

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2024
NAME OF PROVIDER OR SUPPLIER  Riverside Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  2375 Baker Hosp Blvd Charleston, SC 29405	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>31846</p> <p>Based on review of facility policy, record reviews and interviews, the facility failed to ensure Resident (R)30 was afforded the right to formulate an advance directive for 2 of 3 residents reviewed for Advance Directives.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Advance Directive, states, The facility recognizes the resident's right to formulate an advance directive. Procedures: 1. The facility recognizes the following advanced directives: A. Do-Not-Resuscitate (DNR) identifications and orders. B. Living Will, or similar declaration. C. Power of Attorney for Health Care, or similar declaration. D. Organ Donations. E. POLST, MOLST, and MOST. 2. Upon admission to the facility, the Admission Coordinator will: A. Provide each resident or his/her legal representative with a copy of the facility's policy and state requirements for advanced directives. Obtain the resident or his/her legal representative's signature on a acknowledgement confirming receipt of this information. B. Interview each resident or/his/her legal representative/family members to determine whether the resident has executed an advance directive, and if not, determine if the resident wishes to formulate an advance directive. C. If the resident has executed an advanced directive, obtain copies and: 1) Place them in the medical record (Advanced Directives section) 2) Place them in the financial record (contained in the Business Office) 3) Provide a copy to the Social Services Director 4) Provide a copy to the attending physician. 3. Upon admission to the facility, the Social Services Director will: A. Review the medical record/advance directives, interview patient/resident or his/her legal representative/family member and inform them of their rights to complete advanced directives. B. Assist a patient/resident who wants to, and can, execute an advance directive in obtaining and completing the necessary forms. C. Obtain any needed orders. D. Maintain executed copies and disseminate as appropriate. E. For facilities with an electronic medical record, add a copy of the executed advance directive and patient face sheet to the centrally maintained binder that contains same for all patients/residents with advance directives.</p> <p>Review of R30's Face Sheet revealed, the facility admitted R30 with diagnoses including, but not limited to: osteomyelitis of vertebra, sacral and sarcococcygeal region, multiple contracted muscles, opioid abuse, anxiety disorder, cerebrovascular accident with speech and language deficits, lack of coordination, convulsions and stage four pressure ulcers.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R30's Electronic Medical Record (EMR) on 03/13/24 at 1:55 PM, revealed no documentation of advance directives.</p> <p>Further review of the EMR on 03/13/24 at 2:10 PM, revealed no documentation to ensure R30 or his personal representative was afforded the right or opportunity to formulate an advance directive.</p> <p>During an interview on 03/13/24 at 2:30 PM, the Director of Nursing (DON) stated she was unable to locate the advance directive for R30.</p> <p>47812</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47812</p> <p>Based on interview and record review, the facility failed to provide clean linen/washcloths to residents throughout the facility.</p> <p>Findings include:</p> <p>The facility did not provide a policy on linens/laundry.</p> <p>Review of Resident Council Meeting Minutes for the months of September 2023, October 2023, November 2023, December 2023, January 2024, and February 2024, all revealed concerns regarding lack of linens/wash clothes.</p> <p>During an observation on 03/12/24 at 10:31 AM, revealed room [ROOM NUMBER], linens on both residents' beds were stained with food and dirty.</p> <p>During an observation on 03/12/24 at 10:47 AM, revealed room [ROOM NUMBER], linens on resident's bed was stained and dirty.</p> <p>During an observation on 03/12/24 at 10:50 AM, revealed room [ROOM NUMBER], smelled of urine. Linens on the bed were soiled with what appeared to be a yellow liquid, food and dirty.</p> <p>During an observation on 03/12/24 at 11:05 AM, revealed room [ROOM NUMBER], linen on bed B was dirty, stained with food, and dried blood.</p> <p>During an observation on 03/12/24 at 11:15 AM, revealed room [ROOM NUMBER], there were no linens on bed A and the linen on bed B was dirty and stained.</p> <p>During an observation on 03/12/24 at 11:27 AM, revealed room [ROOM NUMBER], linen on residents bed was soiled with unknown substance and stained with food.</p> <p>During an observation on 03/12/24 at 12:03 PM, revealed room [ROOM NUMBER], there were no linens on on bed A, resident was laying directly on mattress, and the linens on bed B was dirty and stained.</p> <p>During an observation on 03/12/24 at 12:12 PM, revealed room [ROOM NUMBER], there were no linens on bed B.</p> <p>During an observation on 03/13/24 at 12:37 PM, revealed room [ROOM NUMBER], linens on both resident's bed was still stained with food and dirty.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the Resident Council Meeting on 03/13/2024 at 2:02 PM, which included Resident (R)14 and R00. R14, who was the Resident Council President, and R00 stated that linen/laundry had been a major issue discussed. The facility runs out of linen daily, often having residents go weeks without clean linen including washcloths. R14 stated this had been an on going issue that was brought up at every meeting, yet nothing had been done to fix it, no one would tell the residents when the issue would be resolved or what they (staff) were doing/going to do to resolve the issue. R14 stated the Director of Nursing (DON) kept telling us (residents) to try to be more patient, these issues are being addressed, we (staff) understand your (resident) concerns but this is a process and that would be all the answers we (residents) would get and nothing else.</p> <p>During an interview on 03/13/24 at 2:38 PM, the DON stated laundry was a major issue, partly because it was done outside of the facility. The facilities' laundry should be done around the clock or at least on every shift and it has not been done that way for some time now. The facility's laundry was not being picked up and returned in a timely manner and when it was returned it was only a portion of what was picked up. The contract the facility had with the outsourced company will be terminated at the end of the month. Starting 04/01/24 all laundry services will be conducted in-house. The DON also stated that they fully understood every concern addressed by the resident council and staff were doing their best to resolve those concerns. These matters unfortunately will take some time to resolve.