

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on interviews and record reviews, the facility failed to provide an environment free from potential accident hazards. Specifically, the facility used a mattress to transport Resident (R)1 down the stairwell, when the facility elevators were not working, for 1 of 3 residents reviewed. Furthermore, the facility failed to provide training and documentation related to the safe transportation of resident when the facility's elevator is not working.</p> <p>Findings include:</p> <p>The Facility Policy was requested on 01/29/25 from the Administrator. The Administrator indicated that the facility did not have a policy pertaining to the operation of the elevator or an emergency plan.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: acute embolism and thrombosis of unspecified deep veins, paroxysmal tachycardia, Type 2 Diabetes mellitus, generalized anxiety disorder, dizziness and giddiness and cognitive communication deficit.</p> <p>Review of R1's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/26/24, revealed R1's Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating R1 was moderately cognitively impaired. Further review of the MDS revealed R1 uses a wheelchair for mobility.</p> <p>Review of a facility document titled, Code Black: Utility Outage, documented that the Maintenance Director (MD) notified [NAME] Elevator of the outage and inquired about the projected duration on 01/15/25 and 01/25/25.</p> <p>Review of the MD's emails dated 01/15/25 at 11:12 AM and 01/25/25 at 8:40 AM, revealed that [NAME] Elevator was dispatched for service request.</p> <p>Review of the Maintenance Activity Logs from 11/01/24 through 01/29/25, revealed no documentation of maintenance records about the elevator being inoperable.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/29/25 at 10:24 AM, Licensed Practical Nurse (LPN)2 revealed that the elevator has been down over the weekend and was back in operation on the afternoon of 01/27/25. LPN2 states, in case of an emergency, staff calls 911 if they need to move a resident from upper floors. She also states, staff reschedules appointments for the dependent residents if the elevator is down.</p> <p>During an interview on 01/29/25 at 10:43 AM, Registered Nurse (RN)1 revealed she works on the third floor, and she confirmed the elevator was down when she returned to work on 01/27/25. RN1 states in the case of an emergency, staff transfers the residents via the stairwell in wheelchairs, or they call 911 if they are unable to transfer the resident from upstairs. RN1 further stated that in the past they have transported a dialysis patient on a mattress down the stairwell. She has only seen that technique done at this facility but hasn't been trained on it. RN1 states dependent residents that have outside appointments, are rescheduled when the elevator is inoperable.</p> <p>During an interview on 01/29/25 at 11:18 AM, LPN1 states the elevator has been going in and out lately. LPN1 states the elevator was inoperable this week 01/27/25, but started back working that evening. LPN1 states he hasn't been provided training or directives on what to do if the elevator isn't working for dependent residents on second, third or fourth floors. He states that if a dependent resident has an appointment and the elevator is inoperable, staff will reschedule the resident's appointment. LPN1 states he's never heard of, nor has he ever used the mattress technique for transporting residents. In case of an emergency LPN1 states that he will get the residents downstairs by any means necessary.</p> <p>During an interview on 01/29/25 at 11:40 AM, the MD revealed that the elevator has been giving them issues for over a week. The MD states the elevators are contracted with [NAME] Elevator, and he will contact them if there is an issue, so they can come out for service. The MD further stated on Monday 01/27/25, the MD assisted with bringing a dialysis resident from the fourth floor down the stairwell on a mattress with a cover under and over the resident for safety and security. The MD further stated that on the same day he assisted another resident from the third floor down the stairwell with the mattress technique as well. The MD states that when the elevators are inoperable, he must open all doors and cut the alarms off during that time. The MD states he had training on the mattress technique by the previous Administrator.</p> <p>During an interview on 01/29/25 at 12:30 PM, R1 revealed she was placed on a mattress by two men and transported down the stairwell for a Radiology appointment outside the facility.</p> <p>During an interview on 01/29/25 at 12:55 PM, RN1 stated that R1 went out for an appointment on Monday 01/27/25. RN1 states the resident was transported down the stairwell via wheelchair by LPN1, and a male therapist. R1 was transferred from the third floor to first floor.