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Applicability: DDSN Regional Centers

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## **I. PURPOSE AND APPLICABILITY**

This directive establishes the system for preventing and reporting incidents of abuse, neglect, or exploitation (“ANE”) of people receiving services and supports from Regional Centers owned and operated by the South Carolina Department of Disabilities and Special Needs (“DDSN”).

This directive sets forth the state laws on reporting requirements and identifies DDSN’s legal responsibility for reporting incidents of ANE. In addition, this directive identifies the state investigative agencies with statutory authority to receive and investigate reports of suspected incidents of ANE and the administrative and management functions of DDSN.

The directive shall apply to all employees, volunteers, caregivers, and other persons responsible for the welfare of any person receiving services and supports from Regional Centers owned and operated by DDSN.

## **II. POLICY**

People with disabilities and special needs have a right to be treated with dignity and respect and to receive services and supports in an environment that is safe and free of incidents of ANE. ANE, as defined by this policy, is strictly prohibited.

All DDSN employees, volunteers, caregivers, and other persons responsible for the welfare of any person receiving services and supports from Regional Centers owned and operated by DDSN are mandated reporters and are required to report any suspected incidents of ANE in accordance with agency policy and state law. Failure to report may constitute ANE in and of itself and may result in personnel actions, up to and including termination of employment, and/or criminal prosecution.

Employees who abuse, neglect, or exploit any person receiving services or supports will not be eligible for employment in any program, facility, services, or supports operated by DDSN or its contracted service providers. DDSN will conduct criminal record checks and reference checks in accordance with DDSN Directive 406-04-DD: Criminal Record Checks and Reference Checks of Direct Caregivers.

To ensure that employees and people supported by Regional Centers have a uniform system of reporting suspected incidents of ANE, Quality Management-Regional Centers (“QMRC”) shall develop written policies and procedures consistent with this policy and in accordance with state law.

### **III. ABUSE PREVENTION**

To combat incidents of ANE of persons supported, DDSN’s Regional Centers, Risk Management Division (“Risk”), QMRC, and the Compliance Review Coordinator (“CRC”) will collaborate to establish abuse prevention measures. These measures will be proactive in nature and include, at a minimum:

1. Analyzing Incident Trends: Information gathered from previous ANE investigations and reports shall be tracked by Regional Centers and the CRC in a reportable fashion that allows any party to easily reference past incidents when looking to prevent further harm to persons supported by Regional Centers.
2. Addressing Negative Trends: If a negative trend is identified across multiple unrelated incidents or allegations, the Regional Center, in coordination with the aforementioned DDSN personnel and departments, must address the impact and implement a plan to prevent future harm to persons supported by Regional Centers.
3. Employee Training: All Regional Center employees must receive training on their legal responsibility to report suspected incidents of ANE. To ensure statewide consistency in the overall training content, DDSN requires the use of training materials developed by the USC Children’s Law Center and the Adult Protection Coordinating Council (“APCC”), which can be found on DDSN’s website at the following address:  
<http://www.ddsn.sc.gov/providers/Pages/ANEReportingTools.aspx>.

Training can also be derived from the National Center on Elder Abuse, found here:

[http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA\\_LTCF\\_ResearchBrief\\_2013.pdf](http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_LTCF_ResearchBrief_2013.pdf)

[http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA\\_WhatYouMustKnow2013\\_508.pdf](http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_WhatYouMustKnow2013_508.pdf)

4. Employee Recertification: Comprehension-based training must be completed as part of new employee orientation and every 12 months thereafter. A copy of the employee’s test must be placed in the human resources file each year.

5. Employee Assistance: Resources should be made available for employees to seek assistance regarding potential problems or risk indicators for committing ANEs. Regional Centers will designate at least one staff member to act as the contact person for employees.
6. Consumer Advocates: Regional Centers should designate an administrative staff member who is responsible for advocating on behalf of persons supported and completes other job responsibilities as assigned for the betterment of all persons supported.
7. Training for Persons Supported: Training for individuals receiving services/supports in recognizing and reporting abuse, neglect, or exploitation must be completed at the time of admission and every 12 months thereafter. Documentation of the training must be placed in the supported person's file.

