

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare - Anderson		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 East Greenville Street Anderson, SC 29621	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47075</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to identify the usage of bean bags chairs as a potential restraint for 1 out of 3 Residents, (R)407.</p> <p>Findings include:</p> <p>Review of the facility's Summary of Federal Residents' Rights, #18. States Restraints, the resident has the right to be free from any physical restraints or chemical restraints administered for the purpose of discipline for convenience.</p> <p>Review of an undated Face Sheet provided by the facility revealed R407 was admitted to the facility on [DATE] with diagnoses to include but not limited to dementia without behavioral disturbance, psychotic disturbance, anxiety, and fracture of unspecified part of neck of femur.</p> <p>Review of R407's unspecified Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] indicated a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated R407 had moderate, cognitive impairment.</p> <p>Review of R407's Care Plan with a start date of [DATE] and target date of [DATE] revealed: Problem: Behaviors being observed and/or monitored AEB [as evidenced by] exit seeking, getting up unassisted, removing brief and urinating in floor. Goals: Will accept reassurance from staff as needed for 90 days from last review/update and/or will do no harm to self, others when exhibiting behaviors for 90 days from last review/update. Approach: Offer to call or suggest calling family member (s) when appropriate.</p> <p>Review of a Progress Note dated [DATE] at 10:34 AM, revealed, This nurse called son r/t resident safety concerns. Resident at the desk w staff currently for safety. Resident has been up unassisted several times this shift. Redirection provided and unsuccessful. This nurse provided education of bean bag use to son for residents safety. Residents son agreed to use of bean bag. Pleasant and thankful for phone call.</p> <p>Review of a Progress Note dated [DATE] at 10:39 PM, revealed, Resident resting on bean bag and resting comfortably w eyes closed. No s/sx of pain or discomfort noted. Daughter present at this time for a visit. Staff assisted back in w/c per daughter's request. Daughter pleasant and thankful for care provided by staff.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 3:31 PM, R407's son and his sister, stated that they have been told on numerous occasions by staff that their father is a fall risk and if they are not going to be in the room with their father, he will have to be at the nurse's station. R407's son stated that their father is often tired and wants to lie down and he is denied from that right. Many times, staff do not put sheets on his bed forcing the resident to endure being left in his wheelchair. Staff stated to the resident's son and daughter, since he's a fall risk, he needs to be in his wheelchair at the nursing station, because he has dementia. R407's son stated he received a call on [DATE], from staff informing him that his father had been getting up from bed and his wheelchair, and they were going to put him in a bed bag chair at the nursing station for his safety. The son stated, although staff tried to make easy with the son over the phone stating putting his father in the bean bag was not a restraint, but they knew that it was; he reluctantly agreed to the facility putting him in the bean bag.</p> <p>During an interview on [DATE] at 10:46 AM, R407's son stated that if he was able to, he would take his father out of the facility right now. R407's son stated that putting his father, who is a Veteran, in a bean bag chair was a restraint. R407's son further stated that his father was not able to get in or out of the bean bag chair unassisted. R407's son concluded that he's not only concerned about his father but all of the resident's in the facility.</p> <p>During an interview on [DATE] at 12:06 PM, Licensed Practical Nurse (LPN)2 stated R407 was in his wheelchair at the nurse's station, he had been trying to get up several times from his bed and repeatedly trying to get up out of his chair unassisted, he seemed agitated and none of the redirection help. LPN2 stated she called the resident's son, and she spoke with him in length and told him about the bean bag chair, the son said he understood and told them his main concern was keeping his father safe. LPN2 further stated, R407 was laid on the bean bag chair for maybe 40 - 45 minutes. The resident's daughter came and sat with him for about maybe another 20 minutes, and then LPN2 along with another staff, got R407 up and put him back in his wheelchair. LPN2 stated the resident was able to get up out of the bean bag chair unassisted.</p> <p>During an interview on [DATE] at 1:13 PM, Certified Nursing Assistant (CNA)3 revealed this was her first day being assigned to R407. CNA3 stated, His behavior was fine, he was not acting sporadic. When I started my shift at 7:00 AM, resident was already in the bean bag chair. I was told by the nurse that he was in the chair for comfort and rest.