

COMMITTEE TO STUDY CERTAIN ISSUES AFFECTING VETERANS

**STATE OF SOUTH CAROLINA
LEGISLATIVE JOINT COMMITTEE
OF
THE SENATE AND HOUSE OF REPRESENTATIVES**



REPORT TO THE GENERAL ASSEMBLY

JANUARY 31, 2016 REPORT

Committee Members:

**Representative James E. Smith, Chairman
Senator Thomas C. Alexander, Vice Chairman
Senator Paul G. Campbell, Jr.
Senator Lawrence "Larry" K. Grooms
Representative Michael A. Pitts
Representative F. Michael "Mike" Sottile**

**Staff:
Ava Brumfield**

JOINT COMMITTEE
OF
THE SOUTH CAROLINA
SENATE AND HOUSE OF REPRESENTATIVES

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I. INTRODUCTION AND METHODOLOGY

The Committee to Study Certain Issues Affecting Veterans was established with the authority of Act 342 of 2010 with the report submission deadline extended twice by Act 101 of 2011 to January 31, 2012 and by Act 320 of 2012 to January 31, 2016. The Committee's membership is comprised of six legislators appointed by the President of the Senate and the Speaker of the House. Those appointed are: Representatives Michael A. Pitts, James E. Smith, Jr., Michael Sottile and Senators Thomas C. Alexander, Paul G. Campbell, Jr., and Lawrence K. Grooms.

The overall focus of the Veterans' Issues Committee is to study and address issues regarding long-term care and health care facilities for the veteran population of the State of South Carolina. The specific directives include studying the following: the advisability and feasibility of constructing an additional state veterans' nursing home in South Carolina; veterans' access to existing nursing facility and adult daycare facilities and the availability of these facilities to veterans who may be in need of them; the ways in which the State should proceed to generate maximum use of state tax revenue for the benefit of veterans; the projected veteran population in South Carolina during the next twenty years; and possible improvement projects to existing state nursing facilities for veterans.

The election of the officers occurred at the initial meeting. Representative James E. Smith, Jr. was elected to serve as Chairman of the Committee and Senator Thomas C. Alexander was elected to serve as Vice-Chairman. The Committee familiarized themselves with the issues as stated in the Act and requested the following: data on availability of veteran nursing home beds; statistical data on veteran population in South Carolina; condition of nursing homes for veterans; and a report of legislative priorities from the S.C. Department of Mental Health Director Dr. John Magill who oversees the State's three veteran nursing homes.

The chairman of the Veterans Issues Committee requested the Department of Mental Health (DMH) to schedule visits to the three veterans' nursing home facilities for the Committee. The purpose is to gain an understanding of the operations of the facilities and to observe the condition of the facilities to determine the necessity of a fourth veterans' nursing home to accommodate the State's veteran population.

To complete a thorough report, the Chairman of the Committee requested the Department of Health and Environmental Control (DHEC) provide the Committee with any and all complaints related to E. Roy Stone Veterans Pavilion/CM Tucker, Jr. Nursing Care; Veterans Victory House; and Richard M. Campbell Nursing Care Center for years beginning 2011 through 2016. Statement of Deficiencies and Plan of Correction were provided for each facility and are summarized in the Findings of each facility.

II. RECOMMENDATIONS

The Committee recommends that the General Assembly fund the FTE (full-time equivalent) authorized in Section 25-11-75 which requires the appointment of an additional claims representative within the Division of Veterans' Affairs. The law states that the claims representative is charged with the duty of assisting all ex-servicemen, regardless of the war in which their service may have been rendered, and other associated duties (see Exhibit A on page 10). Act 294 of 2002 has not been funded. The Committee also recommends the reinstatement of funding for Section 25-11-90 which provides for two FTEs for the War Roster that were lost through budget cuts (see Exhibit B on page 11.)

The United States Department of Veterans' Affairs (USDVA) acknowledges the need for a fourth nursing home in South Carolina. The Committee recommends the General Assembly direct the Department of Mental Health (DMH) to provide the General Assembly with information about the cost to the State to qualify for matching federal funds for a fourth veterans' nursing facility. (Funding for a fourth facility is expected to be a 65% (federal)/ 35% (state) match from USDVA.)

The Committee recommends funding medication management training for DMH staff/nurses who work with veterans. The Committee also recommends a separate stream of funding to treat veterans diagnosed with Post Traumatic Stress Disorder (PTSD).

III. FINDINGS: TOUR OF S.C. VETERANS' NURSING HOMES

Committee members, the Department of Veterans' Affairs and the Division of Veterans Affairs were invited to tour the nursing homes facilities. The following is a synopsis of the tours which includes the findings for each facility.

I. E. Roy Stone Pavilion Veterans Pavilion / C.M. Tucker, Jr. Nursing Care, Columbia, S.C.

– March 6, 2014:

The Stone Pavilion was built in 1971 and is the oldest of the three veterans' nursing homes in South Carolina. Capacity for residents is 76 and Stone Pavilion currently is housing 67 men. The facility is undergoing renovations that will increase the capacity to accommodate 90 residents. The current short waiting list is eight (8) veterans for immediate bed requests. The general waiting list consists of 32 veterans. Current residents at Stone Pavilion are mostly Vietnam Veterans.

The facility is administered by a Long Term Care Administrator who is licensed at both state and national levels. The administrator is also a registered nurse with a degree in Health Services, and is a certified preceptor for the Administrator-in-Training program through the SC Long Term Care Administrator Board. The administration of the facility is under the supervision of the Deputy Director for Inpatient Services for the S.C. Department of Mental Health.

Current challenges, needs and concerns identified by facility:

- ❖ Staffing, competitive salaries and equipment.
 - Stone has its own Certified Nursing Assistant (CNA) training program and has graduated 80 students. However, once their contracts end, Stone trained CNAs tend move on to better paying positions with other health and long term care facilities.

- Sixty percent of nurses on staff are contracted – Retention of experienced personnel is a challenge.
- ❖ Currently, veterans may receive in-home care and apply for \$2,500 to be paid to care givers. This VA program must have at least 25 veterans to participate in order to start a program. The program operates out of the Lieutenant Governor's Office and has a specific person to assist returning soldiers to access care.
- ❖ Special Needs: It is projected that the percentage of veterans with Alzheimer's Disease will increase, which will require specialized staffing and treatment facilities.
- ❖ Nursing home vs. domiciliary facility beds – Demand exists for both veterans' nursing home beds and domiciliary facility beds.

Complaints related to E. Roy Stone Veterans Pavilion / C.M. Tucker, Jr Nursing Care:

DHEC provided seven (7) Statement of Deficiencies and Plan of Correction and four (4) revealed the facility was in substantial compliance with Medicare regulations and no deficiencies were cited. However three (3) of those provided revealed the facility was not in substantial compliance with Medicare regulations. The three (3) complaints involved patient injury as follows:

(1) Resident fell out of bed resulting in facial bruising and fractured rib. Corrective actions, i.e. Fall Care Plans, and disciplinary actions were warranted. (Date of report: 8/26/2015.)

