

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare - Greenwood		STREET ADDRESS, CITY, STATE, ZIP CODE 437 East Cambridge Street Greenwood, SC 29646	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43648</p> <p>Based on record review, interview, and facility policy review, the facility failed to develop and implement a comprehensive person-centered care plan for a resident with a history of falls with a fracture prior to admission and who was assessed as being at high risk for falls. The deficiency affected 1 (Resident (R)3) of 3 residents reviewed for accidents.</p> <p>Findings included:</p> <p>A facility policy titled, Patient Care Plans, dated 11/2023, indicated, The center will ensure an interdisciplinary and comprehensive approach to the development of the patient's care plan of care. Patient's goals for care and preferences will be determined and used to develop their plan of care. The services outlined in the comprehensive care plan meet professional standards of quality. The policy also specified, All clinical assessments will be completed before the meeting is convened and will be used to inform the care plan development.</p> <p>An undated facility policy titled, Falls Management Process Resource indicated, [Facility name] is committed to preventing serious injury related to patient falls [sic] creating a Falls Management Process (FMP) utilizing an interdisciplinary approach to the prevent [sic] management of falls. The policy also specified, The FMP includes two primary approaches to the management of falls and injuries. The first is t [sic] designed to assist centers in providing individualized, person-centered care, and improving thei [sic] an immediate response to patients who fall. When a fall occurs, careful evaluation and investiga [sic] along with immediate intervention during the first 24 hours, can help identify risk, contributing f [sic] and prevent future incidents. The second approach is long-term management. Here, screening a [sic] admission, quarterly, annually and change of condition are key in identifying patients at high risk [sic] fall. In both approaches, assessment should be used to develop individualized care plan interven [sic].</p> <p>A Face Sheet revealed the facility admitted R3 on 10/19/2023 and readmitted the resident on 06/17/2024. According to the Face Sheet, the resident had a medical history that included diagnoses of displaced transverse fracture of the left femur, a history of falling, end stage renal disease with dependence on renal dialysis, vitamin D deficiency, and anemia.</p> <p>R3's Morse Fall Scale, dated 10/23/2023, indicated R3 resident was at high risk for falls.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/26/2023, revealed R3 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS revealed the resident used a wheelchair and a walker, required partial/moderate assistance from staff with rolling to the left and right, and was dependent on staff for chair/bed-to-chair transfers. The MDS indicated the resident had a fall in the month prior to admission and had a fracture related to a fall in the six months prior to admission. The Care Area Assessment (CAA) Summary section of the MDS revealed the care area falls triggered for further assessment and was addressed in the care plan.</p> <p>A CAA Detail Report, dated 11/01/2023, revealed the care area of falls triggered for R3 because the resident had experienced a fall in the month prior to admission, had experienced falls in the two to six months prior to admission, and was receiving an antidepressant medication. The Analysis of Findings revealed R3 had two recent falls prior to admission and that both resulted in fractures. The report indicated staff were to monitor for any unsafe transfers and intervene. The report revealed falls were to be included on the resident's care plan.</p> <p>Quarterly MDS assessments with ARDs of 01/11/2024 and 04/04/2024 indicated the resident had experienced no falls since admission or the prior assessment.</p> <p>R3's Care Plan, dated 06/18/2024, revealed the resident's risk for falls was not addressed.</p> <p>During an interview on 06/24/2024 at 2:58 PM, Nurse Manager #4 stated she completed all baseline care plans following admissions and re-admissions. She stated R3's care plan, currently viewed in the electronic chart, was the resident's entire care plan since admission. She stated she did not complete a baseline care plan for falls in October 2023, but upon the resident's readmission in June 2024, therapy added the use of a mechanical lift to the care plan for activities of daily living (ADLs).</p> <p>During an interview on 06/24/2024 at 4:05 PM, Nurse Manager #2, who was also the Falls Coordinator, stated a care plan would not always be completed for a resident at high risk for falls. She stated the therapy department was responsible for transfer assessments, and that information would be placed on a certified nursing assistant (CNA) worksheet. She stated the CNAs were given the worksheet when they arrived for their shift. She stated that when there was a therapy-initiated change, it would be verbally communicated to the nurse at the station and then the information would be placed on the CNA worksheet.</p> <p>During an interview on 06/25/2024 at 9:40 AM, the Director of Nursing (DON) stated R3's care plan should have addressed the resident's risk for falls. She stated the resident was at high risk for falls and had a history of falls with injuries prior to admission. The DON stated care plans were completed based on the Resident Assessment Instrument (RAI) assessment, and if it was determined that the area should be care planned. The DON stated the staff had worksheets that listed care information for each resident and that were given to staff at the beginning of each shift.</p> <p>On 06/25/2024 at 2:35 PM, the Administrator stated he expected the facility staff to have interventions in place to minimize the risk for falls and reduce fall-related injuries.</p> <p>During an interview on 06/25/2024 at 2:38 PM, the Administrator stated care plans needed to match the care needs of the residents.</p>		