#### **IV. ADDRESSING REPORTS OF ABUSE, NEGLECT, OR EXPLOITATION**

Once a report of suspected incident of ANE has been received, Regional Centers, Risk, QMRC, and the CRC must engage in the following procedures as part of an investigation into the suspected incident of ANE:

1. Reporting Requirements and Procedures: The employee who first witnesses, discovers, or otherwise becomes aware of ANE must report the incident to their direct supervisor, the Consumer Advocate, or another employee as required by the Regional Center. Additionally, it is the employee's ultimate responsibility to ensure that the proper state investigative agencies have been notified of the ANE. Reporting up the chain of command does not absolve the employee of their responsibility to notify proper state investigative agencies.
  - (a) Employees are required to report incidents of ANE to proper state investigative agencies immediately but no later than 24 hours after the date and time of the incident. Failure to do so is a violation of an employee's duty as a mandated reporter and may result in personnel actions, up to and including termination, and/or criminal prosecution. Failure to report may constitute abuse in and of itself.
  - (b) All allegations of ANE must be reported to the South Carolina Law Enforcement Division ("SLED") and the Department of Public Health ("DPH"). If the person supported is under the age of 18, the Department of Social Services ("DSS") must also be notified.
  - (c) The parent/guardian/emergency contact for each person supported must receive notification of the alleged ANE from DDSN within a reasonable timeframe, but not to exceed 48 from the time of the discovery of the incident.
2. Initial Response: The initial response to ANE allegations should be conducted in tandem with the reporting requirements and procedures described above, with an importance being placed on the safety and wellbeing of the person(s) supported.

After an ANE allegation has been reported, the Regional Center must, at a minimum, enact the following initial response:

- (a) Ensure Safety of Person(s) Supported: All necessary steps must be taken to immediately remove the victim from the situation and ensure that no further harm is suffered by the victim or other persons supported. Seeking necessary medical treatment for any individual involved in the incident should also take priority.

- (b) Preserve Evidence: All reasonable efforts should be made to immediately preserve any possible evidence of an ANE allegation. All evidence gathered throughout the investigation should be preserved until 60 calendar days after the final outcome of any criminal investigation or legal action. This includes video camera footage, photographs, witness statements, and any other evidence reviewed as part of the investigation.
  - (c) Identify Alleged Perpetrators: All reasonable efforts should be made to identify the individual who allegedly abused, neglected, or exploited a person supported. Once identified, any and all alleged perpetrators must be placed on Administrative Leave Without Pay (“ALWOP”) pending the final outcome of the investigation.
    - I. The Regional Center may, at the conclusion of Risk’s investigation, but prior to the conclusion of the final investigation, ask QMRC for permission to reinstate an alleged perpetrator placed on ALWOP.
    - II. The Regional Center may ask QMRC for permission to reinstate an alleged perpetrator placed on ALWOP at the conclusion of DDSN’s investigation but prior to the conclusion of state investigative agency’s investigation.
  - (d) Identify Potential Victims and Witnesses: All reasonable efforts should be made to identify every person supported that may have suffered as a result of an ANE allegation and every staff member that knew or should have known about the incident in question.
  - (e) Risk Intake: The Regional Center shall complete an intake form which includes all information gathered and submit it to Risk within 24 hours of the date and time of the incident.
3. Initial Report: In addition to the Risk Intake, the Regional Center shall complete an Initial Report in the DDSN Incident Management System (“IMS”) within 24 hours of the date and time of the incident. QMRC will review the Initial Report in IMS within one (1) business day of the report being submitted. Initial Reports must be approved by QMRC and must include, at a minimum;
- (a) The date/time of the incident;
  - (b) The date/time the incident was discovered;
  - (c) The first and last name of all known victims and their assigned residence;
  - (d) The date/time the incident was reported to all interested parties, including DDSN employees and proper state investigative agencies;
  - (e) The first and last name of each individual to which the incident was reported;
  - (f) A descriptive location of where the incident occurred;
  - (g) The type of suspected abuse;
  - (h) A brief description of the alleged misconduct, as it was reported to state agencies;
  - (i) Information on all employees known to be involved;
  - (j) A complete recount of the incident and allegations;
  - (k) The date/time the alleged perpetrator was placed on ALWOP;
  - (l) Information on the nature and extent of any injury or harm to the victim; and
  - (m) A safety plan for the victim or other persons supported who may be at risk.