(2) Resident fell to the floor from a broken shower stretcher resulting in serious injury. A plan of corrective action was developed and the broken stretcher was replaced immediately. (Date of report: 7/25/2012)

(3) Resident was found with a red abrasion on face and nose. The injury to the face was unwitnessed and the resident was unable to explain what happened. Citation revealed no report was filed as required. Corrective action involved in-service training for staff on reporting procedures. (Date of report: 7/25/2012.)

II. Veterans' Victory House, Walterboro, S.C. – April 17, 2014:

The Veterans' Victory House opened in 2006 serving 220 residents and is the newest of the three veterans nursing facilities in South Carolina. It has an active waiting list of 18 veterans needing immediate beds, and approximately 500 veterans are on the general waiting list. The wait-time for a veteran needing a bed is from three to six months to before being admitted. Ninety-five percent of the residents at Victory House are male.

The Veterans Victory House is administered by a Long Term Care Administrator who is licensed at both the state and national levels. The administrator holds a MBA in Long Term Health Care Administration, a degree in Human Services and Sociology, and a degree in Long Term Health Care. The administration of the facility is under the supervision of the Deputy Director for Inpatient Services for the S.C. Department of Mental Health. The Victory House receives excellent community support.

Current challenges, needs and concerns identified by facility:

- ❖ Staffing, competitive salaries
- ❖ Inpatient Electronic Medical Records
- ❖ Computer System with Face-time and Skype capabilities
- ❖ Training for staff to treat brain injuries
- ❖ Skilled nurses

- ❖ Medication and cost of medical errors
- ❖ Increase in female residents in the future
- ❖ Special needs: Veterans with Alzheimer's Disease
- ❖ Future concern – providing respite care for veterans

Complaints related to Veterans' Victory House:

DHEC provided eleven (11) Statement of Deficiencies and Plan of Correction, and seven (7) revealed the facility was in substantial compliance with Medicare regulations and no deficiencies were cited. However, three (3) complaints and one (1) recertification revealed citations as follows:

(1) Resident #2* was allegedly verbally abused. Corrective action involved suspension of employee (who did not return to work) and reeducating facility staff on abuse policy and procedure. Resident #1* was admitted and did not receive appropriate care after admission. A plan of corrective action included disciplinary action and orientation for the employee. (Date of report: 9/25/2015.) *As reflected in report

(2) Resident was abused by two CNAs (Certified Nursing Aides). Corrective action resulted in the termination of the two CNAs and one on one reeducation of staff as well as facility-wide training regarding protecting residents for further abuse /harm. (Date of report: 10/3/2013)

(3) Re-certification Survey results based on observations, review of the facilities cleaning assignments, storage of routine and emergency drugs, record keeping, administering minutes, etc., warranted a plan of correction for each area noted in the report. Corrective actions were implemented for the five areas identified for re-certification approval. (Date of report: 1/30/2013)

(4) Re-certification survey revealed all areas identified for compliance were met. (Date of report: 1/31/2013)

(5) Re-certification Survey and Complaint Survey revealed (based on administrative record reviews and interviews) deficiencies in several areas including, but not limited to Medicaid and Medicare compliance. Plan of correction included, but not limited to re-education of staff in all areas identified as deficient. Date of report: 2/16/2011)

III. Richard M. Campbell Nursing Care Center, Anderson, S.C., April 24, 2014

The Campbell Veterans' Nursing Home opened in 1990 as a part of a mandate to the Department of Mental Health by the General Assembly to provide care for the veterans of the state. The facility currently serves 219 residents, 210 males and nine (9) females. The active waiting list for veterans needing immediate beds at Campbell is 26 and the general wait list is 1200.

Campbell has a special unit for residents with Alzheimer's disease which currently houses 44 men. The female veterans reside in one unit and should a female veteran be diagnosed with Alzheimer's disease, she would remain in that unit.

Current challenges, needs and concerns identified by facility:

- ❖ Staffing – retaining experienced CNAs, nurses and licensed staff
- ❖ Utilizing Tele-medicine to increase access to specialized care
- ❖ Developing facilities to reduce the general wait list
- ❖ Acquire VisPro – a computer software program to assist professionals and their clients who are veterans and dependents of veterans understand and navigate the complicated VA and DOD benefits application process.

Complaints related to Richard M. Campbell Nursing Care Center:

DHEC provided six (6) Statement of Deficiencies and Plan of Correction, and five (5) revealed the facility was in substantial compliance with Medicare regulations and no deficiencies were cited. However one (1) a complaint indicating the facility failed to obtain reports from the wound clinic, an outside provider, to ensure that treatments were transcribed and implemented as ordered for the resident. A plan of action includes, but not limited to, the development of a tracking form to be used by each Unit Secretary in all units to ensure protocol is followed for each resident. (Date of report: 7/25/2013)

EXHIBIT A

SECTION 25-11-75. Appointment of additional claims representative.

The Director of the Division of Veterans Affairs shall appoint an additional claims representative within the Division of Veterans Affairs, who, in addition to being charged with the duty of assisting all ex-servicemen, regardless of the wars in which their service may have been rendered, in filing, presenting, and prosecuting to final determination all claims which they have for money compensation, hospitalization, training, and insurance benefits under the terms of federal legislation, shall also specialize in the specific needs and diseases associated with veterans of the Vietnam era. The person appointed as a claims representative under this section must be versed in federal legislation relating to these matters and the rules, regulations, and practice of the Veterans Administration as created by Congress.

Subject to the direction of the director, and in addition to other duties prescribed in this section, the claims representative appointed pursuant to this section may represent the Division of Veterans Affairs on the South Carolina Agent Orange Advisory Council and on the Hepatitis C Coalition established by the South Carolina Department of Health and Environmental Control, assist the Division of Veterans Affairs in carrying out its duties in connection with the Agent Orange Information and Assistance program, represent the director in connection with functions relating to Vietnam veterans, and perform other duties as may be assigned by the director.

The position created by this section is a classified position subject to Article 3, Chapter 11, Title 8 of the 1976 Code. In the general appropriations act for fiscal year 2001-2002 and thereafter, the General Assembly shall add the position in the budget for the Division of Veterans Affairs and provide for its funding.

EXHIBIT B

SECTION 25-11-90. Roster of active duty service in certain operations and conflicts; contents.

(A) The Division of Veterans Affairs shall prepare a complete roster of all South Carolina members of the United States military who served on active duty during:

- (1) the Korean conflict;
- (2) the Vietnam conflict;
- (3) Operation Urgent Fury (Grenada);
- (4) Operation Just Cause (Panama);
- (5) Operations Desert Shield and Desert Storm (Iraq and Kuwait);
- (6) Operation Restore Hope (Somalia);
- (7) Operations Joint Guard, Joint Forge, and Joint Endeavor (Bosnia-Herzegovina);
- (8) Operation Joint Guardian (Kosovo);
- (9) Operation Noble Eagle (Homeland Defense); and
- (10) Operations Enduring Freedom and Iraqi Freedom (Afghanistan, Horn of Africa, Iraq, and Philippines).

This roster shall also include veterans born in South Carolina who served on active duty but may have enlisted in another state. Upon returning to South Carolina, that veteran's name must be added to the roster.

