

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Resorts at Beaufort		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Todd Drive Beaufort, SC 29901	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on observations, interviews, and facility policy, the facility failed to maintain the dignity for 1 of 3 residents reviewed for dignity and infection control. Specifically, the facility did not provide a privacy bag for Resident (R)33's catheter bag. Furthermore, the catheter bag was found on the resident's floor during multiple observations. Cross-reference F880.</p> <p>Findings include:</p> <p>Review of the policy titled, Resident Rights, revised on 10/01/24, states: Employees shall treat all residents with kindness, respect and dignity. 3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</p> <p>Review of CDC Infection Control Summary of Recommendations with a revised date of 03/25/24 states, III.B. 2. Keep the collecting bag below the bladder. Do not rest the bag on the floor.</p> <p>Review of R33's face sheet revealed she was admitted to the facility on [DATE] with diagnoses including, but not limited to, Cerebral Palsy, neuromuscular dysfunction of bladder, retention of urine, and lack of coordination.</p> <p>Review of R33's Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 12/04/24 revealed R33 had a Brief Interview of Mental Status (BIMS) score of 10 out of 15, indicating that the resident has moderate cognitive impairment. R33 is always incontinent of bowel and bladder and has an indwelling catheter.</p> <p>Review of R33's Care Plan with a start date of 08/21/24, revealed R33 prefers some activities out of room as well as all things Catholic. It also includes, R33 has a suprapubic catheter related to urinary retention and neurogenic bladder. Interventions include: The resident has a (16Fr) indwelling catheter, position catheter bag and tubing below the level of the bladder and away from entrance room door, check tubing for kinks during rounds each shift initiated on 08/12/24.</p> <p>Review of R33's Progress Note dated 11/05/24 revealed, Resident is s/p antibiotic therapy, completed Keflex r/t urinary tract infection (UTI) on 11/02/24. No adverse reactions noted at this time. RR e/u w/o any distress noted. No concerns or complaints at this time. Resident resting in bed with call light in reach. Plan of care ongoing.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 01/06/25 at 12:00 PM, R33 was in bed watching television. Her foley bag was full of urine and lying on the floor. There was no privacy cover over the foley catheter bag.</p> <p>During an observation on 01/07/25 at 4:30 PM, R33 was sitting in her wheelchair in her room watching television. Her foley catheter bag was on the floor behind her wheelchair with no privacy covering.</p> <p>During an interview on 01/07/25 at 4:44 PM, with the Unit Manager (UM), revealed R33's catheter bag was on the floor behind her wheelchair and did not have a privacy covering. UM stated the privacy catheter bag wasn't present and she is aware that the catheter bag should not be on the floor because that could cause infection, and the covering is a dignity issue for the patient. The UM stated that she will take care of this matter now.</p> <p>During an interview on 01/08/25 at 9:21 AM, the Director of Nursing (DON), stated that staff uses stat locks in place on residents to keep catheter tubing from kinking. DON stated that her staff visually observes the foley catheters to see whether it is kinking as well. She stated that the foley catheter bag should never be on the floor and should have a privacy bag covering to protect the patient and prevent infection. The DON states she has never witnessed the foley bag being on the floor in R33's room.</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on observations, interviews, and facility policy, the facility failed to identify and complete a Significant Change in Status Assessment (SCSA) for 2 of 2 residents reviewed for significant change in condition. Specifically Resident (R)42's comprehensive assessment was not updated after the election of hospice services, or a major decline within the fourteen-day status change requirement.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Policy-MDS 3.0 Completion, revised 09/30/24, states: According to federal regulations, the facility conducts initially and periodically a comprehensive, accurate and standardized assessment of each resident's functional capacity, using the RAI specified by the State. 2c. Significant Change Assessment- completed within fourteen (14) days of the identification of a status change that meets the requirements outlined in Chapter 2 of the 3.0 Version RAI Manual. i. A significant change is defined, according to the RAI Manual, MDS version 3.0, as a decline or improvement in a resident's status that: 1) will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not self-limiting (for declines only); 2) Impacts more than one area of the resident's health status; AND 3) requires interdisciplinary review and/or revision of the care plan. ii. A SCSA is required when a resident enrolls in a hospice program and remains in the facility, or a resident in the facility receiving hospice services discontinues those services (known as revocation of hospice care) and remains in the facility.