4. Risk Investigation and Administrative Review Report: As outlined in DDSN Directive 100-26-DD: Risk Management Program, Risk Investigators will conduct an investigation and prepare an Administrative Review Report which summarizes their findings and details all information collected or reviewed as part of the investigation. The Administrative Review Report will be sent to the Regional Center for review and uploaded into IMS along with all supporting documents.

**NOTE:** If the allegations involve misuse of a supported person's funds or similar financial exploitation, Risk will refer the incident to the Central Office Internal Audit Division via email to: [audit@ddsn.sc.gov](mailto:audit@ddsn.sc.gov). Central Office Internal Audit will review the incident and either accept or decline to conduct the investigation in place of Risk within one (1) business day of the referral being sent.

**NOTE:** Any document referenced in the Administrative Review Report, or that was collected or reviewed as part of the investigation, must be uploaded into IMS alongside the Administrative Review Report.

Administrative Review Reports must be approved by QMRC and must include, at a minimum:

- (a) Signed, written statements from employees involved in the incident;
  - (b) Recorded, verbal or signed, written statements from persons supported involved in the incident who are able and willing to participate in an interview;
  - (c) Description of any relevant video surveillance footage;
  - (d) ALWOP form(s);
  - (e) Any relevant medical records;
  - (f) Office of Campus Support Shift Notes;
  - (g) Residential Shift Notes (a.k.a. Log Book Records);
  - (h) Staff schedule(s);
  - (i) Residential Accountability Checklist(s) and/or One-to-One Accountability Checklist(s);
  - (j) Training records for the employees involved in the incident;
  - (k) Photographs, as applicable; and
  - (l) A list of all policies, procedures, rules, and regulations that were violated, a brief description of how they were violated, and the identity of the employees who violated them.
5. Regional Center Administrative Review: Once the Regional Center receives the report from Risk, they will hold an Administrative Review to discuss the findings, develop a plan to prevent future occurrences, and decide what management and personnel actions must be taken.
6. Final Report: The Regional Center shall complete a Final Report in IMS following the Administrative Review within the time frame established by DPH, currently five (5) calendar days from the date and time of the incident. QMRC will review the Initial Report in IMS within one (1) business day of the report being submitted. Final Reports must be approved by QMRC and must include, at a minimum;
- (a) First and last names of all identified perpetrators, victims, and witnesses;
  - (b) The last four digits of the Social Security Number of all identified perpetrators;
  - (c) The date/time of any completed personnel actions;

- (d) A complete list of all personnel actions yet to be taken;
- (e) Descriptions of trainings which must be completed and the identity of the employees required to undergo the trainings;
- (f) Descriptions on any environmental modifications to be implemented;
- (g) A list of all policies, procedures, rules, and regulations that were violated, a brief description of how they violated, and the identity of the employees who violated them;
- (h) Any additional concerns identified but not otherwise stated;
- (i) Any additional management actions or recommendations not otherwise stated;
- (j) description of any relevant video surveillance footage
- (k) A list of supporting documents that were collected or reviewed;
- (l) A list of all individuals interviewed that indicates whether or not the interview was successful; and
- (m) A summary of the Final Analysis submitted by Risk in the Administrative Review Report;

**NOTE:** Any document referenced in the Initial Report or Final Report, or that was collected or reviewed as part of the Administrative Review, must be uploaded into IMS alongside the Final Report.

**NOTE:** The Final Report may experience a delay past the aforementioned deadline to submit the report in IMS if a state investigative agency requests DDSN to pause their internal investigation. However, the mere fact that a state investigative agency decides to conduct an investigation does not affect DDSN's internal investigation and timeline. DDSN employees shall follow normal operating procedures unless there is a formal request from the state investigative agency to pause the internal investigation. If a formal request is received, employees shall make all reasonable efforts to submit the Final Report in IMS as soon as practicable.