The list must be periodically updated to include persons who serve on active duty or are mobilized in any subsequent named military operation in which United States military personnel are engaged in armed conflict or any future war declared by the United States Congress.

(B) The roster shall contain the principal items of record of all military personnel included on the roster as shown by the service cards or records in the Office of State Selective Service, the

Adjutant General, and the Department of Defense of the United States. The roster must be arranged in a manner to make the information readily accessible.

(C) The roster also shall contain an Order of Battle to include the name and location of assignment of every unit of the South Carolina National Guard and every active and reserve unit based in South Carolina participating in any of the conflicts listed in subsection (A). The Order of Battle must be periodically updated in conjunction with the roster.

(D) The Division of Veterans Affairs shall secure printing of the roster, and a copy or set must be delivered to the South Carolina Department of Archives and History, Department Headquarters of the American Legion and Auxiliary, Department Headquarters of the Veterans of Foreign Wars and Auxiliary, Department Headquarters of the Disabled American Veterans, county libraries, and each county Veterans Affairs Service Officer. Any remaining copies must be placed in the Office of the Division of Veterans Affairs for distribution as needed.

(E) The preparation and distribution of the roster is subject to the availability of funds as appropriated by the General Assembly to the Governor's Office, Division of Veterans Affairs for this purpose. These rosters and their distribution must be maintained and updated based on workloads and availability of funds.

(F) The inclusion of a person's name on the roster does not entitle the person to any additional benefits or any benefits for which the person would not otherwise qualify.

APPENDIX

South Carolina General Assembly
118th Session, 2009-2010

A342, R129, H3488

STATUS INFORMATION

Joint Resolution

Sponsors: Reps. J.E. Smith, Hart, Williams, R.L. Brown, Hutto and Weeks

Document Path: I:\council\ills\ms\7177zw09.docx

Introduced in the House on February 10, 2009

Introduced in the Senate on April 30, 2009

Last Amended on February 2, 2010

Passed by the General Assembly on February 17, 2010

Governor's Action: February 24, 2010, Signed

Summary: Veterans

HISTORY OF LEGISLATIVE ACTIONS

Date	Body	Action Description with journal page number
2/10/2009	House	Introduced and read first time <u>HJ-11</u>
2/10/2009	House	Referred to Committee on Medical, Military, Public and Municipal Affairs <u>HJ-12</u>
2/26/2009	House	Member(s) request name added as sponsor: Hart
3/4/2009	House	Member(s) request name added as sponsor: Williams
3/31/2009	House	Member(s) request name added as sponsor: R.L.Brown
4/22/2009	House	Committee report: Favorable with amendment Medical, Military, Public and Municipal Affairs <u>HJ-53</u>
4/23/2009	House	Member(s) request name added as sponsor: Hutto, Weeks
4/24/2009		Scrivener's error corrected
4/28/2009	House	Debate adjourned until Wednesday, April 29, 2009 <u>HJ-35</u>
4/29/2009	House	Amended <u>HJ-201</u>
4/29/2009	House	Read second time <u>HJ-202</u>
4/30/2009	House	Read third time and sent to Senate <u>HJ-15</u>

duration of the committee's existence as provided by this joint resolution. Any vacancy on the committee shall be filled in the manner of original appointment as provided by this section.

Committee to study matters

SECTION 2. The committee shall study the following:

(A) the advisability and feasibility of constructing an additional state veterans' nursing home in South Carolina;

(B) veterans' access to existing nursing facilities and adult daycare facilities and the availability of these facilities to veterans who may be in need of them;

(C) the ways in which the State should proceed to generate maximum use of state tax revenue for the benefit of veterans;

(D) the projected veteran population in South Carolina during the next twenty years; and

(E) possible improvement projects to existing state nursing facilities for veterans.

When formulating its findings and recommendations, the committee shall consider information and recommendations from the state Office of Veterans Affairs and representatives of the veteran community.

Report

SECTION 3. The committee shall render a written report of its findings and recommendations based upon its study conducted pursuant to Section 2. The report shall be presented to both houses of the General Assembly and to the Governor not later than September 1, 2010. Upon presenting the written report in accordance with the provisions of this section, the committee shall be dissolved and this joint resolution shall expire.

Committee to receive assistance, etc.

SECTION 4. The committee shall receive clerical and related assistance from the staff of the Senate and the staff of the House of Representatives, as approved and designated by the President of the Senate and the Speaker of the House, respectively. The members of the committee may not receive compensation and are not entitled to receive mileage, subsistence, and per diem authorized by law for members of state boards and committees.

Time effective

SECTION 5. This joint resolution takes effect upon approval by the Governor.

Ratified the 18th day of February, 2010.

Approved the 24th day of February, 2010.

South Carolina General Assembly
119th Session, 2011-2012

A101, R28, H3622

STATUS INFORMATION

Joint Resolution

Sponsors: Reps. J.E. Smith, Pitts and Sottile

Document Path: I:\council\bills\ggs\22905zw11.docx

Introduced in the House on February 8, 2011

Introduced in the Senate on February 15, 2011

Passed by the General Assembly on March 10, 2011

Governor's Action: April 12, 2011, Signed

Summary: Veterans' Issues Study Committee

HISTORY OF LEGISLATIVE ACTIONS

<u>Date</u>	<u>Body</u>	<u>Action Description with journal page number</u>
2/8/2011	House	Introduced, read first time, placed on calendar without reference (<u>House Journal-page 53</u>)
2/9/2011	House	Read second time (<u>House Journal-page 23</u>)
2/10/2011	House	Read third time and sent to Senate (<u>House Journal-page 15</u>)
2/15/2011	Senate	Introduced and read first time (<u>Senate Journal-page 13</u>)
2/15/2011	Senate	Referred to Committee on General (<u>Senate Journal-page 13</u>)
3/1/2011	Senate	Polled out of committee General (<u>Senate Journal-page 9</u>)
3/1/2011	Senate	Committee report: Favorable General (<u>Senate Journal-page 9</u>)
3/2/2011		Scrivener's error corrected
3/9/2011	Senate	Read second time (<u>Senate Journal-page 17</u>)
3/9/2011	Senate	Roll call Ayes-40 Nays-0 (<u>Senate Journal-page 17</u>)
3/10/2011	Senate	Read third time and enrolled (<u>Senate Journal-page 6</u>)
4/6/2011		Ratified R 28
4/12/2011		Signed By Governor
4/14/2011		Effective date 04/12/11
8/23/2011		Act No. 101

VERSIONS OF THIS BILL

2/8/2011

2/8/2011-A

3/1/2011

3/2/2011

(A101, R28, H3622)

A JOINT RESOLUTION TO EXTEND THE DEADLINE FOR THE VETERANS' ISSUES STUDY COMMITTEE TO SUBMIT ITS WRITTEN REPORT FROM SEPTEMBER 1, 2010, TO JANUARY 31, 2012.

Be it enacted by the General Assembly of the State of South Carolina:

Deadline extended

SECTION 1. The deadline for the Veterans' Issues Study Committee to submit the written report required pursuant to Act 342 of 2010 is extended from September 1, 2010, to January 31, 2012.

