

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 02/05/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>52126</p> <p>Based on observations, interviews, and policy review, the facility failed to ensure a portable compressed oxygen cylinder was safely stored in a secured device for one (Resident (R) 113) of three sampled residents reviewed for oxygen use. The deficient practice had the potential for severe physical harm if the pressurized cylinder was to be knocked over and explode.</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Oxygen Safety, revised 01/01/2022 indicated, Safety is the responsibility of all staff. Hazards or other conditions that could develop into a hazard must be reported to a supervisor. as soon as practical. Anyone may report a hazard or potential hazard. Staff. will be educated on oxygen safety precautions in accordance with their roles and responsibilities related to the use and storage of oxygen. When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to a medical equipment designed to receive and hold compressed gas cylinders. Protect cylinders from damage by not storing in locations where heavy objects may strike them or fall on them, or where they can be tipped over by foot traffic or door movement.</p> <p>Observation on 02/03/25 at 12:36 PM revealed the Oxygen (O2) cylinder (Type E) in R113's room was not attached to a cylinder stand or other medical equipment designed to hold a compressed gas cylinder. The compressed O2 cylinder was free standing upright on the floor behind R113 who was in her wheelchair.</p> <p>Observation on 02/02/25 at 12:40 PM of R113's O2 cylinder, Licensed Practical Nurse (LPN)1 verified the O2 cylinder should be in a secure device to prevent the cylinder from tipping over. LPN1 stated that R113 just finished therapy.</p> <p>During an interview on 02/05/25 at 9:43 AM, Unit Manager (UM) 1 stated R113 had just returned from therapy and the therapist didn't put a new holder on the wheelchair. UM1 stated the O2 cylinder could be knocked over if not secured and could explode.</p> <p>During an interview on 02/05/25 at 9:59 AM, Director of Physical Therapist (DPT) stated residents have portable O2 cylinders in their room. Once the resident is transferred to their wheelchair, we disconnect them from the O2 concentrator and connect them to the O2 cylinder. DPT stated if a cylinder securing device was not available, they would locate one or hold onto the cylinder. DPT stated the O2 cylinder could tip over if not kept in a secure device. DPT stated O2 cylinders are not to be left standing up without being secured.</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: 425035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/05/25 at 10:10AM, OTR/L stated R113's O2 cylinder was found not in a secure device upon entering R113's room. OTR/L stated he was rushed and figured the cylinder would be situated soon and left it as it was found. OTR/L stated he knew the cylinder needed to be kept in a secure device to keep it from being knocked over. OTR/L stated the cylinder should have been removed from the room. OTR/L stated that if the O2 cylinder fell over, it could become a missile and go shooting</p> <p>During an interview on 02/05/25 at 11:39 AM, the Administrator stated O2 cylinders are required to be kept in a secure device.</p>		