7. Addendums: Once QMRC accepts the Final Report in IMS, the Regional Center shall complete all personnel actions, staff trainings, environmental modifications, and any additional management actions or recommendations outlined in the Final Report and upload documentation of completion of those management actions into IMS as an Addendum.

Other information which warrants an addendum includes, but is not limited to:

- (a) A change in the disposition of the Administrative Review;
- (b) Closure letters or findings from state investigative agencies; and/or
- (c) Notification of the reinstatement of an employee following an employee grievance appeal and a brief description of the reason for reinstatement.

Addendum Review: Fourteen (14) calendar days after the Final Report is accepted by QMRC, the CRC will ensure that the Regional Center has submitted documentation establishing all management actions and relevant addendums, as described above, have been uploaded into IMS.

## V. RELEVANT LAW

DDSN is bound by all applicable federal and state laws and regulations. This section contains citations to some laws and regulations that shape how DDSN prevents and responds to abuse, neglect, or

exploitation of the people it serves. Please note that Regional Centers are required to comply with all applicable laws or regulations even if they are not listed below.

1. S.C. Code Ann. § 63-7-10, et seq.: Title 63, Chapter 7 of the South Carolina Code of Laws addresses the protection of children. Relevant sections include:

S. C. Code Ann. § 63-7-310. Persons Required to Report.

S.C. Code Ann. § 63-7-310 (A)

The following persons must report in accordance with this section when, in such person's professional capacity, he has received information that gives him reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20: a physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, clerical or nonclerical religious counselor who charges for services, school teacher, counselor, principal, assistant principal, school attendance officer, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, foster parent, police or law enforcement officer, juvenile justice worker, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, judge, and a volunteer non-attorney guardian ad litem serving on behalf of the South Carolina Guardian Ad Litem Program or on behalf of Richland County CASA.

S.C. Code Ann. § 63-7-310 (B)

If a person required to report pursuant to subsection (A) has received information in the person's professional capacity which gives the person reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but the reporter believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, the reporter must make a report to the appropriate law enforcement agency.

S.C. Code Ann. § 63-7-310 (C)

A person, as provided in subsections (A) and (B), who reports child abuse or neglect to a supervisor or person in charge of an institution, school, facility, or agency is not relieved of his individual duty to report in accordance with this section. The duty to report is not superseded by an internal investigation within the institution, school, facility, or agency.

2. S.C. Department of Public Health Regulation 61-13: This regulation governs the standards and licensing for intermediate care facilities for individuals with intellectual disabilities. It contains a number of sections pertaining to reports of abuse, neglect, or exploitation, some of which are:

DPH Reg. 61-13 § 701 (A)

A facility shall maintain a record of each accident and/or incident, including usage of mechanical or physical restraints, involving clients, staff members or volunteers, occurring in the facility or on the facility grounds. A facility's record of each accident and/or incident shall be documented, reviewed, investigated, and if necessary, evaluated in accordance with facility policies and procedures, and retained by the facility for six (6) years after the client's death, discharge, or transfer.

DPH Reg. 61-13 § 701 (B) (2)

Accidents and/or incidents occurring to clients within the facility or on the facility grounds requiring reporting to the Department include, but are not limited to confirmed or suspected cases of abuse, neglect, or exploitation.

DPH Reg. 61-13 § 701 (C) (2)

A facility shall immediately report every serious accident and/or incident that results in client's death or significant loss of function or damage to a body structure, not related to the natural course of a client's illness or underlying condition or normal course of treatment, and resulting from an accident and/or incident occurring to client within the facility or on the facility's grounds to the client's next-of-kin or responsible party, the attending physician, and the Department via telephone, email, or facsimile within twenty-four (24) hours of the serious accident and/or incident.

DPH Reg. 61-13 § 701 (D)

Indicates that a facility shall submit a written report of its investigation of every serious accident and/or incident to the Department within 5 days, and details what information must be included in the report.

3. S.C. Code Ann. § 43-35-5, et seq.: Title 43, Chapter 35 of the South Carolina Code of Laws provides and details a system for the protection of vulnerable adults, including defining what constitutes abuse, neglect, and exploitation of vulnerable adults, and establishing procedures for addressing and responding to allegations of ANE. Some relevant sections are:

S.C. Code Ann. § 43-35-10: Definitions.

