

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Singleton</i>	DATE <i>10-26-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000427</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>* Singleton's area per Dr. Liggett</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-8-14</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

## Jan Polatty

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**From:** Candice L, Smith-Byrd  
**Sent:** Wednesday, June 25, 2014 3:29 PM  
**To:** Jan Polatty  
**Cc:** Valerie S Pack  
**Subject:** Complaint on Palmetto Senior Care  
**Attachments:** wzy5503bmqm.pdf; unm5vkifaqq.tif

**RECEIVED**

JUN 26 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Good Afternoon:

Attached you will find a complaint received through our fraud hotline/e-mail on June 17, 2014. This complaint was logged into Program Integrity on June 18, 2014. The complainant alleges in his e-mail that his mother receives poor quality of care at Palmetto Senior Care (EXG021). The complainant also attached a letter which he completed to the Joint Commission on Hospital Accreditation. The first attachment to this e-mail (the TIF file) is the actual complaint that is addressed to Mr. Keck. The second attachment to this e-mail (Adobe file) is the complaint to the Joint Commission on Hospital Accreditation.

Program Integrity's Fraud Hotline worker responded to the complainant on June 18, 2014 noting that a report to SCDHEC and the Ombudsman's office would also be appropriate.

I have staffed this complaint with my Supervisor and both agree that the complaint involves quality of medical care concerns. There is no indication of fraud at this time. We discussed referring this complaint to the appropriate SCDHHS Program Area; however, since the e-mail is addressed to Mr. Keck, we are referring to you.

Please let me know if I can be of further assistance.

Thank you,

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**Candice L, Smith-Byrd**

*Program Coordinator I*

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log to Deirdra  
for Teeshka /Nake  
thanks  
Annie  
6/26/14

## Fraud Response

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**From:** raggttop91@yahoo.com  
**Sent:** Tuesday, June 17, 2014 10:25 PM  
**To:** Fraud Response  
**Attachments:** Letter of Complaint.docx

Mr Keck, I strongly believe that medicare/Medicare fraud is committed via the Palmetto Senior Care Center. My mother who gets treated there, has not been treated for her COPD or CHF and hasn't seen a specialist in 3 years. This 70 year old lady, Evelyn Elmer, has a chronic history of CHF, COPD, Diabetes and a host othings. When she was recommended to be brought over there by her physician, she was taken off of her O2 even though she has COPD. She was instructed by her physician, Dr Wilson, to only do finger sticks in the am once per day since the lancets came from them. She is a diabetic with one kidney without sliding scale insulin. For her CHF she is being given Nexium and Tylenol. She just went into the hospital at St Mary Corwin and the EMTs heard fluid in her lungs. She couldn't breathe. The facility is also making them wear their CPAPS during the daytime in case they fall asleep instead of supplemental O2, when she has COPD. She also has Medicare and Medicaid part A,B,C and D. I have a conference call with her administrator tomorrow. I submit this complaint to you for your review and actions.

Ralph K ONeal  
1SG/USA ®

Sent from Windows Mail

## Letter of Complaint

To: Joint Commission on Hospital Accreditation

RE: Evelyn Elmer xxxx-6175, DOB- 8 Sept 2014

My mother, Evelyn Elmer is in the current care of a Medical home, in Palmetto Senior Care that I take issue with (1308 Laurel Street, Columbia SC 29201) I've flown her out to visit me this week and noticed her hand tremors. Having been an EMT and Nurse for over 25 years, (Lic# 45932) and having both undergrad and Master's Degrees in Health Care Administration I was beyond blown away by some of the things she was telling me as our conversation unfolded.

She stated that she was taken off all of her medications as soon as she got to Palmetto Senior Care. Her breathing is labored so I asked her about using oxygen. She said she was taken off of it, though she was diagnosed with COPD. She states that she was told to wear her CPAP just in case she fell asleep while she was there. (At Palmetto Senior Care)

For her COPD she has never been treated at all. No Advair/ advent, no nebulizers, no anything. She was given a rescue inhaler in case she had an emergency. That's wonderful if she has episodic RAD, but what is being done to treat what she actually has? Her physician had no answers of substance at all, for me.

As she has long since been diagnosed with CHF, I asked my mother if she had taken any Digoxin, Lanoxin, or Lanoxicaps. She had never taken any and her designated caregiver verifies this as well. She has pitting edema bilaterally in her lower extremities as I type this. I asked her rhetorically if she had CHF by any chance. She said "Yes" and I asked when was the last time that she saw a cardiologist. She said 3 years ago for her cardiologist and 3 years for her nephrologist.

She hasn't had any referrals in over 3 years. But her documented medical history is extensive, but without any treatments. She has one kidney and congestive heart failure and hasn't seen a specialist in over 3 years. How can that be when she has Medicare and Medicaid and parts A, B, C, and D? When she has a burning in her chest, she is told to take some tums as well as the prescribed Nexium. She has CHF and at high risk for PE as well as having fluid in her lungs currently from the CHF.