Time effective

SECTION 2. This act takes effect upon approval by the Governor.

Ratified the 6th day of April, 2011.

Approved the 12th day of April, 2011.

South Carolina General Assembly
119th Session, 2011-2012

A320, R197, H4906

STATUS INFORMATION

Joint Resolution

Sponsors: Rep. J.E. Smith

Document Path: I:\council\billsggs\22307zw12.docx

Introduced in the House on February 28, 2012

Introduced in the Senate on March 6, 2012

Last Amended on April 26, 2012

Passed by the General Assembly on May 2, 2012

Governor's Action: May 14, 2012, Signed

Summary: Veteran's Issue Study Committee

HISTORY OF LEGISLATIVE ACTIONS

<u>Date</u>	<u>Body</u>	<u>Action Description with journal page number</u>
2/28/2012	House	Introduced, read first time, placed on calendar without reference (<u>House Journal-page 13</u>)
2/29/2012	House	Read second time (<u>House Journal-page 134</u>)
2/29/2012	House	Roll call Yeas-110 Nays-0 (<u>House Journal-page 134</u>)
3/1/2012	House	Read third time and sent to Senate (<u>House Journal-page 25</u>)
3/6/2012	Senate	Introduced and read first time (<u>Senate Journal-page 15</u>)
3/6/2012	Senate	Referred to Committee on General (<u>Senate Journal-page 15</u>)
4/25/2012	Senate	Polled out of committee General (<u>Senate Journal-page 20</u>)
4/25/2012	Senate	Committee report: Favorable General (<u>Senate Journal-page 20</u>)
4/26/2012	Senate	Amended (<u>Senate Journal-page 9</u>)
4/26/2012	Senate	Read second time (<u>Senate Journal-page 9</u>)
4/26/2012	Senate	Roll call Ayes-35 Nays-0 (<u>Senate Journal-page 9</u>)
4/27/2012		Scrivener's error corrected
5/1/2012	Senate	Read third time and returned to House with amendments (<u>Senate Journal-page 18</u>)
5/2/2012	House	Concurred in Senate amendment and enrolled (<u>House Journal-page 72</u>)
5/2/2012	House	Roll call Yeas-102 Nays-0 (<u>House Journal-page 72</u>)
5/8/2012		Ratified R 197
5/14/2012		Signed By Governor
5/17/2012		Effective date 05/14/12
9/5/2012		Act No. 320

VERSIONS OF THIS BILL

2/28/2012

2/28/2012-A

4/25/2012

4/26/2012

4/27/2012

(A320, R197, H4906)

A JOINT RESOLUTION TO EXTEND THE DEADLINE FOR THE VETERANS' ISSUES STUDY COMMITTEE TO SUBMIT ITS WRITTEN REPORT FROM JANUARY 31, 2012, TO JANUARY 31, 2016.

Be it enacted by the General Assembly of the State of South Carolina:

Veterans' Issues Study Committee Report deadline extended

SECTION 1. The deadline for the Veterans' Issues Study Committee to submit the written report required pursuant to Act 342 of 2010 is extended from January 31, 2012, to January 31, 2016.

Time effective

SECTION 2. This joint resolution takes effect upon approval by the Governor.

Ratified the 8th day of May, 2012.

Approved the 14th day of May, 2012.

PRESENTATIONS OF VETERANS NURSING HOMES

Facts about the South Carolina Department of Mental Health’s Veterans Nursing Homes

INTRODUCTION

C.M. Tucker, Jr., Nursing Care Center – Stone Pavilion, Richard M. Campbell Veterans Nursing Home, and Veterans Victory House are the Veterans nursing homes of the South Carolina Department of Mental Health.

STATISTICS



Stone Pavilion

Location	Columbia
Opened	1971
Number of Beds	76
Average Daily Census (FY2013)	72
Number Served (FY2013)	97
Total Bed Days (FY2013)	26,104
Total Expenditures (FY2013)	\$7,150,809
Waiting List (February 5, 2014)	8



Campbell

Location	Anderson
Opened	1990
Number of Beds	220
Average Daily Census (FY2013)	217
Number Served (FY2013)	337
Total Bed Days (FY2013)	79,315
Total Expenditures (FY2013)	\$14,609,188
Waiting List (February 5, 2014)	12



Victory House

Location	Walterboro
Opened	2006
Number of Beds	220
Average Daily Census (FY2013)	217
Number Served (FY2013)	308
Total Bed Days (FY2013)	79,330
Total Expenditures (FY2013)	\$14,945,301
Waiting List (February 5, 2014)	12

FUNDING

In FY2013, State Appropriations and revenue from the Veterans Administration accounted for a majority of each facility’s funding: Stone Pavilion (84.58%); Richard M. Campbell Veterans Nursing Home (84.08%); and Veterans Victory House (86.59%). Both funding sources are key components of the future success of these facilities.

In FY2014, the General Assembly of the State of South Carolina appropriated an additional \$4.5 million to the South Carolina Department of Mental Health for use in its Veterans nursing homes.

- Appropriated funds will enable the Department to sustain nursing home operations in the Department’s three Veterans nursing homes.
- Appropriated funds will also be used in consideration of the construction of a domiciliary care facility for the provision of rehabilitative care for Veterans whose needs do not meet the criteria for skilled nursing, or nursing home care, but who require short-term interventions including physical, behavioral, spiritual, psychosocial, addiction counseling, vocational, dietary, and occupational.

**STATE VETERANS’ DOMICILIARY FACILITY:
FEASIBILITY STUDY CONCLUSIONS**

Based on the information gathered during the preparation of the feasibility study for consideration for the establishment of a State Veterans’ domiciliary facility, staff at the South Carolina Department of Mental Health believes construction of a 60-bed domiciliary facility is desirable and feasible:

- Adequate funding for construction is available. Sufficient funds were appropriated by the General Assembly during the FY2013-2014 budgetary cycle to serve as match for Federal funds – the total of which surpasses the expected need.
- Funding for operations would need to be appropriated. While the State of South Carolina must appropriate funds to operate said domiciliary facility, VA funds are available to offset the care and maintenance of the Veterans utilizing the facility at the rate of the lessor of 50% of the cost per bed per day or \$41.90 per bed per day.
- While no formula is available to use to predict the optimal number of beds, apparent demand from the ratios set forth in the report would dictate that at least 60 beds are necessary to accommodate the unmet need.
- Three existing sites are readily available to the South Carolina Department of Mental Health with only the need to determine which affords the best return on investment for such a project. All three sites are owned by the Department and could be appropriate for said project with much ease. While site determinations are needed to ensure the best placement of a domiciliary facility, preliminary reviews indicate that of the existing facilities, Veterans Victory House is the optimal site location.

THE FUTURE

Expansion of Stone Pavilion – Demand for Veterans nursing home beds is high. Many Veterans are provided cared in nursing homes that are not veteran-specific. In order to address the demand, Stone Pavilion is renovating the facility to expand its number of beds to 90.

Nursing Home vs. Domiciliary Facility Beds – Demand exists for both Veterans nursing home beds and domiciliary facility beds. The South Carolina Department of Mental Health is evaluating the best method to address both needs with finite resources.