S.C. Code Ann. § 43-35-10 (3). "Exploitation" means:

- (a) causing or requiring a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. Exploitation does not include requiring a vulnerable adult to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the patient;



(b) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person; or

(c) causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person through: (i) undue influence, (ii) harassment, (iii) duress, (iv) force, (v) coercion, or (vi) swindling by overreaching, cheating, or defrauding the vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause him to lose money or other property. S.C. Code Ann.

S.C. Code Ann. § 43-35-10 (4)

“Facility” means a nursing care facility, community residential care facility, a psychiatric hospital, or any residential program operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.

S.C. Code Ann. § 43-35-10 (6)

“Neglect” means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services and the failure or omission has caused, or presents a substantial risk of causing, physical or mental injury to the vulnerable adult. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.

S.C. Code Ann. § 43-35-10 (8)

“Physical abuse” means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery as defined in Section 16-3-651, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.

S.C. Code Ann. § 43-35-10 (10)

“Psychological abuse” means deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

S.C. Code Ann. § 43-35-10(11)

“Vulnerable adult” means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person's own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

4. S.C. Code Ann. § 43-35-25. Persons Required to Report Abuse, Neglect, or Exploitation of an Adult; Reporting Methods.

S.C. Code Ann. § 43-35-25(A)

A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or intellectual disability specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. Any other person who has actual knowledge that a vulnerable adult has been abused, neglected, or exploited shall report the incident in accordance with this section.

S.C. Code Ann. § 43-35-25(D)

A person required to report under this section must report the incident within twenty-four hours or the next working day. A report must be made in writing or orally by telephone or otherwise to: (1) the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs; (2) the Long Term Care Ombudsman Program for incidents occurring in facilities, except those facilities provided for in item (1); and (3) the Adult Protective Services Program for incidents occurring in all other settings..

S.C. Code Ann. § 43-35-25(E)

If the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or an investigative entity receives a report that is not within its investigative jurisdiction, the unit or investigative entity shall forward the report to the appropriate unit or investigative entity not later than the next working day.

S.C. Code Ann. § 43-35-25(F)

No facility may develop policies or procedures that interfere with the reporting requirements of this section.

S.C. Code Ann. § 43-35-25 (G).

Provided the mandatory reporting requirements of this section are met, nothing in this section precludes a person also from reporting directly to law enforcement, and in cases of an emergency, serious injury, or suspected sexual assault law enforcement must be contacted immediately.

5. S.C. Code Ann. § 43-35-85. Penalties.

S.C. Code Ann. §43-35-85 (A)

A person required to report under this chapter who knowingly and willfully fails to report abuse, neglect, or exploitation is guilty of a misdemeanor and, upon conviction, must be fined not more than twenty-five hundred dollars or imprisoned not more than one year.

S.C. Code Ann. §43-35-85 (B)

Except as otherwise provided in subsections (E) and (F), a person who knowingly and willfully abuses a vulnerable adult is guilty of a felony and, upon conviction, must be imprisoned not more than five years.

S.C. Code Ann. §43-35-85 (C)

Except as otherwise provided in subsections (E) and (F), a person who knowingly and willfully neglects a vulnerable adult is guilty of a felony and, upon conviction, must be imprisoned not more than five years.

S.C. Code Ann. §43-35-85 (D)

A person who knowingly and willfully exploits a vulnerable adult is guilty of a felony and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than five years, or both, and may be required by the court to make restitution.

S.C. Code Ann. §43-35-85 (E)

A person who knowingly and willfully abuses or neglects a vulnerable adult resulting in great bodily injury is guilty of a felony and, upon conviction, must be imprisoned not more than fifteen years.

S.C. Code Ann. §43-35-85 (F)

A person who knowingly and willfully abuses or neglects a vulnerable adult resulting in death is guilty of a felony and, upon conviction, must be imprisoned not more than thirty years.

S.C. Code Ann. §43-35-85 (G)

A person who threatens, intimidates, or attempts to intimidate a vulnerable adult subject of a report, a witness, or any other person cooperating with an investigation conducted pursuant to this chapter is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned for not more than three years.