</p> <p>Review of R42's face sheet revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, Alzheimer's disease, weakness, abnormalities of gait and mobility, and history of falling.</p> <p>Review of R42's Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 12/19/24 revealed R42 had a Brief Interview of Mental Status (BIMS) score of 00 of 15, indicating that the resident was unable to complete the interview. The MDS did not reveal an update of a significant change of a hip fracture on 12/06/24. The hip fracture was documented on 01/07/24 as a modified significant change.</p> <p>R42 was admitted to Hospice on 11/20/24. The MDS reflects a significant change for hospice 12/20/24.</p> <p>Review of R42's Care Plan with a start date of 12/06/24 revealed a focus that a fall occurred on 12/06/24 and a right hip fracture occurred. Care plan with a start date of 11/20/24 revealed a focus that resident has a terminal prognosis related to Alzheimer's Disease. The Resident elected to Amedisys Hospice.</p> <p>During an interview on 01/07/25 at 2:12 PM, with the MDS2 stated the significant change for R42 should have been updated when the hip fracture occurred and when he was admitted to hospice services. MDS2 was unsure why it wasn't updated. MDS2 updated the MDS on 01/07/24 with the significant change for the hip fracture that occurred on 12/06/24.</p> <p>(continued on next page)</p>		

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/08/25 at 9:51 AM, with MDS1, she states the significant change for R42 was the hip fracture that occurred on 12/06/24 but has been since modified on 01/08/25 by MDS2. MDS1 explains that the MDS should be updated in less than 14 days and when any major changes occur. MDS1 explains that the MDS was not updated in the correct timeframe and admits, it was a mistake.</p> <p>During an interview on 01/08/25 at 10:25AM, the Administrator stated the policy on MDS is to ensure that the facility follows the regulations. She states the importance of documenting in the MDS is that they are completed timely. It depends on the issue that is being addressed when the MDS needs to be updated. She ensures her staff are following the regulation by viewing monthly validation reports.</p> <p>During an interview on 01/08/25 at 10:18 AM with the Director of Nursing (DON), the DON states that she couldn't verbalize the MDS policy, unless she is looking at it. She states, the MDS is used to update the patients' health condition.</p> <p>During an interview on 01/08/25 at 10:28 AM with the Risk Manager (RM) revealed the RM states the minimum data assessment tool is used to evaluate a resident's condition and provide guidelines. She states the MDS needs to be updated quarterly and with any change in the residents' condition, whether it's an improvement or a decline in resident's condition.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25335</p> <p>Based on observations, record reviews and interview, the facility failed to ensure it is free of medication error rate of 5 % (percent) or greater. The error rate was 7.14 % based on 1 of 5 residents observed during med pass. There were two observed errors related to Resident (R)46, who was admitted to the facility on [DATE] with diagnoses including, but not limited to vitamin deficiency and essential (primary) hypertension.</p> <p>Findings:</p> <p>The facility policy entitled Medication Administration - General Policies and Procedures revised 11/1/2015 states Medications are administered as prescribed in accordance with good nursing principle and practices Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.</p> <p>On 01/07/25 at approximately 09:58 AM, LPN (Licensed practical Nurse)1 administered the following medications to R46:</p> <p>-Vitamin D3 125 mg (milligram) (5,000 IU (International Units)) x 1</p> <p>-Metoprolol Tartrate 25 mg x 1</p> <p>On 1/7/25 at approximately 11:10 AM, during medication reconciliation, a review of the January 2025 physician's orders for R46, provided by the (DON) Director of Nursing, revealed:</p> <p>-an order dated 8/12/2024 for Vitamin D2 Oral Tablet (Ergocalciferol) Give 1250 mcg (microgram) orally one time a day every Tue (Tuesday) related to VITAMIN DEFICIENCY.</p> <p>-an order dated 6/10/2024 for Metoprolol Tartrate Oral Tablet 25 mg (Metoprolol Tartrate) Give 1 tablet by mouth two times a day for HTN (hypertension) Hold if SBP (systolic blood pressure) less than 100 or dbp (diastolic blood pressure) less than 80.</p> <p>On 1/7/25 at approximately 11:15 AM, a review of the January 2025 medication administration record provided by the DON revealed that Metoprolol Tartrate Oral Tablet 25 mg had been also been administered when the dbp was less than 80 on 1/1/2025 and 1/2/2025.