NOTES

FY12 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDx)

SOUTH CAROLINA										
Expenditures in \$000s										
County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pension	Construction	Education & Vocational Rehabilitation/ Employment	Loan Guaranty#	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
ABBEVILLE	2,229	\$ 11,284	\$ 6,269	\$ -	\$ 284	\$ -	\$ -	\$ 86	\$ 4,666	725
AIKEN	15,743	\$ 87,215	\$ 39,685	\$ -	\$ 5,417	\$ -	\$ -	\$ 1,381	\$ 40,732	4,853
ALLENDALE	725	\$ 4,073	\$ 1,871	\$ -	\$ 173	\$ -	\$ -	\$ 14	\$ 2,015	202
ANDERSON	16,697	\$ 66,986	\$ 40,082	\$ -	\$ 3,282	\$ -	\$ -	\$ 969	\$ 22,653	4,379
BAMBERG	1,585	\$ 7,671	\$ 4,280	\$ -	\$ 444	\$ -	\$ -	\$ 41	\$ 2,906	403
BARNWELL	1,804	\$ 9,681	\$ 5,204	\$ -	\$ 482	\$ -	\$ -	\$ 17	\$ 3,978	510
BEAUFORT	19,496	\$ 78,583	\$ 47,869	\$ -	\$ 9,468	\$ -	\$ 798	\$ 1,632	\$ 18,816	4,008
BERKELEY	23,569	\$ 117,449	\$ 60,446	\$ -	\$ 14,292	\$ -	\$ -	\$ 1,610	\$ 41,100	5,926
CALHOUN	1,512	\$ 6,437	\$ 2,808	\$ -	\$ 196	\$ -	\$ -	\$ 27	\$ 3,407	451
CHARLESTON	30,136	\$ 231,177	\$ 93,728	\$ 4,661	\$ 18,366	\$ -	\$ 3,015	\$ 2,679	\$ 108,729	10,235
CHEROKEE	4,378	\$ 19,320	\$ 10,907	\$ -	\$ 1,812	\$ -	\$ -	\$ 277	\$ 6,324	1,141
CHESTER	2,448	\$ 16,540	\$ 9,490	\$ -	\$ 430	\$ -	\$ -	\$ 146	\$ 6,475	897
CHESTERFIELD	3,261	\$ 17,340	\$ 10,358	\$ -	\$ 585	\$ -	\$ -	\$ 248	\$ 6,149	974
CLARENDON	2,663	\$ 19,714	\$ 12,208	\$ -	\$ 614	\$ -	\$ -	\$ 121	\$ 6,770	1,086
COLLETON	3,742	\$ 24,369	\$ 12,363	\$ -	\$ 806	\$ -	\$ -	\$ 84	\$ 11,116	1,294
DARLINGTON	5,805	\$ 28,814	\$ 17,063	\$ -	\$ 1,234	\$ -	\$ -	\$ 299	\$ 10,218	1,628
DILLON	2,045	\$ 11,653	\$ 7,337	\$ -	\$ 618	\$ -	\$ -	\$ 182	\$ 3,516	613
DORCHESTER	17,611	\$ 107,941	\$ 60,023	\$ -	\$ 16,404	\$ -	\$ -	\$ 1,408	\$ 30,105	4,378
EDGEFIELD	1,952	\$ 10,623	\$ 4,572	\$ -	\$ 302	\$ -	\$ -	\$ 141	\$ 5,607	685
FAIRFIELD	2,048	\$ 12,433	\$ 7,172	\$ -	\$ 488	\$ -	\$ -	\$ 256	\$ 4,517	573
FLORENCE	10,370	\$ 56,449	\$ 33,123	\$ 11	\$ 3,698	\$ -	\$ 597	\$ 452	\$ 18,569	3,318
GEORGETOWN	5,967	\$ 27,040	\$ 12,981	\$ -	\$ 1,055	\$ -	\$ -	\$ 430	\$ 12,573	1,760
GREENVILLE	34,686	\$ 130,121	\$ 79,280	\$ -	\$ 11,945	\$ -	\$ -	\$ 2,283	\$ 36,613	7,325
GREENWOOD	5,167	\$ 31,732	\$ 19,760	\$ -	\$ 1,521	\$ -	\$ -	\$ 274	\$ 10,177	1,697
HAMPTON	1,683	\$ 8,446	\$ 4,712	\$ -	\$ 631	\$ -	\$ -	\$ 104	\$ 3,000	501
HORRY	28,495	\$ 143,195	\$ 84,642	\$ -	\$ 7,621	\$ -	\$ -	\$ 1,520	\$ 49,412	8,979
JASPER	1,772	\$ 8,954	\$ 4,956	\$ -	\$ 920	\$ -	\$ -	\$ 145	\$ 2,932	529
KERSHAW	6,303	\$ 51,454	\$ 32,500	\$ -	\$ 4,921	\$ -	\$ -	\$ 313	\$ 13,721	2,156
LANCASTER	6,677	\$ 28,722	\$ 17,590	\$ -	\$ 1,068	\$ -	\$ -	\$ 247	\$ 9,818	1,807
LAURENS	5,514	\$ 26,932	\$ 18,031	\$ -	\$ 851	\$ -	\$ -	\$ 447	\$ 7,604	1,412
LEE	1,591	\$ 8,664	\$ 4,999	\$ -	\$ 325	\$ -	\$ -	\$ 59	\$ 3,281	451
LEXINGTON	25,512	\$ 130,551	\$ 73,394	\$ -	\$ 10,986	\$ -	\$ -	\$ 1,284	\$ 44,888	6,205
MCCORMICK	1,161	\$ 6,801	\$ 3,966	\$ -	\$ 192	\$ -	\$ -	\$ 29	\$ 2,614	359
MARION	2,639	\$ 14,568	\$ 8,479	\$ -	\$ 849	\$ -	\$ -	\$ 175	\$ 5,065	897
MARLBORO	1,808	\$ 10,585	\$ 6,424	\$ -	\$ 437	\$ -	\$ -	\$ 307	\$ 3,417	616
NEWBERRY	2,927	\$ 15,868	\$ 9,498	\$ -	\$ 1,084	\$ -	\$ -	\$ 182	\$ 5,103	713
OCONEE	7,262	\$ 27,173	\$ 18,372	\$ -	\$ 1,366	\$ -	\$ -	\$ 389	\$ 7,046	1,416
ORANGEBURG	6,539	\$ 46,859	\$ 26,096	\$ -	\$ 2,230	\$ -	\$ -	\$ 875	\$ 17,658	2,659
PICKENS	9,089	\$ 43,352	\$ 25,517	\$ -	\$ 3,278	\$ -	\$ -	\$ 495	\$ 14,062	2,080

FY12 GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDX)