</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>31846</p> <p>Based on review of facility policy, record reviews, and interviews, the facility failed to ensure Resident (R)30 or his personal representative received discharge notification, upon discharge to the hospital, in writing and in a language they could understand. The facility further failed to ensure the state Ombudsman received a copy of the notification in timely manner, for 1 of 3 residents reviewed for hospitalization s.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Discharge Notification, under Policy: To specify the limited conditions under which a skilled nursing facility or nursing facility may initiate transfer or discharge of a resident, the documentation that must be included in the the medical record, and who is responsible for making the documentation. Additionally, these requirements specify the information that must be conveyed to the receiving provider for residents being transferred or discharged to another healthcare setting. Number 7 states: Notice before transfer. A. Before a facility transfers or discharges a resident, the facility must: 1) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. 2) The facility must also send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman and documentation to reflect in the residents' medical record.</p> <p>Review of R30's Face Sheet revealed, the facility admitted R30 with diagnoses including, but not limited to: osteomyelitis of vertebra, sacral and sarcococcygeal region, multiple contracted muscles, opioid abuse, anxiety disorder, cerebrovascular accident with speech and language deficits, lack of coordination, convulsions and stage four pressure ulcers.</p> <p>Review of R30's Electronic Medical Record (EMR), revealed a hospital stay for R30 from 03/02/24 and returning on 03/06/24. No documentation could be found to ensure R30 or the resident representative received notification of discharge to the hospital in a timely manner. Further review of EMR revealed no documentation to ensure the state ombudsman received notification within a timely manner.</p> <p>During an interview on 03/13/24 at 2:48 PM, the Director of Nursing (DON) confirmed that the medical record did not contain a copy of the transfer paperwork given to the resident or the resident representative. The DON however, did provide a sheet of paper that states, to the Ombudsman Intaker, and reads, Attached is the admission and discharge report for January 2024 (and March 2024 for February 2024). Please let me know if more information is needed. No resident information (names, date of discharge, etc) was included in the documentation provided.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47812</p> <p>Based on record review, interviews, and review of facility policy, the facility failed to implement interventions outlined in Resident's (R)53's Care Plan, for 1 of 5 residents reviewed.</p> <p>50085</p> <p>Findings include:</p> <p>Review of the facility policy titled, Care Plan Process, Person-Centered Care, revised 05/05/23, revealed, Policy Statement: The facility will develop and implement a base line and comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.</p> <p>Review of the facility policy titled, Fall Management revised 05/05/23 states, 1. The facility will identify each patient/resident who is at risk for falls and will plan care and implement interventions to manage falls. Procedures included with this policy: 2. The fall risk evaluation assists in identifying the appropriate preventative interventions that will be recorded on the patient/resident's care plan. 3. The facility provides assistive devices based on individual resident needs to facilitate mobility and prevent falls. 6. The care plan reflects individualized interventions that are reassessed and revised as needed.</p> <p>Review of R53's Face Sheet revealed R53 was admitted to the facility on [DATE] with the latest return date of 09/01/23, with diagnoses including, but not limited to: falls, encephalopathy, seizures, anxiety disorder due to known physiological condition, bipolar disorder, dizziness and giddiness, weakness, and confusional arousals.</p> <p>Review of R53's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/10/23, revealed R53 had a Brief Interview of Mental Status (BIMS) score of 99, suggesting R53 chose not to participate.</p> <p>Review of R53's undated Care Plan revealed R53 is at risk for falling related to end of life care, seizures, medication, impaired mobility, muscle weakness and atrophy, cognition. Long term goal: R53 will remain free from injury. Intervention/Approach: Fall mats in place while resident is in bed, call light within reach.</p> <p>During an observation on 03/12/24 at 11:17 AM, R53 was in bed asleep, fall mats were on the floor but not positioned properly.</p> <p>During an observation on 3/14/24 at 11:33 AM, revealed fall mats were inappropriately placed on bilateral sides of bed. The right fall mat was located diagonally underneath the bed. The left fall mat was near the left wall, away from the bed, with a folding chair on top of it.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/14/24 at 11:39 AM, Licensed Practical Nurse (LPN)3 revealed she is aware that R53 has a history of falls, and her last fall was a month ago. LPN3 indicated the call light should be within reach, the bed is always in the lowest position, and fall mats should be beside the bed. LPN3 verified the right fall mat positioned diagonally under R53's bed and the left fall mat away from the bed near the doorway with a folding chair on top of it.</p> <p>During an interview on 03/14/24 at 11:45 AM, the Director of Nursing (DON) stated her expectation is that staff are adhering to the care plan and R53 is free from falls. The DON reports that R53, at times places herself on the floor and that is listed on the care plan. The DON stated that she will address the fall mats not being in place.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47257</b></p> <p>Based on observation, record review, and interview, the facility failed to provide nail care, maintain personal hygiene, and provide showers for residents that require, extensive assistance with Activities of Daily Living (ADLs) for 1 of 2 residents (Resident (R)44) reviewed for ADLs.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Activities of Daily Living, Optimal Function, with a complete revision date of 05/05/23, states, Activities of daily living (ADLs), refer to tasks related to personal care including, grooming, dressing, oral hygiene, transfer, bed mobility, eating, bathing and communication system. The Facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene.</p> <p>Review of R44's Face Sheet revealed R44 was admitted to the facility on [DATE] with the latest return date being 07/13/20, with diagnosis including, but not limited to: muscle wasting and atrophy, chronic kidney disease, abnormal posture, chronic pain, major depressive disorder, cerebrovascular disease, flaccid hemiplegia affecting left nondominant side, contracture left elbow, obstructive hydrocephalus, traumatic hemorrhage of cerebrum, and Type 2 Diabetes Mellitus.</p> <p>Review of R44's quarterly Minimum Data Set (MDS) revealed R44 has a Brief Interview of Mental Status (BIMS) of 6 out of 15, indicating that the resident has severe cognitive impairment. The MDS further revealed that R44 does not reject any form of care and does not display any behaviors towards others. The MDS also indicates that R44 needs substantial/maximal assistance with shower and bathing and personal hygiene tasks.</p> <p>Review of R44's ADL Point of Care (POC) History reveals that R44 requires total dependence for personal hygiene and bathing. During the time frame of 02/15/24 through 3/14/24, R44 was provided a bath eight of the twenty-nine days. Seven of the days the resident was provided a bed bath and not provided the option to have a shower.</p> <p>During an observation on 03/13/24 at 11:45 AM, revealed R44 had long finger nails, with a black substance under his nails and a considerable amount of facial hair.</p> <p>During an observation on 03/14/24 at 12:25 PM, revealed R44 was lying in the bed, and his finger nails were two plus inches long, with a black substance under them. R44 also had a considerable amount of facial hair.</p> <p>During an interview on 03/14/23 at 12:25 PM, R44 revealed that he did not like his nails to be that long, and he usually shaves himself, but no one had provided him with a razor so he could shave his face. R44 also stated that no one offered to provide him with a shower.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/14/24 at 12:31 PM, Certified Nursing Assistant (CNA)2, revealed she does give showers to residents on the hall, but she has not provided anyone with one today. CNA2 stated she has two residents that she will give a shower today. She includes there is a book that is kept at the nurse's station of residents that they provide showers for, but she was unable to locate the book or any other form of documentation, other than what is documented in the Electronic Health Record (EHR). CNA2 stated that nail care should be provided during ADL care every morning.</p> <p>During an interview on 03/14/24 at 12:44 PM, CNA3 revealed that she must notify or ask a nurse if they can cut particular residents nails because some of them are diabetic and it is against their protocol.</p> <p>During an interview on 03/14/24 at 12:52 PM, Licensed Practical Nurse (LPN)5 revealed that every resident should be checked during morning care if they need to have any personal hygiene tasks completed. She includes if a resident's nails are dirty, they should be cleaned by the CNAs.</p> <p>During an observation on 03/15/24 at 9:00 AM, R44 was lying in bed, his nails had been cut, but the black substance remained underneath his finger nails.</p> <p>During an interview on 03/14/24 at 1:01 PM, the Director of Nursing (DON) revealed that every resident should be cleaned daily, and any ADL care should be identified daily, usually in the mornings, and addressed. ADL care should encompass the whole person and nails and personal hygiene should be completed during that time. The DON further stated that CNAs could provide nail care if the resident doesn't have diabetes or any vascular or circulatory problems. If a resident does have one of these conditions, they would notify the nurse and she would be responsible for clipping their nails, but the CNAs can clean them. The DON includes that R44's nails grow quickly, and she personally trims his nails at times, but she does not cut them low. The DON states that showers should be followed by the schedule but there is no documentation that denotes if they have had a bed bath or a shower.</p> <p>During an interview on 03/14/24 at 1:57 PM, CNA4 revealed that personal hygiene care is done in the morning and should be documented every day. The resident's personal care needs should be observed when rotating or repositioning the resident or if they are receiving restorative care.</p> <p>During an interview on 03/14/24 at 3:33 PM, LPN1 revealed that CNAs provide personal hygiene care to include showers, bed baths, oral care, cleanliness, helping with hair and assisting with most ADL's, this usually takes place during the hours of 8 am and 11 am. LPN1 further stated that she provides showers on Tuesdays and Fridays, but there is not a place that they document any notes about residents receiving a shower. LPN1 includes it is protocol if a resident refuses a shower, they should document that in the progress notes.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>31846</p> <p>Based on review of the facility policy, observations, and interview, the facility failed to follow a procedure during wound care for Resident (R)85, to promote healing and to reduce the risk of infection for 1 of 3 residents observed during wound care.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Wound Care - Policies and Procedures, states, Pressure ulcers will be evaluated and treated in accordance with professional standards of practice to heal and prevent pressure ulcers unless clinically unavoidable.</p> <p>Review of R85's Face Sheet revealed the facility admitted R85 with diagnoses including, but not limited to: osteomyelitis of vertebra, sacral and sacrococcygeal region, protein-calorie malnutrition and wound botulism.</p> <p>Review of R85's Electronic Medical Record (EMR) on 03/14/24 at 11:50 AM, revealed a physicians order which states, Cleanse sacral area with normal saline or wound cleanser, pat dry, apply Dakin's moistened gauze and cover with bordered gauze to promote autolytic debridement.