

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Myrtle Beach Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 9547 Highway 17, North Myrtle Beach, SC 29572	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15879</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to ensure one (Resident (R)15) of 17 sampled residents was provided privacy when staff was administering medications, exposing the resident. This failure put R15 at risk for embarrassment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Policy and Procedure Dignity, with a revised date of 08/01/24, provided by the facility, revealed the facility is dedicated to maintaining and promoting the dignity of all residents. Every resident will be treated with respect, consideration, and compassion in all interactions and care practices, ensuring their personal worth is upheld at all times. The policy further revealed residents privacy will be maintained during all personal care activities. Privacy will be ensured during personal care and medical treatment with efforts to minimize exposure and maintain a respectful environment. The policy further revealed Care practices will be conducted with sensitivity to residents' dignity, including maintaining modesty during personal care tasks and providing assistance with respect. Staff will be trained to provide care in a manner that upholds residents' self-esteem and personal dignity.</p> <p>Review of R15's Face Sheet located in the Admission Record tab of the electronic medical record (EMR), revealed R15 was admitted to the facility on [DATE].</p> <p>Review of R15's admission Minimum Data Set (MDS), located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 08/25/24, revealed R15 had a Brief Interview for Mental Status (BIMS) score of nine out of 15 which indicated moderately impaired cognition.</p> <p>Review of R15's Physician Orders located under the Orders tab of the EMR revealed R15 had an order for a Lidocaine 4% patch to be applied to R15's lower right back every day.</p> <p>During an observation on 08/28/24 at 7:29 AM with Registered Nurse (RN)1, in R15's room, revealed the resident was lying in bed, awake, and alert. RN1 knocked on the door, went in the room, did not close the door, or pull the privacy curtain before administering the lidocaine patches. RN1 asked the resident to turn sideways to the left and she pulled the linens down and pulled R15's shirt up which exposed her back and a portion of her brief. Two lidocaine 4% patches were removed from the upper back and the lower right back and two new lidocaine patches were replaced. During the observation three different staff members walked down the hall and could see into the room.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/28/24 at 9:17 AM, RN1 confirmed she did not pull the curtain or close the door because she saw this surveyor standing at the foot to the right of the bed and the curtain was partway around, and she did not think anyone from the hallway could see the resident.</p> <p>During an interview on 08/29/24 at 11:12 AM, R15 stated she did not pay any attention to the door or curtain being pulled or closed when they put on her patch.</p> <p>During an interview on 08/29/24 at 9:07 AM the Director of Nursing (DON) stated staff should knock on the door, close the door, or the curtain should be pulled around the resident when care was being done or giving medication where a resident might be exposed. The DON stated if the door was not closed, or the curtain was not pulled around the resident it was a dignity issue. The DON stated it was obvious the resident should be provided privacy. The DON stated if a resident's shirt was pulled up and a brief was exposed the very least that should have been done was to fully pull the curtain around.</p> <p>During an interview on 08/29/24 at 1:32 PM the Administrator stated her expectations would be if care were being done for the residents or patches were applied during medication administration it should be done behind a privacy curtain or a closed door. The Administrator further revealed this way it would ensure maximum comfort and avoid embarrassment or self-consciousness for the resident.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37590</p> <p>Based on record review, interview, and review of facility policy, the facility failed to provide written notification to the resident, resident representative, and the Ombudsman, when the facility initiated a transfer/discharge for one (Resident (R) 27) of one resident reviewed for hospitalization out of a total sample of 17 residents. This failure had the potential to affect the resident and their Resident Representative (RR) by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired as well as the Ombudsman being able to be an advocate for the resident.</p> <p>Findings include:</p> <p>Review of the facility's Transfer/Discharge Policy, effective 08/01/24, revealed Before a facility-initiated transfer or discharge, residents and resident representatives will be notified of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</p> <p>Review of R27's Face Sheet found under the Profile tab in the electronic medical record (EMR) revealed the resident was originally admitted to the facility on [DATE].