SOUTH CAROLINA Expenditures in \$000s										
County/ Congressional District	Veteran Population*	Total Expenditure	Compensation & Pension	Construction	Education & Vocational Rehabilitation/ Employment	Loan Guaranty#	General Operating Expenses	Insurance & Indemnities	Medical Care	Unique Patients**
RICHLAND	35,246	\$ 399,044	\$ 186,605	\$ 5,999	\$ 46,581	\$ -	\$ 55,175	\$ 2,797	\$ 101,887	13,829
SALUDA	1,476	\$ 7,015	\$ 3,404	\$ -	\$ 153	\$ -	\$ -	\$ 121	\$ 3,337	444
SPARTANBURG	23,239	\$ 95,827	\$ 58,260	\$ -	\$ 5,808	\$ -	\$ -	\$ 1,316	\$ 30,442	5,239
SUMTER	12,076	\$ 95,872	\$ 58,129	\$ -	\$ 10,916	\$ -	\$ -	\$ 1,267	\$ 25,560	4,040
UNION	1,976	\$ 9,594	\$ 6,314	\$ -	\$ 399	\$ -	\$ -	\$ 81	\$ 2,799	595
WILLIAMSBURG	2,466	\$ 16,869	\$ 9,001	\$ -	\$ 698	\$ -	\$ -	\$ 136	\$ 7,035	895
YORK	20,433	\$ 71,630	\$ 41,686	\$ -	\$ 5,679	\$ -	\$ -	\$ 990	\$ 23,275	4,520
SOUTH CAROLINA (Total)	421,525	\$ 2,402,619	\$ 1,301,455	\$ 10,671	\$ 200,887	\$ -	\$ 59,585	\$ 28,335	\$ 801,687	119,403
CONG DIST (01)	94,353	\$ 519,342	\$ 260,792	\$ 3,142	\$ 47,122	\$ -	\$ 3,015	\$ 6,850	\$ 198,423	26,999
CONG DIST (02)	81,141	\$ 461,028	\$ 252,338	\$ 5,999	\$ 49,034	\$ -	\$ 4,148	\$ 5,604	\$ 143,906	22,359
CONG DIST (03)	62,630	\$ 303,110	\$ 172,067	\$ -	\$ 15,668	\$ -	\$ -	\$ 4,148	\$ 111,226	17,053
CONG DIST (04)	60,501	\$ 236,845	\$ 144,733	\$ -	\$ 18,194	\$ -	\$ -	\$ 3,687	\$ 70,231	13,246
CONG DIST (05)	66,442	\$ 335,050	\$ 200,384	\$ -	\$ 23,228	\$ -	\$ -	\$ 4,128	\$ 107,309	18,090
CONG DIST (06)	56,459	\$ 547,244	\$ 271,142	\$ 1,530	\$ 47,640	\$ -	\$ 52,422	\$ 3,918	\$ 170,591	21,656
SOUTH CAROLINA (Total)	421,525	\$ 2,402,619	\$ 1,301,455	\$ 10,671	\$ 200,887	\$ -	\$ 59,585	\$ 28,335	\$ 801,687	119,403

Notes:

- * Veteran population estimates, as of September 30, 2012, are produced by the VA Office of the Actuary (VetPop 2011).
- # Prior to FY 08, "Loan Guaranty" expenditures were included in the Education & Vocational Rehabilitation and Employment (E&VRE) programs. Currently, all "Loan Guaranty" expenditures are attributed to Travis County, TX, where all Loan Guaranty payments are processed. VA will continue to improve data collection for future GDX reports to better distribute loan expenditures at the state, county and congressional district levels.
- ** Unique patients are patients who received treatment at a VA health care facility. Data are provided by the Allocation Resource Center (ARC).
- E Expenditure data sources: USASpending.gov for Compensation & Pension (C&P) and Education and Vocational Rehabilitation and Employment (EVRE) Benefits; Veterans Benefits Administration Insurance Center for the Insurance costs; the VA Financial Management System (FMS) for Construction, Medical Research, General Operating Expenses, and certain C&P and Readjustment data, and the Allocation Resource Center (ARC) for Medical Care costs.
- 1 Expenditures are rounded to the nearest thousand dollars. For example, \$500 to \$1,000 are rounded to \$1, \$0 to \$499 are rounded to \$0, and "\$" = 0 or no expenditures.
- 2 The Compensation & Pension expenditures include dollars for the following programs: veterans' compensation for service-connected disabilities; dependency and indemnity compensation for service-connected deaths; veterans' pension for non-service-connected disabilities; and burial and other benefits to veterans and their survivors.
- 3 Medical Care expenditures include dollars for medical services, medical administration, facility maintenance, educational support, research support, and other overhead items. Medical Care expenditures do not include dollars for construction or other non-medical support.
- 4 Medical Care expenditures are based on where patients live instead of where care is delivered.

E. ROY STONE VETERANS

PAVILION



*HISTORY OF THE VETERANS HOMES IN
SOUTH CAROLINA*

The first nursing facility for Veterans (E. Roy Stone Pavilion) was established in 1971 and currently serves 76 residents. (Once renovation is completed, the facility will serve 90 residents.)

The second facility (Richard M Campbell located in Anderson) was opened in 1990 and serves 220 residents.

The third facility (Veterans Victory House located in Walterboro) opened in 2006 and also serves 220 residents.

All facilities were constructed with monies from federal and state grants. 65% is provided by federal agency and 35% matching funds are provided by state of South Carolina.

SC Department of Mental Health has contracted with a private vendor to operate Richard M Campbell and Veterans Victory House.

(See Fact Sheet Attachment about each facility)

DEMOGRAPHICS

E. ROYSTONE PAVILION is located in Columbia, S.C. and serves the surrounding counties of the Midlands.

The home county of the majority of the current residents is Richland and Lexington. (See attachment for breakdown of counties served)

MISSION

The mission of Stone Pavilion is multifold. The staff strive to provide care to the Veterans in a manner that is respectful of others, adaptable to change and exceeds standards with a holistic approach to meet the social, medical and spiritual needs of the residents.

Stone Pavilion is accredited by CMS and licensed by South Carolina Department of Health and Environmental Control. The facility is also accredited by Veterans Administration as a provider of care to the Veterans.

The facility earned the JCAHO Gold Seal of Approval in 2012 for a period of three years and has been consistently accredited since 2000.

The facility earned recognition from CMS, DHHC, DHHS and Veterans Affairs in 2013 for zero deficiencies in the annual inspections which included approximately 350 standards of care and services requirements.

The facility has an above average rating with Centers for Medicare/Medicaid and has 4 Stars out of 5 Stars ranking when compared with the other 19,000+ nursing facilities of the state and nation.

ADMINISTRATION

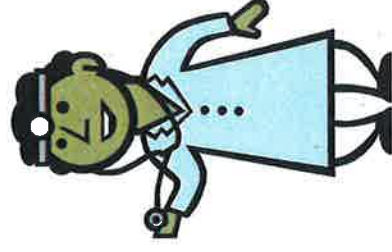
The facility is administered by a Long Term Care Administrator who is licensed at both the state and national level. In addition to the LTC license, the Administrator is also a Registered Nurse with a degree in Health Services and is certified as a preceptor for the Administrator-in-Training program through the SC Long Term Care Administrators Board.

The administration of the facility is under the overall supervision of the Deputy Director for Inpatient Services for the South Carolina Department of Mental Health.