</p> <p>During an observation of R85's wound care, performed by Licensed Practical Nurse (LPN)1 with Certified Nursing Assistant (CNA)2 assisting, went as follows:</p> <p>LPN1 knocked on the door and the resident gave us permission of enter the room. LPN1 explained the procedure to R85. LPN1 and CNA2 washed their hands. This surveyor introduced myself and asked permission to observe wound care, and the resident gave permission. Both LPN1 and the CNA2 applied gloves and then LPN1 poured the Dakins' Solution into a plastic cup in which she had placed several 4 x 4's. LPN1 removed her gloves and pulled the resident up in bed and moved the over bed table without gloves. LPN1 then washed her hands and applied gloves, and then removed the bed control from the resident's bed and turned the resident onto her left side, (the soiled dressing was saturated with no date or initials and the bed beneath the chux was also saturated and stained with drainage). The wound bed was large and contained slough and an odor was noted. LPN1 removed her gloves and washed her hands and applied gloves, she took the supplies from the over bed table and placed them on the bed next to the resident, and then opened 4 x 4's and sprayed them with wound cleanser and wiped around the outer edges of the wound first. Then LPN1 took the wound cleanser and sprayed the wound bed and took several 4 x 4's in hand and blotted the wound bed, several times, LPN1 never cleansed in a circular motion, and then discard the soiled 4 x 4. Then with the same 4 x4's she had used to clean and blot the wound bed she then blotted the outside surrounding area of the wound. Using the same gloved hands LPN1 took dry 4 x 4's and dried the outside surrounding tissue of the wound and then blotted the inside. LPN1 removed her gloves and washed her hands and applied gloves and opened the foam dressing. LPN1 took the Dakins' moistened gauze and placed it in the wound bed and then applied the outer foam dressing and then took a piece of tape she had already dated and initialed and placed it on on the outer foam dressing. LPN1 then bagged the trash and helped CNA2 to clean up the bed and the resident. LPN1 came out of the room and brought the bagged trash to the soiled utility room, washed her hands and charted the treatment.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/14/24 at 12:25 PM, LPN1 confirmed that she had not correctly performed wound care. LPN1 also confirmed that she had blotted inside the wound bed over and over and then using the same wound cleanser soaked gauze and her same gloved hands and blotted the outside surrounding tissue of the wound. LPN1 confirmed that she had not properly performed wound care.</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43322</p> <p>Based on review of facility policy, record review, interviews, and observations, the facility failed to conduct smoking assessments for 4 out of 10 residents (Resident (R)84, R116, R133, and R75) who smoke. Additionally, the facility failed to provide proper safety protocols for 10 out of 10 residents (R80, R84, R116, R595, R60, R133, R75, R93, R37, and R103) who smoke.</p> <p>On 03/13/24 at 4:32 PM, the Administrator was notified that the failure to conduct assessments on residents who smoke and failing to provide proper safety protocols for residents who smoke constituted Immediate Jeopardy (IJ) at F689.</p> <p>On 03/13/24 at 4:32 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 03/10/24. The IJ was related to 42 CFR 483.25 - Quality of Care.</p> <p>On 03/13/24, the facility provided an acceptable IJ Removal Plan. On 03/14/24 the survey team, validated the facility's corrective actions and removed the IJ. The facility remained out of compliance at F689 at a lower scope and severity of E.</p> <p>An extended survey was conducted in conjunction with the Recertification Survey for non-compliance at F689, constituting substandard quality of care.</p> <p>Findings Include:</p> <p>Review of the facility's Admission Handbook with a revision date of 05/22/20 revealed the following, Smoking Policy. Unless otherwise noted in a separate policy, this facility is a smoke-free environment . All residents are prohibited from keeping any type of smoking materials (lighter, matches, cigarettes, etc.) in their rooms or on their person. Violations of this policy endanger the health and safety of others at the facility .</p> <p>Review of the facility's policy titled Smoking Policy for Residents and Visitors with an effective date of 08/31/07, revealed, . our nursing facility discourages smoking due to complications that may arise due to medications, illnesses and smoking accidents. Further, we have the added responsibility of ensuring all residents, visitors and staff is free from all fire and smoking hazards . Accordingly, the following smoking policy has been implemented in our Facility and shall be enforced for ALL resident admitted after August 14, 2006 . This Facility is a smoke-free environment and, as such, there are NO designated smoking areas inside the building or on its premises for either residents or visitors. All residents are prohibited from keeping any type of smoking materials (lighter, matches, cigarettes, etc.) in their rooms or on their person. Residents' smoking materials will be kept in assigned lockers adjacent to the exit door to the garden area between Units 100 and 200. The keys for the lockers will be controlled by the medication nurse on the back hall of Unit 200 and kept in the medication cart.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an observation on 03/13/24 at approximately 9:45 AM, R80, R84, and R116 were across the street from the facility smoking. R80 was in a motorized wheelchair, R116 was in a manual wheelchair, and R84 did not have any assistive devices for ambulation. Further observation revealed no protective equipment and no staff were present to supervise and/or provide assistance.</p> <p>During an interview on 03/13/24 at approximately 10:00 AM, the Assistant Business Office Manager (ABOM), who was working the receptionist desk, stated, There were residents trying to smoke. But we put a stop to it. the residents that do smoke have to sign out on a leave of absence. They sign out at the nurses station.</p> <p>During an interview on 03/13/24 at 10:05 AM, with the group of residents smoking, revealed: R80 stated, We use to smoke on property, but they made it no smoking on property. So we come across the street. It's not really safe cause we have to cross the street and the cars zoom by like a bat out of hell. We have to watch out for the traffic. I haven't had any assessment and I keep my cigarettes and lighter on me all the time. There are about eight of us who come out here to smoke. They lock the front doors at seven, so we can't smoke after that. R84 stated, The cars come barreling through here and it is not safe. R116 stated, I keep my cigarettes and lighter on me all the time.</p> <p>During an interview on 03/13/24 at 10:40 AM, Licensed Practical Nurse (LPN)3 stated, I have one smoker [R84]. The resident keeps their own smoking supplies. They sign out and they can go on their own. The smoking situation is new and we are adjusting. [R84] doesn't usually sign out because she is independent. I don't know if they had assessments.</p> <p>During an interview on 03/13/24 at 10:43 AM, LPN12 stated, [R133] tries to buy cigarettes from other residents and sometimes his family brings him some. I am not sure if the residents have had assessments. LPN12 identified the following residents who smoke: R595, R60, and R133.