</p> <p>During an interview on 01/29/25 at 1:13 PM, LPN1 stated he transferred R1 from the third floor, by putting a blanket underneath a mattress and slowly assisting her down to the first floor, with the assistance of other staff. R1 was not apprehensive about the transfer and there were not any injuries or mishaps during the transfer. LPN1 confirmed that he never received any formal training on the mattress technique or what to do in an emergency situation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/29/25 at 2:40 PM, the Director of Nursing (DON) states that the elevator has been inoperable for hours in the past, but this time it has been down for days. The DON states that all hands are on deck in situations when residents need to get downstairs, or the staff will call Emergency Medical Services (EMS) for assistance. She is not sure if there is a standard policy. The DON's expectations are for staff to follow emergency preparedness training, but there is not one specific to the elevator. In the case of an emergency, staff would use a mattress, in which she thinks is the safest measure for the resident. The DON doesn't recall any formal education on the mattress technique or what to do in case of an emergency in the facility when the elevator is out of service.</p> <p>During an interview on 01/29/25 at 3:50 PM, the Administrator states that his job is to ensure the residents are safe and secure. The Administrator includes they transfer residents down the stairs with the use of a stretcher from transportation, with their supervision, or by placing a resident on a mattress, if the mattress has handles. He feels this is the least hazardous way to transport the resident's downstairs, when the elevator is not working. The Administrator stated that there were no falls or injuries for the residents that were transported down the stairwell. The Administrator states the previous Administrator provided communication of best practices to staff to use when the elevator is not working, but there is no documentation. He also states the facility doesn't have an Emergency Plan in place to use when the elevator is out of service. He states that they need to properly train and educate staff on all shifts about an Emergency Plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on interview and review of the Facility Assessment, the facility failed to include the use of an elevator as part of the Facility Assessment, as it is utilized to transport residents during daily operations.</p> <p>Findings include:</p> <p>Facility Policy was requested on 01/29/25 from the Administrator. The Administrator indicated that the facility did not have a policy pertaining to the operation of the elevator or the completion of the Facility Assessment.</p> <p>Review of a facility document titled, Code Black: Utility Outage, documented that the Maintenance Director (MD) notified [NAME] Elevator of the outage and inquired about the projected duration on 01/15/25 and 01/25/25.</p> <p>Review of the Facility Assessment, with a revision date of July 2024, Section III. Physical Environment, Technology, and Equipment did not document information in reference to occupying an elevator in the facility.</p> <p>During an interview on 01/29/25 at 10:24 AM, Licensed Practical Nurse (LPN)2 revealed that the elevator has been down over the weekend and was back in operation on the afternoon of 01/27/25.</p> <p>During an interview on 01/29/25 at 10:43 AM, Registered Nurse (RN)1 revealed she works on the third floor, and she confirmed the elevator was down when she returned to work on 01/27/25.</p> <p>During an interview on 01/29/25 at 11:18 AM, LPN1 states the elevator has been going in and out lately. LPN1 states the elevator was inoperable this week 01/27/25, but started back working that evening.</p> <p>During an interview on 01/29/25 at 11:40 AM, the Maintenance Director (MD) revealed that the elevator has been giving them issues for over a week. The MD states the elevators are contracted with [NAME] Elevator, and he will contact them if there is an issue, so they can come out for service. The MD states that when the elevators are inoperable, he must open all doors and cut the alarms off during that time.</p> <p>During an interview on 01/29/25 at 1:56 PM, the Administrator states that the Senior President of the facility stated that it wasn't a requirement to list the elevator as a piece of physical equipment in the Facility Assessment.</p> <p>During an interview on 01/29/25 at 2:40 PM, the Director of Nursing (DON) states that the elevator has been inoperable for hours in the past, but this time it has been down for days. The DON further stated that she is not sure if there is a standard policy. The DON's expectations are for staff to follow emergency preparedness training, but there is not one specific to the elevator.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425013	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/29/25 at 3:50 PM, the Administrator states that his job is to ensure the residents are safe and secure. The Administrator further stated the elevator was not included in the Facility Assessment because he received communication from upper management that it didn't need to be included. He understands that the elevator is a part of the facility, but since the facility doesn't provide maintenance, quarterly inspections or repairs to it, it didn't need to be incorporated in the Facility Assessment.</p>		