MEDICAL SERVICES

Stone Pavilion employs a fulltime Director of Professional Services.

Primary medical care is provided to the Veterans by a full time physician who is experienced in the care of Veterans.



WOUND CARE PROGRAM

Stone Pavilion has a wound care program that is recognized by Carolina Centers for Medical Excellence (consultants for CMS) as a model program.

The facility consistently has a lower than average wound ratio.

MEDICATIONS

Medications are dispensed by an in-house pharmacy and administered by licensed nurses.

Stone Pavilion has a program for review and reduction of psychoactive medications which has been successful and is community recognized for its components.



RESIDENT/FAMILY SATISFACTION

Stone Pavilion promotes overall care of the residents. 95% of family surveys show that services received are satisfactory to exceptionally satisfactory.

Families of the Veterans are very active within the facility with visits, activities, and special events.



REHAB and OTHER SERVICES

Stone Pavilion provides an array of rehabilitation services within the facility for the residents. These include, but are not limited to: Physical Therapy, Occupational Therapy, Massage and Body Works, Speech and Hearing, Respiratory Therapy, Psychology Services, Social Services, Volunteer Services, Chaplaincy and Activity Therapy.

Barber services are provided without additional charges to the resident.

Religious and faith services are provided in house and within the community.

Surveys for desired activities are conducted with the residents by Activity Therapy staff. A favorite of the residents is "Happy Hour" which is hosted by nursing and activity staff.

Resident and Family Councils are active in the facility.

NURSING STAFF

Nursing Services is administered by a Director of Nursing, an Assistant Director of Nursing and two (2) Nurse Supervisors.

RNs, LPNs and CNAs are assigned to each unit as is a RN MDI Coordinator.

Staff receives training throughout the year in the classroom and on the unit.

Many of the staff has worked for the Department of Mental Health for 10 or more years.

CITIZENS ADVISORY BOARD

Stone Pavilion is pleased to have an active Citizens Advisory Board which is composed of local citizens and family members who assist the facility and residents with internal and local issues. The "CAB" is composed of local attorneys, clergy, school teachers, financial advisors, civic leaders, retirees and past and current family members.

The members of the "CAB" also recognize and reward staff for excellent service to the residents.

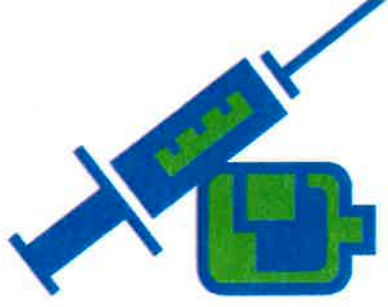
VOLUNTEER SERVICES

Stone Pavilion has an active group of volunteers who provide a wide variety of activities and services for the Veterans. Local veteran groups are especially active with the residents, raising money for them through motorcycle poker runs, hosting biscuit parties, birthday celebrations and Bingo nights.

Fort Jackson Training Base is located near the facility and the residents enjoy the fellowship of the recruits stationed at the base.

PAIN MANAGEMENT

Stone Pavilion is committed to the provision of pain management for the residents. An active Pain Management Committee is in place which teaches staff to recognize, treat and manage pain. A Pain Hotline has been established for residents, families, and staff to report pain or unrelieved pain.



INFECTION CONTROL

Stone Pavilion has an active Infection Control program which works closely with the local infection control authorities and CDC.

The infection rate at Stone is well below the state and national averages.

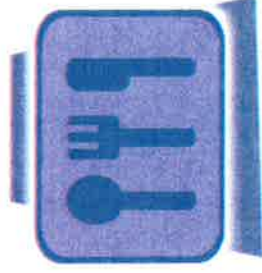
Precautions are implemented quickly by all services at the first sign of an infection to help prevent spread.



RESTORATIVE PROGRAMS

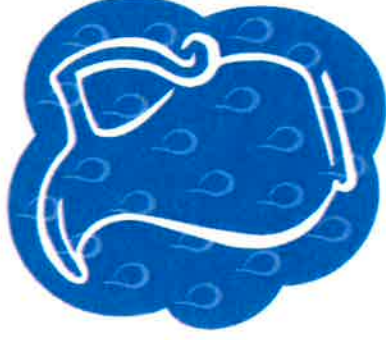
Stone Pavilion has restorative programs for ambulation, dining, mobility, ADLs and urinary management. These programs are managed by a restorative LPN and CNA.

The restorative dining program is supported by other disciplines, who have received additional training, with assistance of setting up trays, opening containers and visiting with residents as they dine.



NUTRITION/HYDRATION PROGRAM

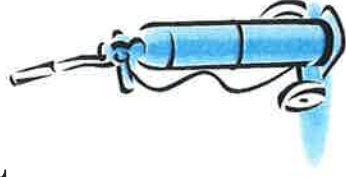
Stone Pavilion has a Nutrition and Hydration program. Separate hydration rounds are made three times daily to each resident in addition to fluids served at meals and medication pass. The facility statistics has shown a decrease in urinary tract infections as well as dehydration issues since inception of the program. Weights are now recorded electronically.



ASPIRATION RISK

Stone Pavilion has a newly formed committee for aspiration risks. This committee is multidisciplinary and chaired by Respiratory Therapy Director.

The committee is responsible for designing, implementing and evaluating a program for the identification and prevention of aspirations.



FALLS PREVENTION PROGRAM

Stone Pavilion continues to develop and refine a falls prevention program. The committee for this program is multidisciplinary and the program has consisted of two stages.



VETERANS VICTORY HOUSE:

A FACILITY OF THE DEPARTMENT OF MENTAL
HEALTH



HISTORY OF THE VETERANS HOMES IN SOUTH CAROLINA

The South Carolina Department of Mental Health is mandated by the General Assembly to operate the state facilities which serve the Veterans of South Carolina.

The first nursing facility for Veterans (E. Roy Stone Pavilion) was established in 1971 and currently serves 76 residents. (Once renovation is completed, the facility will serve 90 residents.)

The second facility (Richard M Campbell located in Anderson) was opened in 1990 and serves 220 residents.

The third facility (Veterans Victory House located in Walterboro) opened in 2006 and also serves 220 residents.

All facilities were constructed with monies from federal and state grants. 65% is provided by federal agency and 35% matching funds are provided by state of South Carolina.

SC Department of Mental Health has contracted with a private vendor to operate Richard M Campbell and Veterans Victory House.

(See Fact Sheet Attachment about each facility)

MISSION

The mission of the facility is multifold. The staff strive to provide care to the Veterans in a manner that is respectful of others, adaptable to change and exceeds standards with a holistic approach to meet the social, medical and spiritual needs of the residents.

Veterans Victory House is a facility of the South Carolina Department of Mental Health. It is accredited by CMS and licensed by South Carolina Department of Health and Environmental Control. The facility is also accredited by Veterans Administration as a provider of care to the Veterans.

The facility has earned recognition from CMS, DHEC, DHHS and Veterans Affairs for zero deficiencies in the annual inspections which included approximately 350 standards of care and services requirements.