</p> <p>During an interview on 03/13/24 at 10:50 AM, LPN13 stated, I got one smoker on my hall [R93]. He goes out at least four times on my shift. I don't know if he's had an assessment. I hope he had one done. I don't know what he does with his smoking supplies. I am from [another state] and when I worked there we kept it (smoking materials) in a lock box, I don't know what they do here.</p> <p>Investigation identified the following residents that smoke:</p> <p>1. Review of R80's Face Sheet revealed, R80 was admitted to the facility on [DATE], with diagnoses including but not limited to: acute respiratory disease, sepsis, paraplegia, chronic obstructive pulmonary disease with acute exacerbation, shortness of breath, morbid obesity, asthma, and cognitive communication deficit.</p> <p>Review of R80's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/30/23, revealed R80 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R80's Physician Orders dated 02/12/24 revealed an order for 2L oxygen PRN via NC.</p> <p>Review of R80's Electronic Medical Record (EMR) revealed, a Smoking Policy with an effective date of 08/31/07 signed by R80 on 01/31/24.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of R80's Smoking Risk (Acuity) dated 03/01/24 revealed, R80 smokes cigarettes every few hours. Further review of the Smoking Risk revealed, R80 is a moderate problem for Inappropriately Provides Smoking Materials to Others and Mobility. The Smoking Risk evaluated R80 at a score of 4.0 indicating R80 was a safe smoker.</p> <p>Review of R80's Care Plan with a start date on 02/20/24 revealed the following problems: [R80] requires oxygen therapy PRN R/T COPD. Problem start date 09/05/23 [R80] is a former smoker, smoking cessation patch offered. Problem start date 01/27/22 [R80] is at risk for complications related to Asthma and COPD. Problem start date 01/27/22 [R80] at risk for falling R/T Paraplegia, lack of coordination, muscle wasting, and weakness.</p> <p>2. Review of R84's Face Sheet revealed R84 was admitted to the facility on [DATE] (latest return on 12/19/23), with diagnoses including but not limited to: Type 2 diabetes, cognitive communication deficit, disorientation, acute respiratory disease, muscle weakness, abnormalities of gait and mobility, osteoarthritis, shortness of breath, major depressive disorder, lack of coordination, difficulty in walking, and cognitive social or emotional deficit.</p> <p>Review of R84's Quarterly MDS with an ARD of 03/02/24, revealed R84 had a BIMS score of 99 indicating the resident was unable to complete the interview.</p> <p>Review of R84's Physician Orders revealed the following orders: Seroquel (quetiapine) tablet; 50 mg; amt: 1. 5 tablet; oral At Bedtime 09:00 PM 09/12/2023 and tramadol - Schedule IV tablet; 50 mg; amt: ONE TABLET; oral Special Instructions: ONE TAB TID PRN FOR KNEE PAIN As Needed PRN 1, PRN 2, PRN 3 03/05/2024</p> <p>Review of R84's EMR revealed no Smoking Risk (Acuity) was completed.</p> <p>Review of R84's Care Plan with a start date of 09/11/23 revealed the following problems: [R84] has cognitive impairment and communication deficit, memory problems: Symbolic dysfunction, short/long term memory problems Impaired ability to make decisions R/T Following CVA. [R84] at risk for falling R/T R side weakness .</p> <p>3. Review of R116's Face Sheet revealed R116 was admitted to the facility on [DATE], with diagnoses including but not limited to: chronic kidney disease, acute kidney failure, altered mental status, type 2 diabetes, nicotine dependence, cognitive communication deficit, unsteadiness on feet, lack of coordination, muscle wasting and atrophy, and muscle weakness.</p> <p>Review of R116's Quarterly MDS with and ARD of 01/11/24, revealed R116 had a BIMS score of 15 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R116's EMR revealed no Smoking Risk (Acuity) was completed.</p> <p>Review of R116's Care Plan revealed the following problems: Problem start date 07/25/22 [R116] has cognitive impairment AEB memory problems: short/long term memory problems. Impaired ability to make decisions. Impaired communication. Problem start date 07/07/22 [R116] is at risk for falling R/T orthostatic hypotension.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>4. Review of R595's Face Sheet revealed R595 was admitted to the facility on [DATE] with diagnoses including but not limited to: Type 2 diabetes, panic disorder, heart failure, chronic obstructive pulmonary disease, and chronic kidney disease.</p> <p>Review of R595's Admission MDS with an ARD of 02/29/24, revealed R595 had a BIMS score of 15 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R595's Smoking Risk (Acuity) dated 03/08/24, revealed R595 smokes cigarettes more than once per hour. Further review of the Smoking Risk revealed, R595 is a minimal problem for Smokes in Unauthorized Areas and Mobility. R595 is a moderate problem for General Awareness and Orientation-Including Ability to Understand the Facility Safe Smoking Policy, General Behavior and Interpersonal Interaction and Capability to Follow Facility Safe Smoking Policy. The Smoking Risk evaluated R595 with a score of 8.0, indicating R595 to be a safe smoker.</p> <p>Review of R595's Care Plan revealed the following problems: Problem start date 03/10/24 Resident at risk for falling R/T impaired mobility. Problem start date 03/10/24 Resident is limited in physical mobility R/T impaired mobility and weakness.</p> <p>5. Review of R60's Face Sheet revealed R60 was admitted to the facility on [DATE] with diagnoses including but not limited to: undifferentiated schizophrenia, acute respiratory failure, muscle weakness, tremor, internuclear ophthalmoplegia bilateral, elevated blood-pressure reading, nicotine dependence, cognitive communication deficit, and convulsions.</p> <p>Review of R60's Quarterly MDS with an ARD of 12/15/23, revealed R60 had a BIMS score of 15 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R60's Smoking Risk (Acuity) dated 03/09/24, revealed R60 smokes cigarettes more than once per hour. R60 scored a 0.0 on indicating R60 is a safe smoker.</p> <p>Review of R60's EMR revealed a Smoking Policy with an effective date of 08/31/07, signed by the resident on 01/09/23 and 08/04/23.</p> <p>Review of R60's Care Plan revealed the following problems: problem start date 09/26/22 [R60] appears to have recall deficit related to: short term recall - long term recall - poor decision making. Problem start date 12/22/21 [R60] requires assistance with ADL's due to Anemia, weakness and TBI . Problem start date 10/11/18 [R60] has the dx of bipolar and schizophrenia and is at risk for behaviors including yelling out, seeing things that aren't there, insomnia, puts self on floor when angry bout going home, crying, and decline in mood. Combative at times with staff and aggressive with another resident . Non compliant with smoking policy. Problem start date 09/26/18 [R60] at risk for falling R/T left sided weakness, tremors and Psychotropic meds.