

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  J F Hawkins Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 Kinard Street Newberry, SC 29108	

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 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49818</b></p> <p>Based on record review, interviews, and facility policy, the facility failed to protect confidentiality for Resident (R)1 for one of one resident reviewed for resident's rights. Certified Nursing Assistant (CNA)1 recorded R1 on her cellphone and the video was posted on the social media platform- Snapchat.</p> <p>On 09/25/24 at 4:57 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations could cause psychosocial harm.</p> <p>On 09/25/24 at 4:57 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of 09/11/24. The IJ was related to 42 CFR 483.10 (a) (1) - Resident Rights.</p> <p>On 09/26/24, the facility provided an acceptable IJ Removal Plan. On 09/26/24 at 1:30 PM, the survey team validated the facility's corrective actions and determined the facility put forth due diligence in addressing the noncompliance. The IJ is considered at Past Non-Compliance as of 09/18/24.</p> <p>An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F550, constituting substandard quality of care.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Social Media with a revision date of 01/01/22 revealed,</p> <p>Policy: The Company respects the desire of employees to use Social Media (see definition below) for personal expression. However, employees' use of Social Media can pose risks to the Company's and residents' confidential, proprietary and sensitive information, can harm the Company's reputation in the community, can expose the Company to discrimination and harassment claims, and can jeopardize the Company's compliance with business rules and laws, including but not limited to the Company's compliance with the Health Insurance Portability and Accountability Act (HIPAA) and related laws and regulations protecting, residents' protected health information (PHI).</p> <p>Protected Health Information:</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
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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Standards for Compliance with Related Policies and Agreements</p> <p>b. Social Media should never be used in a way that violates any of the Company's policies or employee obligations.</p> <p>Protecting Resident's PHI</p> <p>2. Employees are absolutely prohibited from using Social Media in any way that would violate HIP AA or otherwise disclose or compromise residents' PHI. This includes but is not limited to the following:</p> <p>a. DO NOT use Social Media to post, upload, send, or otherwise share or disclose a photo or video of any resident without prior written permission of the resident or the resident's authorized agent as required by applicable law. You must use the Company's authorization form to obtain such prior written permission. This prohibition includes photos and videos where the resident is not easily identifiable. It also includes photos or video where the resident is easily identifiable, whether in the photo or video itself or through a caption.</p> <p>3. Personal electronic devices, including, but not limited to, cellular phones, PDAs, electronic games, MP3 players, iPods, CD/DVD players and pagers will not be allowed in the work area without prior written approval of the Administrator. This includes resident rooms</p> <p>9. Personal use of Social Media is never permitted on working time.</p> <p>Review of the facility's policy titled, Promoting/Maintaining Resident Dignity with a revision date of 02/12/24 revealed, Policy: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality.</p> <p>Compliance Guidelines:</p> <p>1. All staff members are involved in providing care to residents to promote and maintain dignity and respect resident rights.</p> <p>12. Maintain resident privacy.</p> <p>Review of the facility policy titled, Media Release Agreement dated 12/07/21 revealed, .In accordance with the Health Insurance Portability and Affordability Act of 1996 (HIPAA), the photographs, names or written/verbal testimonials given by the above named resident or on behalf of the resident's family members will not be used in a manner that would disclose protected health information, except for the fact that the resident resides at the Facility, unless agreed otherwise . The Facility may use the media for all of the following that are checked off by the Resident/Legal Representative: . Facility Controlled Social Media (e.g. Facebook) .</p> <p>R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to: dementia, anxiety disorder, major depressive disorder and bipolar disorder.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/03/24 revealed a Brief Interview of Mental Status (BIMS) Score was not completed due to the resident is rarely/never understood.</p> <p>Review of the facility's Personnel Action Request (PAR) form date 09/11/24, revealed CNA1 was involuntary terminated.</p> <p>During an observation and interview on 09/25/24 at 11:20 AM, R1 was observed in bed holding a baby doll. R1 appeared clean and well groomed. R1 was alert but confused and became tearful and stopped talking or answering questions during the conversation. A complete interview was unable to be obtained.</p> <p>During an interview on 09/25/24 at 10:35 AM, the Administrator revealed that they received the video from a third-party source on 09/11/24, inquiring if they knew the CNA in the video. Both the Administrator and the Director of Nursing (DON) revealed that the CNA was a part time employee, who worked whenever they could pick up days. The Administrator explained that the time frame of when the video was taken, was uncertain. The CNA reported that she may have recorded the video in January, but after they reviewed the schedule, the CNA had not been scheduled for any days during that time. Both the Administrator and DON further explained that the CNA was suspended and terminated at the same time and has not been allowed to come back into the building.</p> <p>During an interview on 09/25/24 at 11:25 AM, Licensed Practical Nurse (LPN)1 revealed that she is normally the nurse that works with R1 but was not assigned to them today. LPN1 further explained that she was made aware of a CNA taking a video, when she received a call inquiring if they had seen the video. LPN1 stated she was informed that the CNA stated she took the video originally to prove how the resident reacts during care. LPN1 stated she never saw the video.