

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Inman		STREET ADDRESS, CITY, STATE, ZIP CODE 63 Blackstock Road Inman, SC 29349	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, record review, and interview, the facility failed to protect Resident (R) 1 from misappropriation of more than \$600.00 from her personal bank account, for 1 of 1 residents reviewed for misappropriation.</p> <p>Findings include:</p> <p>Review of the facility policy with a revision date of 10/23/19, titled, Abuse, Neglect, Exploitation, or Mistreatment documents in the policy, The facility's Leadership prohibits neglect, mental, physical and or verbal abuse . and misappropriation of a resident's property and/or funds and ensures that alleged violations involving abuse, neglect, exploitation . including misappropriation of resident property, and are reported immediately. Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.</p> <p>Review of R1's Facesheet revealed R1 was admitted to the facility on [DATE], with diagnoses that include but not limited to: hypertension, anemia, major depressive disorder and chronic respiratory failure with hypoxia.</p> <p>Review of R1's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/06/25, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R1 was cognitively intact.</p> <p>Review of R1's Medical Chart revealed a Progress Note dated 02/24/25 at 4:32 PM, Social Services along with administrator checked in on [R1] to see how she was doing. [R1] stated she's ok, she just don't understand how she can't trust people [R1] was educated on where to keep her funds and who she needs to inform upon her having funds on her persons. [R1] was also educated and offered a lock box that she can have in the event she have funds. [R1] stated, that's ok I keep my money in the bank [R1] stated she will never offer money and she did not read the patient handbook that was given to her.</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: 425032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Inman		STREET ADDRESS, CITY, STATE, ZIP CODE 63 Blackstock Road Inman, SC 29349	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility investigation and Department of Public Health (DPH) 5- Day Follow Up report dated 02/26/25, revealed an allegation of misappropriation. It reported R1 called social services (SS) and stated, I gave a Certified Nurse Assistant (CNA) a check for \$12,000.00 on 01/25/2025 to deposit into my bank account. I also told the CNA I was going to bless her with \$200.00 for doing this for me. After depositing the check, the CNA told me she was not able to withdrawal the \$200.00 due to my account having a negative balance. I told CNA to hold onto my card until she could withdrawal the \$200.00 . on 02/27/2025 I checked my bank account and statement and seen where the \$200.00 was taken out my banks ATM. I also noticed two other withdrawals on 01/31/2025 of \$202.50 each, totaling \$405.00. Both of these withdrawals were at the same ATM. I questioned CNA through text messages asking her did she take anymore money and if she needed it all she had to do was ask me for it and I would have given it to her . once I told her that I was going to report her, she stopped responding to me. SS and the Director of Nurses interviewed CNA who admits taking \$200.00 from ATM, but denies taking the extra \$400.00. In summary of report, facility alleges substantiated abuse of misappropriation of resident property.</p> <p>Review of R1's Care Plan dated 02/26/25 revealed a problem for Psychosocial Well-Being, [R1] is at risk for negative outcomes of her psychosocial well-being related to alleged misappropriations of her personal funds. The goal recorded R1 will experience no long-term negative outcomes related to their psychosocial well-being through the next assessment period as evidenced by no sustaining negative outcomes such as reduction in socializations, good eating patterns, adequate sleep, and physical signs of anxiety or fear or sadness is not observed.</p> <p>During an interview on 04/21/25 at 10:50 AM, R1 stated, When I first came here she, (name of alleged perpetrator) cared for me. Then she wasn't here, then she came back. We became really close. The hospital gave me that check. In all, she (CNA1) got more than \$600.00 dollars. She was only supposed to get \$200.00, I told her that was my blessing to her for depositing the check for me. Then she went and took an additional \$400.00, I did not approve that. The facility told me they can't discuss it with me any further, they turned it over to the people they needed to. I'm in charge of everything myself, I have a right to know.</p> <p>During an interview on 04/21/25 at 3:01 PM, CNA1 confirmed she worked for an agency and was still working. CNA1 stated, [R1] gave me a check to deposit for her, her bank card and the PIN number. It (the check) was for \$12,000.00. She didn't want the facility to know she had the check. I deposited it for her at her bank. She told me to withdraw \$200.00. I wasn't able to get the money that day. A few days later when I was back to work, on a Saturday, she told me to stop and get the money before I came to work. I went to her banks ATM. I brought her the receipt, the card, and the deposit slip. Somebody else called me from the facility and asked me about it. I work with a staffing agency. An officer never called me and my agency never called me about this and I continue to work, just not there.</p> <p>During an interview on 04/21/25 at 3:20 PM, the Administrator revealed the CNA was suspended or DNR'd (do not return) here, meaning she cannot return back to this facility. We called the Sheriff's office and reported this to them. A detective came. He said [CNA1] will be charged. When I spoke to the agency, they said they will DNR her. I personally told [R1] the outcome when she asked me. If I have any updates I tell her. I told her the CNA will be charged.