| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 425047 | A. Building<br>B. Wing | 07/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Achieve Rehabilitation and Nursing Center | 611 East Hampton Street<br>Anderson, SC 29624 |

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) |
|---|---|
| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>20960<br><br>Based on record review, interview, and facility policy review, the facility failed to ensure staff conducted and maintained documentation of a thorough investigation of a staff-to-resident abuse allegation for 1 (Resident #3) of 7 residents reviewed for abuse.<br><br>Findings included:<br><br>An Admission Record revealed the facility admitted Resident #3 on 09/01/2023. According to the Admission Record, the resident had a medical history that included diagnoses of dementia, altered mental status, and cognitive communication deficit.<br><br>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/01/2024, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 2, which indicated the resident had severe cognitive impairment. The assessment further revealed Resident #3 had no physical, verbal, or other behaviors directed towards others during the assessment period.<br><br>A Five-Day Follow-Up Report, dated 04/12/2024, revealed that on 04/06/2024 at 8:45 PM, the previous Administrator was notified of an allegation that a certified nurse aide (CNA) alleged that they saw CNA #6 holding and pulling on a resident's wrist in order to redirect the resident. The report revealed CNA #13 was listed as a witness.<br><br>An Incident/Accident Staff/Resident/Witness Statement, signed by CNA #13, dated 04/10/2024, indicated that CNA #6 was very aggressive with Resident #3, grabbing the resident's wrist tightly and throwing the resident around.<br><br>A Statement Form, dated 04/09/2024, signed by CNA #6, indicated that after trying to get Resident #3 on an elevator, he picked [the resident] up and put the resident on the elevator. The statement indicated that CNA #6 denied being rough or abusive with the resident.<br><br>The facility investigation revealed that there was no documentation as part of the investigation to show that any residents had been interviewed.<br><br>A Disciplinary Action Form, dated 04/06/2024, revealed CNA #6 had been suspended on 04/06/2024 pending an investigation. The form indicated that the suspension start date was 04/06/2024 and end date was 04/08/2024.<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A Disciplinary Action Form, dated 04/22/2024, revealed CNA #6's employment was terminated for being unprofessional with another employee on 04/22/2024.<br><br>During an interview on 06/14/2024 at 3:30 PM, Licensed Practical Nurse (LPN) #3 stated that CNA #6 was physically aggressive towards Resident #3 within the last month or two but did not remember the date. She stated that CNA #6 no longer worked at the facility. She stated that she provided a written statement.<br><br>On 06/14/2024 at 5:15 PM, the Administrator stated she started working at the facility on 05/06/2024. She stated that she did not have any other documentation for the investigation, and she did not have anything to show how the facility concluded CNA #6 could return to work. After the Administrator reviewed the investigation, she stated there were no resident interviews and she could not tell if it was a thorough investigation because there was nothing to attest to the investigation. The Administrator stated the abuse allegation should have been substantiated. |