</p> <p>6. Review of R133's Face Sheet revealed R133 was admitted to the facility on [DATE], with diagnoses including but not limited to: schizophrenia, chronic bronchitis, wheezing, bipolar disorder, nicotine dependence, cough, mental disorder due to known physiological condition, lack of coordination, cognitive communication deficit, muscle wasting and atrophy, and muscle weakness.</p> <p>Review of R133's Quarterly MDS with an ARD of 02/14/24 revealed a BIMS score of 14 out of 15 indicating the resident was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of R133's Physician Orders revealed the following orders: albuterol sulfate HFA aerosol inhaler; 90 mcg/actuation; amt: 2 Puffs; inhalation Special Instructions: Inhale 2 puffs into the lungs every 4 hours as needed for shortness of breath/wheezing As Needed PRN 1, PRN 2, PRN 3 02/06/2024, ipratropium-albuterol solution for nebulization; 0.5 mg-3 mg(2.5 mg base)/3 mL; amt: 3mL; inhalation Special Instructions: 3mL q4 PRN for SOB/wheezing As Needed PRN 1, PRN 2, PRN 3, PRN 4, PRN 5, PRN 6 01/26/2024,</p> <p>Ativan (lorazepam) - Schedule IV solution; 2 mg/mL; amt: 2mg; injection Special Instructions: 2mg BID PRN As Needed PRN 1, PRN 2 12/15/2023, Breo Ellipta (fluticasone furoate-vilanterol) blister with device; 100-25 mcg/dose; amt: 1 puff; inhalation Special Instructions: Rinse and spit after each use Once A Day 09:00 AM 02/07/2024, and</p> <p>Seroquel (quetiapine) tablet; 50 mg; amt: 1 tab; oral Three Times A Day 09:00 AM, 01:00 PM, 09:00 PM 01/18/2024.</p> <p>Review of R133's Smoking Risk (Acuity) dated 11/09/23 revealed, R133 scored a 12.0 indicating R133 was an unsafe smoker. Further review of the Smoking Risk revealed the following: Potentially Unsafe Smoker - Follow Facility Policy - Clinical Judgement - Resident is not capable of even supervised smoking. Smoking will result in danger to self or others. True - Withhold smoking materials.</p> <p>Review of R133's Care Plan revealed the following problems: problem start date 02/12/24 [R133] is at risk for respiratory distress R/T bronchitis. Problem start date 11/16/23 [R133] is at risk for falling R/T neurocognitive disorder. Problem start date 11/16/23 [R133] is at risk for further cognitive impairment R/T Neurocognitive disorder. Problem start date 11/10/23 [R133] is at risk for having mood and behaviors changes R/T Schizophrenia. Problem start date 11/10/23 [R133] wanders and/or is an elopement risk. Requites wander guard.</p> <p>7. Review of R75's Face Sheet revealed R75 was admitted to the facility on [DATE] with diagnoses including but not limited to: Wernicke's encephalopathy, tremor, delirium, Type 2 diabetes, reduced mobility, delusional disorders, difficulty in walking, and major depressive disorder.</p> <p>Review of R75's Quarterly MDS with an ARD of 12/12/23 revealed a BIMS score of 12 out of 15, indicating R75 was moderately cognitively impaired.</p> <p>Review of R75's EMR revealed no Smoking Risk (Acuity) was completed.</p> <p>8. Review of R93's Face Sheet revealed R93 was admitted to the facility on [DATE], with diagnoses including but not limited to: chronic osteomyelitis, cough, and sepsis</p> <p>Review of R93's Quarterly MDS with an ARD of 12/27/23, revealed a BIMS score of 14 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R93's Smoking Risk (Acuity) dated 03/01/24, revealed R93 smokes cigarettes every few hours. Further review of the Smoking Acuity revealed R93 was a minimal problem for Inappropriately Provides Smoking Materials to Others and Mobility. R93 scored a 2.0 indicating R93 is a safe smoker.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of R93's Care Plan revealed the following problems: problem start date 05/21/21 [R93] has behaviors which include cursing at staff, refusing to obtain weight, and makes false acquisitions regarding meal/portion preferences and medication administration. Problem start date 04/01/21 [R93] at risk for falling .</p> <p>9. Review of R37's Face Sheet revealed R37 was admitted to the facility on [DATE] with diagnoses including: cerebral palsey, acute upper respiratory infection, acute bronchitis, pneumonia, contracture, cough, bipolar disorder, nicotine dependence, and acquired absence of right leg below knee.</p> <p>Review of R37's Quarterly MDS with an ARD of 12/13/23 revealed a BIMS score of 13 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R37's EMR revealed a Smoking Policy with an effective date of 08/31/17 signed by the resident on 01/29/24.</p> <p>Review of R37's Smoking Risk (Acuity) dated 03/01/24, revealed R37 smokes cigarettes and vape a couple times per day. Further review of the Smoking Risk revealed, R37 is minimal risk for Smokes in Unauthorized Areas, Inappropriately Provides Smoking Materials to Others, and Begg or Steals Smoking Materials From Others. R37 is a moderate problem for Mobility. R37 scored a 5.0 on the Smoking Risk indicating R37 is a safe smoker.</p> <p>Review of R37's Care Plan revealed the following problems: problem start date 09/27/23 [R37] is a risk for self harm related to: SUD, Poor support system, loneliness as evidence by: Statements of despair, helplessness, hopelessness, Suicide behavior (talk). Problem start date 09/19/23 [R37] is at risk for cognitive decline and behaviors R/T cerebral palsy, Bipolar with use of psychotropics. Problem start date 09/05/23 [R37] is a former smoker and occasionally staff has caught resident smoking despite encouragement and education. Problem start date 10/14/21 [R37] is unable to make daily decisions without cues/supervision R/T decreased safety awareness. Problem start date 09/27/21 [R37] chooses to smoke an e-cigarette.</p> <p>10. Review of R103's Face Sheet revealed R103 was admitted to the facility on [DATE] with diagnoses including but not limited to: acute hematogenous osteomyelitis, difficulty walking, spastic hemiplegia, and cognitive communication deficit.</p> <p>Review of R103's Quarterly MDS with and ARD of 12/30/23 revealed a BIMS score of 13 out of 15 indicating the resident was cognitively intact.</p> <p>Review of R103's EMR revealed a Smoking Policy with an effective date of 08/31/07 signed by R103 on 08/07/23.</p> <p>Review of R103's Smoking Risk (Acuity) dated 03/01/24 revealed R103 smokes cigarettes a couple times per day. Further review of the Smoking Risk revealed R103 is a moderate problem for Mobility. R103 scored a 2.0 indicating R103 is a safe smoker.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of R103's Care Plan revealed the following problems: problem start date 03/07/24 Resident at risk for falling R/T unsteady gait. Problem start date 05/15/23 He is at risk of having mood and behavior needs as evidence by periods of (type of behavior, socially inappropriate, physically aggressive, verbally aggressive, refusing care). Problem start date 05/10/22 [R103] may have c/o pain r/t left arm and hand contracted. Problem start date 05/04/22 [R103] is at risk for falling R/T traumatic amputation of 2 or more toes, seizures, resident removes wheel chair arm rest per preference.