</p> <p>Attempts were made to contact CNA1 with no success.</p> <p>Review of the video recording showed R1 lying in bed, receiving care by CNA1. R1 is kicking her legs, while CNA1 continues to provide a brief change. R1 then sits up and appears to be fussing at CNA1, who continues to provide care, instead of ceasing.</p> <p>During an interview on 09/25/24 at 3:56 PM, R1's Resident Representative (RR) revealed that the resident has a diagnosis of dementia and Alzheimer's, and their disposition can vary from day to day. The RR revealed that they were notified of the incident on 09/11/24 around 3:00 PM and they came to the facility, once they received the call. The RR continued to explain that they did not provide consent for the resident to be videoed in this manner and that if the resident is a very private person and would not have consented to being videoed in this manner either, even if they were in their right mind. The RR continued to explain that they felt R1's rights were breached by the capturing and posting of the video to social media. The RR further explained that during conversations with the Administrator and DON, she was made aware that the CNA is a student, and that the DON made a statement asking why the CNA was by herself. The RR also revealed that the facility did not discuss any interventions that they put in place to protect the resident from this happening again.</p> <p>The facility's removal plan included the following:</p> <p>Resident Names: R1 - BIMS of 1</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Description of Quality Concern - On 9-11-24, the administrator received a video of CNA1 providing care to a resident. The video of CNA1 providing care was to a JFH resident, which was later identified as R1. CNA1 is a PT/PRN employee with her employment beginning on 6-22-22. The video was put on a social media platform (Snap Chat) by an unknown source and was shared third hand to the administrator. The video showed CNA1 providing care during a brief change in which the resident was combative.</p> <p>1. What improvement actions) will be done for residents found to have been affected by the concern(s)?</p> <p>Resident - R1 - Monitor for any changes in behavior/mood. On 9-18-24 the Social Services Director reviewed the resident's behaviors for the prior 30 days and noted there was no change in the resident's baseline. Head to toe assessment was completed by the DON on 9-11-24 and they were no findings of abuse or neglect.</p> <p>Notifications were made to the RP by the facility administrator on 9-11-24. The primary physician, medical director, police, Department of Public Health and the Ombudsman on 9-11-24 by the Director of Nursing.</p> <p>Resident has interventions in place for behaviors, the residents care plan was reviewed by Inter Disciplinary Team and updated on 9-13-24 by the Inter Disciplinary Team.</p> <p>The employee was immediately suspended and terminated on 9-11-24.</p> <p>2. How facility will identify other residents having potential to be affected by practice AND what improvement action will be taken.</p> <p>On 9-11-24, residents with a BIMS of 8 or greater were interviewed by the DON, ADON/ IP and charge nurses regarding abuse and the staff use of cell phones in patient rooms and staff taking video or pictures of residents. No other issues were identified.</p> <p>On 9-11-24, residents with a BIMS 7 and lower all had body and skin assessments and no signs of abuse noted on residents by the DON, ADON and charges nurses.</p> <p>Staff interviews were conducted between 9-11-24 and 9-13-24 and they asked if they had ever witnessed any type of abuse, HIPPA Violations and social media use.</p> <p>These interviews were conducted by DON and ADON. No issues were identified.</p> <p>The DON reviewed incidents in the last 30-days for any trends and patterns for abuse on 9-14-24 and no concerns were identified.</p> <p>3. What measures will be put in place or what systemic changes you will make to ensure that the practice does not recur.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The DON, ADON/IP, admissions, social services will re-educate all staff in relation to abuse, HIPPA, cell phones and social media. This was started on 9-11-24 when the facility was made aware of the video and continued with shift-to-shift education to ensure education for all employees completed by 9-13-24 with no employee working after 9-13-24 without receiving this education. New hires will receive this education in orientation. A posttest was issued to all employees and was completed by 9-17-24 and all employees had a passing score of 100%. The posttest was completed by the DON, ADON/IP, admissions, and social services for all staff.</p> <p>Administrator reviewed abuse, social media policy and HIPPA policy on 9-12-24 and no concerns were identified.</p> <p>4. How the corrective action(s) will be monitored to ensure the practices will not recur. i.e. what quality assurance program will be put in place.</p> <p>An Ad HOC QAPI meeting held on 9-13-24 to review facility past non-compliance for concern identified where staff taking pictures/videos of residents and posting on social media which included Administrator, DON, ADON/infection preventionist, Medical Director, Social Services, Marketing and Admissions and MDS.</p> <p>Social Services and the Activity Director will interview/questionnaire five staff members weekly for twelve weeks, to monitor that staff understands the abuse, HIPPA and Social Media Policy.</p> <p>Social Services and the Activity Director will interview/questionnaire five residents weekly for twelve weeks, to monitor that residents do not have any concerns with abuse, HIPPA and Social Media Policy. Starting the week on 9-16-24.</p> <p>Audit findings will be reported by the administrator at QAPI on a monthly basis, for three months or any time concerns are identified for review and further recommendations as deemed appropriate. The QAPI committee will consist of a minimum of the Administrator, DON, ADON/infection preventionist, Medical Director, Social Services, Marketing and Admissions and MDS.</p> <p>Administrator &amp; DON are responsible for overall compliance.</p> <p>The facility alleges substantial compliance on 9-18-24.</p>		