She is a 70 year old with chronic documented history of CHF, HTN, Neuropathy, Arthritis, Depression, CKD, and CAD (with 30, 40 and 50% blockages in the coronary arteries) for which she also carries no nitro paste or tablets... Decreased vision, Anemia, sleep apnea, Diabetes, bone spurs, dry eyes, PVD, COPD. She has one kidney with a surgical excision of the other. She was diagnosed with dementia and early stage Alzheimer's disease. 1/3<sup>rd</sup> of

her meds are mere vitamins, like Os-Cal 400 mgs, but nothing to treat for what's going to kill her.

I got a callback from her physician after her case manager at Palmetto named Kathy, attempted to give me the brush off when I called to speak to her. Had I not known better I would have accepted her answer of not knowing when the physicians can be contacted and when they would call back? I asked to speak to my mother's physician and she said she wasn't sure what their schedules were and that she could only try but she couldn't promise me anything.

I asked her to let me know when SHE made an attempt to contact the physician so that I have a time and paper trail and electronic records. Her Physician, Dr. Wilson returned my call this evening at 2:18. I asked her why my mother hadn't seen a specialist in over 3 years had had no referrals out, she told me on speaker phone in front of my mother, her caretaker, Sharon Austin, my fiancé Angela Thornell, who is also a licensed counselor herself.... "That she is overworked and had 94 patients that she is responsible for and that she simply can't get to everyone and that there are some she gets to and some that she just simply cant."

I told her that was not acceptable and that my mother has excellent coverage and that she will be seen on a regularly scheduled visit and with follow-up visits because it was her job.

She stated that we could have a conference call with herself and the administrator tomorrow. I wholeheartedly agreed. My main question will be, "Why is my mother not being treated for Congestive Heart Failure, which will kill her, but instead being given vitamins? Why was a person with COPD and congestive heart failure taken **off** her oxygen at all? She has the coverage for supplemental O2. Why does she only have fast acting 70/30 and no long term coverage when diabetes affects kidneys and she only has one?"

Her physician (Dr. Wilson stated that she needs to only have a finger stick once per day at 11 am with a set amount of 70/30 insulin prescribed ) What she is given is out of the body within an hour of being given and she has no effective coverage most of the day.

She gets it twice a day but what happens to the other 22 hours of the day? They have diagnosed her with diabetes mellitus but have no sliding scale to address her changing conditions. Her quality of life is poor and affected by the shoddiness of care being given.

Since she went into Palmetto Senior Care, no one has any status on her progress, and no one knows what she is on or why. Medications get decreased and she is never told why. Instead letters are casually sent to the house for her caretaker, who is a non-medical professional, to figure out on her own.

Medications are discontinued and she is never told why. On a nursing progress note, it stated that she needs an evaluation to increase her Cozar to 100 mgs. I looked at the meds she is currently on and she isn't taking it at all. We acknowledge that she doesn't have the best patient compliance as a dementia patient with Alzheimer's, but that shouldn't preclude her from getting the appropriate treatment for her disease process in its entirety. We will handle our end to ensure the optimal compliance, but she deserves the appropriate treatments as well.

On Palmetto Senior Care's web site, they state that they offer daily medical care to the frail and elderly for 365 patients in 4 locations. According to my mother and her caretaker and the family, she is only allowed to see a physician on Fridays only. How is one physician going to care for 94 patients and provide daily medical care to patients who are frail? They have a special program arranged with Medicare/Medicaid where they receive one payment a month. In order to care for 94 patients or provide that care on a daily, with only one payment a month, they would have to cut corners immeasurably. Having been a nurse in a nursing home, I've seen patients who are similar to

my mother in disease process and they are on 40-50 tablets that I personally give them by Doctors order. My mother is on 6 medications and one of them is merely a vitamin.

The only medications my mother is on is as follows: Magnesium Oxide, Cymbalta, Losartan Potassium, Os-Cal, and Nexium. In combination with fast acting 70/30 insulin, she isn't on anything else. A 70 y/o woman with COPD, and CHF, not to mention all of the other ailments, is simply told to take Tylenol or tums for chest pain and no follow up or return care and no referrals are being provided for her.

Other related issues- Found in nursing notes: Nursing Dx

Alteration in comfort related to HBP. Intervention - Check BP ONCE a month on Nursing assessment care plan.

Emergency plan reviewed with Sharon Austin. The durable power of attorney lies with my mother's daughter, Victoria Pope, only.

She was taken off the Lantus and supplemental O2. I'm requesting that you please look into these allegations as my mother is not going to live much longer at this rate. From my own professional experience, I have great faith in the Joint Commission when folks are doing wrong. It's so unfortunate that this time it's concerning my own family member.

Please accept this as my formal complaint.

I can be reached by phone at (719) 510-1600 and by email at  
raggttop91@yahoo.com, and my physical address is:

Ralph Kenneth Oneal Jr  
3842 Elk Lane  
Pueblo, Colorado  
81005