S.C. Code Ann. §43-35-85 (H)

A person who willfully and knowingly obstructs or in any way impedes an investigation conducted pursuant to this chapter, upon conviction, is guilty of a misdemeanor and must be fined not more than five thousand dollars or imprisoned for not more than three years.

S.C. Code Ann. §43-35-85 (I)

As used in this section, "great bodily injury" means bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

## **VI. INTERESTED PARTIES**

The Vulnerable Adults Investigation Unit of SLED: The Vulnerable Adults Investigation Unit of SLED receives and coordinates the referral of all reports of ANE for vulnerable adults in any Regional Center. This unit operates a toll-free number, 24 hours a day, 7 days a week, to receive reports. This unit also investigates vulnerable adult fatalities.

Vulnerable Adults Fatalities Review Committee: The Vulnerable Adults Fatalities Review Committee is a multidisciplinary committee composed of members from other state agencies, a county coroner or medical examiner, a physician, a solicitor, and others as prescribed by statute. The purpose of this committee is to decrease the incidence of preventable vulnerable adult deaths. DDSN is an active member of this committee.

DPH, Division of Health Licensing: DPH shall be notified within (24 hours of any suspected incidents of ANE occurring within a Regional Center.

Long-Term Care Ombudsman Program: The Long-Term Care Ombudsman Program investigates ANE cases occurring in Regional Centers which were vetted by SLED and determined not to have reasonable suspicion of criminal conduct. Please see DDSN Directive 534-03-DD: The Long-Term Care Ombudsman Program.

Licensing Boards: The appropriate state licensure or state accreditation board (e.g., State Board of Nursing, State Board of Medical Examiners, Long Term Care Nurse Aid Registry), will be notified in writing by the Regional Center whenever an allegation of ANE, including failure to report, has been substantiated against a licensed/accredited employee. The employee may be subject to disciplinary action by the licensing/accreditation board.

Adult Protective Services Program ("APS") of Department of Social Services ("DSS"): The APS Program within DSS investigates or causes to be investigated noncriminal ANE reports of vulnerable adults occurring in all settings other than those facilities for which the Long-Term Care Ombudsman Program is responsible for investigating.

Department of Social Services: ANE allegations involving a minor must be reported to the county DSS or a law enforcement agency in the county where the child resides or is found. This includes suspected abuse that may have occurred while a person is living at home or on a home visit.

Human Rights Committee: DDSN’s Human Rights Committee shall be notified at the next regularly scheduled meeting of all ANEs and any results from state investigative agencies.

Legal Action: If legal papers are served which resulted from an incident of ANE, the Facility Administrator shall notify the DDSN General Counsel immediately upon receipt of the legal papers served. The Facility Administrator will forward the legal papers to the DDSN General Counsel’s Office no later than five (5) business days from the receipt of the legal papers.

Vulnerable Adults and Medicaid Provider Fraud Unit (“VAMPF”): The VAMPF unit of the State Attorney General’s Office targets fraud in the health care industry, including crimes against individuals in residential care facilities and criminal conduct by providers enrolled in the Medicaid program.

## **VII. CONFIDENTIALITY OF INCIDENT REPORTS**

IMS Reports, the Administrative Review Report, and all supporting documentation are considered confidential documents as they contain protected information regarding victims, persons supported, and alleged perpetrators. These reports may; however, be shared pursuant to subpoenas and requests made pursuant to the Freedom of Information Act. Additionally, DDSN believes it is in the best interest of the people we support to provide their parents, guardians, or designated loved ones with access to ANE reports for incidents involving them. Before any reports or information is released to an authorized outside party, approval from the Central Office Legal Department must be obtained and redactions will often be required.

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Eddie L. Miller  
Chairman

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Michelle Woodhead  
Vice Chairman

***To access the following attachments, please see the agency website page “Current Directives” at: <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>***

Related Directives:

- 100-09-DD Critical Incident Reporting
- 100-25-DD Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
- 100-26-DD Risk Management Program
- 413-01-DD Standards of Disciplinary Action
- 533-02-DD Sexual Assault Prevention and Incident Response
- 534-03-DD The Long-Term Care Ombudsman Program