</p> <p>During an interview on 03/13/24 at 2:13 PM, R75 states, I smoked about a month and a half ago. I kept my cigs in my room and I borrowed someone's lighter.</p> <p>During an interview and observation on 03/13/24 at 2:25 PM, R133 states, I smoked yesterday, across the street. I get lucky and get one every now and again. I buy cigarettes from other residents. Observation revealed an oxygen tank in R133's room.</p> <p>During an interview and observation on 03/13/24 at 2:31 PM, R103 states, I smoked yesterday and I had to cross the street. I don't like crossing that street. I went out to smoke on Sunday, when I was crossing the street to come back, someone almost hit me with their van. I get my cigarettes and lighter from who ever is out there smoking. I buy my own cigarettes whenever I get some money. Observation revealed R103 in a manual wheelchair and both of R103's hands were contracted.</p> <p>During an interview and observation on 03/13/24 at approximately 2:35 PM, three additional residents were observed smoking across the street.</p> <p>During an interview on 03/13/24 at 2:37 PM, while smoking, R60 states, It ain' t too safe crossing that street. I smoked yesterday. I keep my cigarettes and lighter in my room.</p> <p>During an interview and observation on 03/13/24 at 2:40 PM, while smoking, R93 states, I smoke three to four times a day. I don't like crossing the street because of traffic and the parking lot. It's hard to get out here because the wheels on my walker get stuck. I keep all my smoking supplies in my walker. Observation revealed R93 sitting on his walker smoking. R93 pulled up the seat on the walker, revealing a pack of cigarettes and a lighter.</p> <p>During an interview and observation on 03/13/24 at 2:44 PM, while smoking, R37 states, I smoke about three to four times a day. I don't like crossing the street cause I got hit by a car when I was younger. I keep my cigarettes and lighter in my dresser drawer. Observation revealed R37 smoking, in a mechanical wheelchair, R37's left hand was contracted.</p> <p>During an interview on 03/13/24 at 3:17 PM, the Administrator and Director of Nursing (DON) revealed, residents have to sign out and leave the building to smoke. The DON stated her expectation is that they do not smoke. When they leave here we don't know what they are doing. We were not aware that the residents were keeping smoking materials in their room. When we see them in the facility, we will take the smoking items. The Administrator revealed, the lighter goes to the nurses station and the cigarettes we throw away. It usually goes with the nurse in their cart. We do not know how many smokers are in the facility. We were not aware that residents were sharing and borrowing cigarettes from other residents. The DON concluded, if it is a resident that we know smokes, we will do an assessment.</p> <p>On 03/13/24 the facility provided a removal plan, which included the following:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Residents currently residing in the facility were asked by facility leadership if they currently are smokers on 3/13/24.</p> <p>Those self-identified as smokers will have a smoking acuity (assessments) completed by a licensed nurse on 3/13/24.</p> <p>The Administrator will review on 3/13/24 with the residents, that have self-identified as smokers, the admission policy including the smoking policy which states the facility is a nonsmoking facility and any smoking materials must be turned into a nurse for secured storage.</p> <p>Residents who had smoking materials have turned in those smoking materials to the administrator for storage in a secured area on 3/13/24.</p> <p>Smoking Cessation products will be offered to any resident that has identified as a smoker. If they chose to utilize smoking cessation products, the physician will be notified and orders obtained on 3/13/24.</p> <p>A Review of the Release of Responsibility for leave of absence forms was completed by the Director of Nursing. resident who are currently signed out were located in the facility and reeducation was provided to residents who sign themselves out regarding signing back in upon return and notifying the nurse when leaving the facility and returning on 3/13/24.</p> <p>Facility Staff and residents who sign themselves out via leave of absence form will be reeducated by Director of Nursing/Designee on the following:</p> <ul style="list-style-type: none"> <li>- Residents who identify as smokers will have the Smoking Acuity (Assessment) completed upon admission by a licensed nurse.</li> <li>- Residents will sign in and sign out with the nurse or facility representative at the nurse's station when they leave the building.</li> <li>- Residents check in with charge nurse or facility representative upon return.</li> <li>- Residents are prohibited from keeping any type of smoking materials in their rooms or on their persons. If residents do not surrender smoking materials upon reentry, appropriate discharge planning by Social Services will occur if smoking materials are identified.</li> </ul> <p>Any staff not receiving this education on 3/13/24 will receive prior to working the next scheduled shift. This will be presented in New Hire Orientation and for agency staff.</p> <p>The Director of Nursing will validate in clinical morning meeting Monday-Friday that Smoking Acuity (assessment) has been completed for newly admitted residents identifying as a smoker.</p> <p>The Director of Nursing will randomly interview a minimum of 2 staff and 3 interviewable residents weekly times 4 weeks then monthly for 2 additional months to validate understanding and compliance with leave of absence sign in/out process.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Director of Nursing/designee will review sign out logs twice a shift for 5 days then daily for 3 additional weeks, then monthly for 2 additional months to validate residents remain complaint with signing in and out of the facility.</p> <p>Administrator/designee will round in resident rooms 2 times per day for 5 days, then daily for 3 additional weeks then monthly for 2 additional months to validate there are no smoking materials in residents' rooms or on their persons.</p> <p>Any concerns will be addressed at time of discovery.</p> <p>The Medical Director was notified on 3/13/24 of the Immediate Jeopardy.</p> <p>Ad Hoc Quality Assurance Performance Improvement Meeting was held on 3/13/24 to discuss contents of this plan.</p> <p>Administrator will oversee compliance of this plan for three months.