</p> <p>On 01/07/25 at approximately 11:26 AM, during an interview, LPN1, after reviewing the physician's orders, acknowledged the two errors and stated I'm not used to having orders read less than 80 dystolic.</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>25335</p> <p>Based on observations, record reviews, interviews and manufacturer package inserts, the facility failed to ensure that 1 of 3 medication room refrigerators, containing refrigerated medications, were operative.</p> <p>Findings include:</p> <p>Review of the facility policy entitled Storage of Medications revised 11/1/2015 states Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier.</p> <p>Manufacturer package inserts for insulin recommend storage for not in-use (unopened) insulin be stored in a refrigerator at approximately 36-46 degrees F.</p> <p>On 1/07/25 at approximately 10:49 AM, inspection of the Hall A Medication Room revealed the refrigerator thermometer reading was 48 degrees F (Fahrenheit) and plastic bags of insulin for approximately three residents were lying on shelves in standing water with thawed ice packs in the freezer compartment. The temperature log affixed to the refrigerator door had a recorded temperature on 1/6/25 of 38 degrees with numerous prior entries reading 38 degrees.</p> <p>On 1/07/25 at approximately 10:54 AM, Registered Nurse (RN)1 confirmed the refrigerator thermometer reading was 48 degrees F, started cleaning water from the refrigerator and stated the 3rd shift was responsible for checking and recording refrigerator temperatures.</p> <p>On 1/07/25 at approximately 11:30 AM, the Administrator stated maintenance had found that the refrigerator wasn't working and was being replaced.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on observations, interviews, and facility policy, the facility failed to maintain the dignity for 1 of 3 residents reviewed for dignity and infection control. Specifically, the facility did not provide a privacy bag for Resident (R)33's catheter bag. Furthermore, the catheter bag was found on the resident's floor during multiple observations. Cross-reference F880.</p> <p>Findings include:</p> <p>Review of the policy titled, Resident Rights, revised on 10/01/24, states: Employees shall treat all residents with kindness, respect and dignity. 3. Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</p> <p>Review of R33's face sheet revealed she was admitted to the facility on [DATE] with diagnosis including, but not limited to, Cerebral Palsy, neuromuscular dysfunction of bladder, retention of urine, and lack of coordination.</p> <p>Review of R33's Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 12/04/24 revealed R33 had a Brief Interview of Mental Status (BIMS) score of 10 of 15, indicating that the resident has a moderate cognitive impairment. Resident 33 is always incontinent of bowel and bladder and has an indwelling catheter.</p> <p>Review of R33's Care Plan with a start date of 08/21/24, revealed R33 prefers some activities out of room as well as all things Catholic. It also includes, R33 has a suprapubic catheter related to urinary retention and neurogenic bladder. Interventions include: The resident has a (16Fr) indwelling catheter, position catheter bag and tubing below the level of the bladder and away from entrance room door, check tubing for kinks during rounds each shift initiated on 08/12/24.</p> <p>Review of R33's Progress Note dated 11/05/24 revealed, Resident is s/p antibiotic therapy, completed Keflex r/t urinary tract infection (UTI) on 11/02/24. No adverse reactions noted at this time. RR e/u w/o any distress noted. No concerns or complaints at this time. Resident resting in bed with call light in reach. Plan of care ongoing.</p> <p>During an observation on 01/06/25 at 12:00 PM, R33 was in bed watching television. Her foley bag was full of urine and lying on the floor. There was no privacy cover over the foley catheter bag.</p> <p>During an observation on 01/07/25 at 4:30 PM, R33 was sitting in her wheelchair in her room watching television. Her foley catheter bag was on the floor behind her wheelchair with no privacy covering.</p> <p>During an interview on 01/07/25 at 4:44 PM, with the Unit Manager (UM), revealed R33's catheter bag was on the floor behind her wheelchair and did not have a privacy covering. UM stated the privacy catheter bag wasn't present and she is aware that the catheter bag should not be on the floor because that could cause infection, and the covering is a dignity issue for the patient. The UM stated that she will take care of this matter now.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/08/25 at 9:21AM, with the Director of Nursing (DON), stated that staff uses stat locks in place on residents to keep catheter tubing from kinking. DON stated that her staff visually observes the foley catheters to see whether it is kinking as well. She stated that the foley catheter bag should never be on the floor and should have a privacy bag covering to protect the patient and prevent infection. The DON states she has never witnessed the foley bag being on the floor in R33's room.</p>		