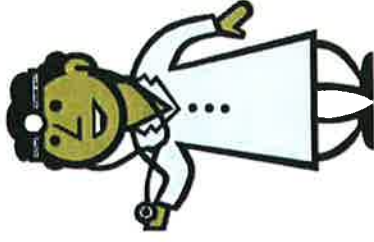
ADMINISTRATION

The facility is administered by a Long Term Care Administrator who is licensed at both the state and national level. In addition to the LTC license, the Administrator also has a MBA in Long Term Health Care Administration; a degree in Human Services and Sociology and a degree in Long Term Health Care.

The administration of the facility is under the overall supervision of the Deputy Director for Inpatient Services for the South Carolina Department of Mental Health.

MEDICAL SERVICES

Primary medical care is provided to the Veterans by a full time physician who is pursuing Board Certification as a Long Term Care Medical Director.



WOUND CARE PROGRAM

The facility has an established wound care program that produces excellent results in wound care prevention.

The program consistently has a lower than average wound ratio which is accomplished through orientation, education and practice by all staff.

MEDICATIONS

Medications are dispensed by an in-house pharmacy and administered by licensed nurses.

Veterans Victory House has a program for review and reduction of psychoactive medications which has been successful and is community recognized for its components.



RESIDENT/FAMILY SATISFACTION

The facility promotes overall care of the residents. 95% of surveys show that residents and families are very satisfied with the care provided.

Families of the Veterans are very active within the facility with visits, activities, and special events.



REHAB and OTHER SERVICES

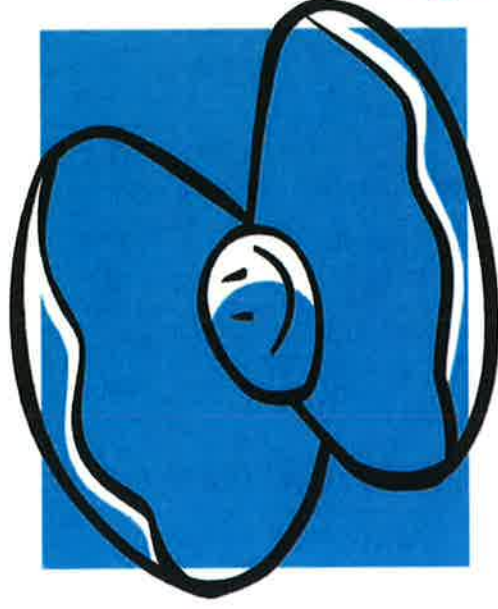
Veterans Victory House provides an array of rehabilitation services within the facility for the residents. These include, but are not limited to: Physical Therapy, Occupational Therapy, Speech and Hearing, Respiratory Therapy, Psychology Services, Social Services, Volunteer Services, Chaplaincy and Activity Therapy.

Beauty and Barber services are provided to the resident.

Religious and faith services are provided in house and within the community.

Surveys for desired activities are conducted with the residents by Activity Therapy staff.

A special favorite of the residents, families and community is the annual oyster roast and car show.



NURSING STAFF

Nursing Services is administered by a Director of Nursing, and an Assistant Director of Nursing.

RNs, LPNs and CNAs provide nursing care on each unit.

Staff receives training throughout the year in the classroom and on the unit.



VOLUNTEER SERVICES

The facility has an active group of volunteers who provide a wide variety of activities and services for the Veterans. Local veteran groups are especially active with the residents as are Masonic, community and church groups.



INFECTION CONTROL

Veterans Victory House has an active Infection Control program which works closely with the local infection control authorities and CDC.

Precautions are implemented quickly by all services at the first sign of an infection to help prevent spread.



RESTORATIVE PROGRAMS

Veterans Victory House has restorative programs for ambulation, dining, mobility, ADLs and urinary management. These programs are an integral part of the Nursing Department.

The restorative dining program is supported by other disciplines, who have received additional training, with assistance of setting up trays, opening containers and visiting with residents as they dine.



FALLS PREVENTION PROGRAM

*VVH continues to develop and refine a falls prevention program.
The committee for this program is multidisciplinary,*



DEMOGRAPHICS

*Veterans Victory House is located in Walterboro, S.C. and serves the surrounding counties of the Low Country.
(See attachment for breakdown of counties served)*

The facility has an above average rating with Centers for Medicare/Medicaid and has 4 Stars out of 5 Stars ranking when compared with the other 19,000+ nursing facilities of the state and nation.

RICHARD M. CAMPBELL NURSING CARE CENTER

“PROUD TO SERVE THOSE WHO SERVED FOR US”



A Facility of the South Carolina Department of Mental Health

HISTORY OF THE FACILITY

The facility was opened in 1990 in Anderson, South Carolina as part of a mandate to the Department of Mental Health by the General Assembly to provide care for the Veterans of the state.

The facility was constructed with monies from federal and state grants. 65% was provided by federal agency and 35% matching funds were provided by the state of South Carolina.

The facility currently serves 220 residents and has a consistent waiting list for admissions to the facility.

Richard M. Campbell is accredited by the Centers for Medicare and Medicaid and licensed by the South Carolina Department of Health and Environmental Control. The facility is also accredited by Veterans Administration as a provider of care to the Veterans.

The facility has earned recognition from CMS, DHEC, DHHS and VA for zero deficiencies in the annual surveys/inspections which included approximately 300 standards of care and services requirements.

Richard M. Campbell has earned a 4-Star rating out of 5-Stars from CMS when compared with other nursing facilities in the state and nation. The comparison factors in survey results, staffing and quality indicators. Quality indicators are a specific set

of criteria established by CMS that defines how well each facility performs when compared to another.

EXAMPLES:

	Richard M Campbell	South Carolina Average	National Average
% of long-stay residents experiencing one or more falls with major injury	1.4%	3.1%	3.2%
% of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine	97.7%	92.8 %	92.7%

US News has rated Campbell with 5 STARS and lists them as one of the top nursing facilities in the nation.

ADMISSIONS TO THE FACILITY

Admissions to the facility are accomplished by evaluation of the resident, completion of qualifying application and certification for admission. The majority of the current residents are from Anderson and Greenville Counties with Pickens County coming in third.

COUNTY	NUMBER OF RESIDENTS
ANDERSON	75
GREENVILLE	72
PICKENS	20
OCONEE	15
SPARTANBURG	12
GREENWOOD	6
ABBEVILLE	2
CHEROKEE	2
AIKEN	1
BEAUFORT	1
CHARLESTON	1

CHEROKEE	1
HORRY	1
LANCASTER	1
LAURENS	1
LEXINGTON	1
NEWBERRY	1
ORANGEBURG	1
RICHLAND	1
SUMTER	1

WAITING LIST

Veterans waiting for beds are also from the major counties of Anderson and Greenville with Pickens County coming in third.

COUNTY	NUMBER OF RESIDENTS
ANDERSON	10
GREENVILLE	8
PICKENS	4
GREENWOOD	2
OCONEE	1
SPARTANBURG	1
TOTAL	26

BRANCHES OF SERVICE REPRESENTATION OF CURRENT RESIDENTS

ARMY	NAVY	AIR FORCE	MARINES	COAST GUARD
119	52	38	7	1