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Inman		STREET ADDRESS, CITY, STATE, ZIP CODE 63 Blackstock Road Inman, SC 29349	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow up interview on 04/21/25 at 3:43 PM, R1 stated she was able to send the facility copies of the transaction from her phone. She pulled up her bank withdrawal transactions of three \$200.00 withdrawals, from her February bank statement and the transaction of the deposit of \$12,500.00, all dated in January 2025.</p> <p>During an interview on 04/21/25 at 4:21 PM, the Social Worker (SW) stated R1 told me she received a check, asked the CNA to deposit it for her and she will bless her with \$200.00. R1 gave her the bank card. She had to wait to get the \$200, for the check to clear. I called CNA1 and she agreed she took the \$200.00, but said she did not take additional monies. There were other ATM's at different locations where the money was withdrawn. That CNA was not employed here. I did not call her agency to report this. I do not have a copy of the withdrawal. She pulled it up on her cell phone so I could verify it. The date she reported it to me was 02/21/25. R1 has asked about the outcome. I told her I did not know. I told this to the Mobile DON that was here at the time. R1 said, she is her own responsible party, she does not want her family notified for anything, she will notify them is she wishes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Inman		STREET ADDRESS, CITY, STATE, ZIP CODE 63 Blackstock Road Inman, SC 29349	
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 - Immediate jeopardy to resident health or safety</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** Based on review of facility policy, record review, and interview, the facility failed to ensure Resident (R)4 was free of accidents for 1 of 4 residents review for accident hazards.</p> <p>Findings include:</p> <p>Review of the facility policy with a revision date of May 5, 2023, titled Fall Management revealed in the policy the definition of a fall, Fall refers to the unintentionally coming to rest on the ground, floor, or other lower level, but not because of an overwhelming external force.</p> <p>Review of R4's Face Sheet revealed R4 was admitted to the facility on [DATE], with diagnoses that included but was not limited to: pressure ulcer sacrum, hypertensive heart disease with heart failure, dementia, type 2 diabetes mellitus and major depressive disorder.</p> <p>Review of R4's Annual Minimum Data Set (MDS) with an Assessment Reference Date of 02/27/25, revealed a Brief Interview for Mental (BIMS) score of 13 out of 15, indicating R4 was cognitively intact. Additionally, the MDS revealed R4 required substantial/maximum assistance with bed mobility.</p> <p>Review of R4's Physician Orders revealed an order dated 01/27/20, for assistance of 2 with bed mobility.</p> <p>Review of R4's Progress Notes dated 03/04/25 at 7:10 AM, stated, Writer was doing wound care on resident at 6:55 am. When resident was laying over on her right side, she slides out of bed onto the floor. Writer was right there when it happened and tried to slow down her fall to the floor. Writer called Nurse Practitioner (NP). Resident states she is having a little right hip pain. NP was notified about that as well.</p> <p>Review of R4's Progress Note dated 03/05/25 at 8:11 AM, revealed, Writer called and spoke with resident's nurse at hospital. Resident was admitted with a right femoral fracture. Resident will be undergoing a right total hip replacement today or tomorrow.</p> <p>Review of R4's Progress Note dated 03/11/25 at 3:35 PM, revealed, Resident returned to facility at 1524 from hospital. Surgical sutures are on the left hip with a bordered gauze covering the area .</p> <p>Review of Department of Public Health (DPH) Five Day Self Report for R4 recorded under the details of reportable incident, On 03/04/2025 nurse was performing a dressing change. He pulled her toward him and turned her over. Her legs started sliding off the air mattress. Nurse quickly attempted to get to the other side of her bed to stop her from sliding. He attempted to hold her legs up but could not so he lowered her to the floor. He went and got 3 Certified Nurse Assistants (CNA's) to manually lift her to the bed because the batteries for the Hoyer were dead. There was no injury noted at the time. She was sent out to the hospital for x-rays and a fracture of the left femur was found. Intervention prior to reportable incident recorded, Resident was a 2 person assist for bed mobility, Immediate corrective action/assessment following reportable incident recorded, Nurse was disciplined for failure to complete duties as assigned.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Inman		STREET ADDRESS, CITY, STATE, ZIP CODE 63 Blackstock Road Inman, SC 29349	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a Corrective Action Form dated 03/04/25, revealed Licensed Practical Nurse (LPN)1 was given a verbal warning for a performance behavior. It recorded, Failure to complete duties as assigned. [R4] was a 2 person for bed mobility and employee did not have a 2nd person for treatment change, resulted in resident fall out of bed. Resident resulted with fracture to femur.</p> <p>During an interview on 04/21/25 at 1:30 PM, LPN1 stated, I was doing patient care, changing a dressing on [R4's] bottom. She was fidgeting with her legs. She was on her left side. She has an air mattress. Her leg was beginning to slide, I put it back. It happened again, both legs. I was holding her legs. I gently lowered her to the ground. I went and got help. At the time I did not know she was a 2 assist with bed mobility.</p> <p>During an interview on 04/21/25 at 1:59 PM, The administrator stated, He should have had a second person assist. He took accountability for his action.</p>		