</p> <p>Review of R27's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/31/24, in the EMR under the MDS tab revealed the resident has a Brief Interview for Mental Status (BIMS) of three out of 15 which indicated the resident's cognition was severely impaired.</p> <p>Review of R27's EMR revealed a Nurses Note under the Progress Notes tab, dated 08/12/24 at 10:00 AM indicated R27 was transferred to the hospital via EMS [Emergency Medical Services], due to an elevated temperature. There was no evidence found in the EMR to show that a written transfer notification had been sent or given to the resident, the resident's representative, or the Ombudsman.</p> <p>During an interview with the Administrator on 08/29/24 at 1:30 PM, she stated that the only signed documentation that is provided to a resident during a facility-initiated transfer is the Bed Hold documentation. Adding that they notify the resident's representatives (RR) via telephone. The Administration was also asked to provide documentation of notification to the Ombudsman since January of 2024, and she confirmed that the facility had not been notifying the ombudsman's office.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>37590</p> <p>Based on observation, interview, and policy review, the facility failed to ensure food was properly labeled and sealed to prevent contamination and the potential for development of foodborne illness. The facility further failed to ensure the kitchen was clean and free of debris. This deficient practice had the potential to affect 27 out of 27 residents who receive meals prepared in and served from the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food Storage dated 08/15/16, revealed that All refrigerated foods should be dated and properly sealed.</p> <p>Review of the facility policy titled, Food Handling, dated 08/01/24, revealed A regular cleaning schedule is followed for all food preparation and storage areas.</p> <p>During the initial kitchen observation, on 08/27/24 at 8:48 AM, there was initially no staff present. At the entrance of the kitchen there was a small handwashing sink, which was soiled with dried debris. Next to the sink was the dishwashing area and an uncovered trash bin. The sink was filled with soiled dishes which was next to the clean dishes after they were ran in the dishwasher. Across from the dishwasher revealed the shelves of the steam table were littered with old food debris. A power supply was covered in a dried liquid that had also dripped on the floor. Observation of the three-compartment sink was soiled with dried, whitish colored debris. There were also food particles, and each drain was caked with a dark blackish brown substance. The fryer was observed to have very dark oil, and food particles. The oil and food particles also littered the outside of the fryer and on the floor. The range was covered in a thick coating of grease and food particles along with a soiled pan. Observation of the food preparation area revealed a cutting board with a knife and pieces of uncooked ground beef. Pieces of the ground beef were on the counter.</p> <p>Continued observation on 08/27/24 with Cook1 and Dietary Aid (DA)1 revealed the first of the two walk-in refrigerators revealed leftovers that were shelved, but were not dated, labeled, or properly sealed in their container. This included a container of sliced meats that were discolored and odorous, a bag of what appeared to be squash, and a container of a white creamy substance. There were bottles of condiments that were open and had no date on when they were opened. A container, labeled mechanical pork chops with an extremely loose-fitting piece of plastic wrap was found on top of a cabinet labeled Bread Box. The second refrigerator also revealed plates with uneaten portions of food. Both refrigerators' floors and under-shelf area were soiled with old food and trash. The [NAME] revealed the facility did not currently have a Dietary Manager (DM). Cook1 and DA1 confirmed all the above observations of the kitchen.</p> <p>During an interview on 08/28/24 at 8:34 AM with the Administrator, Former Administrator (FA) and the Regional Director of Operations (RDOM) revealed the previous DM resigned, and they had hired a replacement that will begin working full-time on 09/11/24. They were also asked a question about the condition of the kitchen and stated that they were not sure of any concerns, adding that the kitchen is old and they are in the process of preparing to renovate it.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the Registered Dietitian (RD), on 08/28/24 at 11:06 AM, he confirmed he was aware of the status of the kitchen. He stated that he has discussed overall cleanliness of the kitchen with the staff, to include ensuring to label open items in the unit and walk-in refrigerators. Adding that he discussed ensuring all trash bins had a lid unless in use, keeping the floors in the kitchen and refrigerators free from dirt and debris, keeping mop heads off the floor, and labeling and dating food items. He also stated that he had the dietary staff sign inservice/education sheets, however, was unsure of the date. The sign in sheets were not provided by the time of the exit of the survey.</p>		