3 PRTF(s) have notified any referring agencies or entities of applicable processes.<sup>39</sup> [2 did not respond].

1 PRTF(s) reported residents testing POSITIVE for COVID-19.

7 PRTF(s) reported having a protocol requiring isolation or quarantine measures for residents showing symptoms of COVID-19.

4 PRTF(s) reported identifying separate isolation or quarantine rooms.<sup>40</sup>

7 PRTF(s) reported residents having access to a phone or computer to maintain contact with family/friends.

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*"No, we do not require that residents be tested prior to admission. However, we will not accept a child with a temperature or one that is in the recovery process. We have notified referring agencies of this policy."*

**- Windwood Farms**

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*"At present, we are not requiring residents to be tested prior to admission; we are, however, requiring a certification from the referring agency and/or facility that the resident does not have a temperature, has not had any potential exposure to a COVID-19 positive individual within the past 15 days, and has not exhibited any symptoms within the past 15 days... If a resident reports or exhibits symptoms of COVID-19, they will be moved to medical isolation for the recommended quarantine period and appropriate medical attention will be sought."*

**- Venice and Hampton PRTFs**

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*"If testing is feasible we are [requiring it before admission]. We are attempting to have any new clients wear a mask for 14 days if they can tolerate it. We have a pre-admission screening we are conducting prior to accepting any new patients."*

**- Springbrook Behavioral Health**

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*"We have had **38 residents** test positive to date but all have recovered.... We have isolation rooms on each unit as first level (suspected) and a quarantine area off units for all confirmed cases."*

**- New Hope Carolinas**

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<sup>37</sup> One facility indicated its policy did not require residents to be tested prior to admission. This facility also required testing, history of temperature/symptom free for 10 days, a temperature check, and a medical evaluation.

<sup>38</sup> One facility reported not accepting a child with a temperature or who is in the recovery process. Another facility reported only accepting children admitted from hospitals.

<sup>39</sup> One facility stated that it has notified state agencies that it is *not* requiring testing prior to admission.

<sup>40</sup> One facility stated it has identified a negative pressure room for isolation/quarantine. Another facility reported it had a zero-pressure quarantine room installed back in March.

## Psychiatric Residential Treatment Facilities (PRTFs)

**At this time, is there anything you need that would help you better service your residents?** [2 said no or did not respond]

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*“Right now I think we are fine. We continue to keep our campus closed to volunteers, visitors, and caseworkers. We are very fortunate to have a 110 acre campus so there is plenty of open space for outdoor activities- fishing, bike riding, nature walks, and gardening.” - **Windwood Farms***

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*“We need to explore home-visits that can occur in a safe manner to help the children therapeutically. They are feeling cooped up.” - **Palmetto Pines Behavioral Health***

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*“At present, the facility would benefit from more specific directives regarding the easing of restrictions in residential facilities. The current orders, mandates, and recommendations are geared toward the general public and not specific to our facility type.”- **Venice PRTF and Hampton PRTF***

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*“Any potential for PPE supplies is always welcome. We have a few requests out to multiple agencies. If you can provide assistance with getting PPE (N95 masks, PPE gowns, etc) then that would be helpful.” - **Springbrook Behavioral Health***

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