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 2:33 PM, the Director of Nursing (DON) revealed the bean bag chairs are used for residents for rest and to prevent falls. The DON stated, If they don't get rest they will crash. My husband used one before he died , he was [AGE] years old and that was the only way he would get any rest. When asked if there are any risk of using the bean bag chair, the DON stated No, the staff still check on them. We don't use them on a regular basis. Staff will make sure that residents are clean and dry. They will reposition residents; like I said that is the only rest and sleep that they get. They won't stay in their rooms. It's more of a good thing then a bad thing. The Medical Director (MD) is aware that we use bean bags, they like them. It does get them some rest. Using bean bag chairs over medication is a win for everyone. The MD have not talked with me about any risks with using bean bag chairs. And there are no policies written for the use of the bean bag chairs. When asked, how often are the staff required to check on the residents; the DON stated, Usually every two hours or often. We do not have a policy that addresses repositioning of residents in bean bag chairs. Staff will reposition residents on their side in the bean bag chairs. When asked is the use of bean bag chairs being used for interventions of falls, the DON stated Yes. The DON stated that the bean bag chairs are cleaned daily. The facility does not have any documentation of the scheduling of the cleaning of the bean bag chairs. Multiple residents use the bean bag chairs, unlike wheelchairs that are assigned to each resident. The facility does not currently monitor use of a bean bag chair. The DON stated the bean bag chairs are not used for restraints. When asked, what do you consider a restraint? The DON stated, A restraint is anything that limits the use of the body. When asked how the facility is assessing residents that have limited mobility issues in regards to the bean bag chairs. The DON stated, the facility works with therapy to ensure that no one is put in a bean bag chair who can not get up independently. The resident is identified by evaluation on admission and re-admission of mobility. No one that is immobilized utilizes the bean bag chair. The DON stated that she can see how the use of a bean bag chair could potentially be a restraint if a resident could not get up and down out of it. The DON further stated a safe amount of time for a resident to be sitting in a bean bag chair would depend on the patient and we ensure that they can get in and out the bean bag independently. They are assessed by therapy. The DON then confirmed that there are not any assessments being done for residents that would ensure their safety while in the bean bag chairs and residents are not care planned for the use of bean bag chairs.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918</p> <p>Based on review of the facility policy, observations and interviews, the facility failed to ensure biologicals were kept sterile in 1 of 6 medication rooms.</p> <p>Findings include:</p> <p>Review of the facility policy, revised 01/01/19, titled, Medication Storage in the Facility revealed, Expiration Dating (Beyond-use dating)</p> <p>J. Disposal of any medications prior to the expiration dating will be required if contamination or decomposition is apparent.</p> <p>An observation on 09/10/24 at 8:08 AM of the Medication Room on Hall 600 revealed the following:</p> <p>-Aquacel Ag Foam, Manufacturer-Convatec- 20 centimeters (cm)x20cm, 8inch x 8inch Sterile dressing was open and cut in half. There was an expiration date of 02/01/27, Lot#(10)4800949, with no open date.</p> <p>-Acticoat flex3, Manufacturer- [NAME] & Nephew- 10cm x 10cm, 4in x 4in Sterile was open without an open date and expiration date of 06/01/26, Lot#(10)2335 Ref# 66800406.</p> <p>-Aquacel Ag Advantage- Convatec 10cm x12cm, 4in x 5in Sterile was open without an open date and expiration date of 02/01/26, Lot#4302268 Ref#422299.</p> <p>-Allevyn Life, Manufacturer [NAME] & Nephew, 17.2 cm x 17.5 cm Sterile, open without an open date or expiration date, Lot#202410 Ref# 06801300.</p> <p>An interview and observation on 09/10/24 at 8:20 AM with the 600 Hall Nurse Supervisor revealed she was observed discarding open dressings in the trash. The Nurse stated, Open sterile dressings should be discarded, but I question if it is open, but still enclosed in an unopen container.</p> <p>An interview on 09/10/24 at 9:01 AM with the Director of Nursing (DON) revealed a Quality Assurance Performance Improvement (QAPI) document on Single Use Dressing Supplies packet with education to the staff of proper discarding of sterile supplies was conducted on 09/10/24 after the findings. The DON stated, We have educated all of our staff members on how to properly discard sterile dressing. We do use sterile dressings enclosed in a package, due to the sterility being maintained.</p>		