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>47812</p> <p>50087</p> <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interviews and record review, the facility failed to provide sufficient Registered Nurse (RN) staffing on a 24-hour basis to ensure all residents receive adequate care.</p> <p>Finding include:</p> <p>Review of the facility policy titled Staffing with a complete revision date of 11/01/17 states, The Facility 's Leadership will provide a sufficient number of staff to successfully implement patient/resident-focused functions. 2. Nursing: A. 1. Based on facility assessment, determines care needs that are consistent with patient/residents needs, provides sufficient numbers of licensed nurses and other nursing staff (RNs, LPNs/LVNs, Nurses Aides) on a 24-hour basis. 3. Except when waived, uses the services of a RN for at least eight (8) consecutive hours seven (7) day a week.</p> <p>Review of the Staffing Daily Posting dated December 2023, revealed six days that the facility did not have Registered Nurse (RN) coverage for 8 consecutive hours. The dates include: 12/06, 12/07, 12/17, 12/18, 12/20, and 12/21.</p> <p>Review of the Staffing Daily Posting dated January 2023, revealed nine days that the facility did not have RN coverage for 8 consecutive hours. The dates include: 01/04, 01/10, 01/12, 01/14, 01/17, 01/18, 01/19, 01/27, and 01/28.</p> <p>Review of the Staffing Daily Posting dated February 2023, revealed thirteen days that the facility did not have RN coverage for 8 consecutive hours. The dates include: 02/01, 02/02, 02/03, 02/05, 02/07, 02/09, 02/10, 02/11, 02/14, 02/15, 02/21, 02/28, and 02/29.</p> <p>Durning an interview on 03/15/24 at 9:29 AM, Certified Nurse Assistant (CNA)1 stated, It depends on the days and the number of call in/out by staff, determine the number of residents I have to care for. It is the same for the weekends. CNA1 reported that if we do not have enough staff on the halls that is when we (CNAs) have to team up to provide care to our residents and we do the best we can.</p> <p>Durning an interview on 03/15/24 at 9:47 AM, Licensed Practical Nurse (LPN)1 stated, We communicate the residents' concerns during our huddle and if there are any concerns that is when I inform the CNAs. If an emergency arises with the resident, I will inform the RN on duty or I will contact the Director of Nursing (DON) for assistance or directions.</p> <p>During an interview on 03/15/24 at 10:00 AM, the DON stated, Based on the residents' concerns, we use this as a teaching moment. After an emergency, we will do a huddle and use this incident as a teaching moment in order to determine the competency needed to meet each resident's needs each day and during an emergency. The DON stated, That's unheard of, we must have a licensed nurse (RN) on duty, but if there is no RN on duty, I or the Assistant Director of Nursing (ADON) will step in to assist until one comes in. The DON, ADON will get on the floor to assist. I will stay until 7:00 PM when the second shift comes in.</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>31846</p> <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on The Institute For Family Health, Insulin Pen Instructions, observations and interviews, the facility failed to ensure a medication administration error rate of less than 5 percent. Specifically, insulin administered via an insulin pen was primed incorrectly and administered incorrectly for Resident (R)100. The facility additionally failed to ensure R14 received the correct dose of insulin due to incorrect priming of the pen for 2 of 25 opportunities for error. The medication administration error rate was 8 percent.</p> <p>Findings include:</p> <p>Review of the insulin pen instructions from The Institute For Family Health, states: Part C. 1. Remove the paper tab from the pen needle. 2. Screw pen needle firmly onto pen. 3. Tag big cap off of pen needle. Save the big cap. 4. Take little cap off of pen needle. Throw out little cap. Part D. 1. Dial up 2 units on pen (each click is 1 unit.) 2. Point pen needle up towards ceiling and tap on it gently. 3. Press button on bottom all the way. 4. If necessary, repeat steps 1-3 until you see a drop of insulin come out. Part E. 1. Dial pen to your insulin dose. Part F. 1. Inject needle into the site you have chosen. 2. Press button on bottom of pen until you hear it click and the dose in the dose window moves back to zero. 3. Leave needle in your skin and keep pressing the button for at least 10 seconds (count slowly). 4. Remove needle from your skin.</p> <p>During an observation on 03/13/24 at 8:25 AM, revealed Licensed Practical Nurse (LPN)2 preparing to administer Semglee Insulin via an insulin pen. During the observation LPN2 failed to correctly prime the insulin pen. She held the pen horizontally and did not confirm the insulin escaping the needle. Then LPN2 went into R100's room and administered the insulin and did not hold the pen into the skin. LPN2 inserted the needle pressed the dose button and within 3 to 4 seconds she removed the needle from the residents skin.</p> <p>During an interview on 03/13/24 at 8:30 AM, LPN2 confirmed she had held the insulin pen horizontally to prime, but stated that she saw insulin escape the needle. LPN2 also stated that she had counted to 10 before removing the needle.</p> <p>During an observation on 03/13/24 at 8:55 AM, LPN3 was preparing to administer Insulin to R14. LPN3 also primed the insulin pen holding it horizontally and then administered the insulin to R14.</p> <p>During an interview on 03/13/24 at 9:06 AM, LPN3 could not confirm the insulin had escaped the needle and the air was removed before administering the insulin to R14.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>49818</p> <p>Based on observations, manufacturer's recommendation review, and interviews, the facility failed to: 1) provide the date medications were opened in 3 of 4 medication administration carts, 2) failed to ensure that the medication carts were free of loose pills in 2 of 4 medication carts and 1 of 2 narcotic lockboxes, and 3) failed to remove expired medications and biologicals in 2 of 2 medication storage rooms, 1 of 1 treatment supply room, and 1 of 1 central supply room reviewed for medication storage.</p> <p>Findings include:</p> <p>The facility was not able to provide a policy on medication storage.</p> <p>During an observation on 03/14/24 at 09:20 AM, of the medication storage room on Hall 300, with Licensed Practical Nurse (LPN)8 revealed the following:</p> <ol style="list-style-type: none"> <li>1. 1 pack of IV3000 10cmx12cm lot 2051 with expiration date of 2023-12-1.</li> <li>2. 2 single alcohol pads with no expiration date, lying open in cabinet drawer.</li> <li>3. The following items were contained in one Ziploc bag: 2 - BD Vacutainer push button blood collection set REF 367342 0.6x19mmx305mm 23Gx3/4x12 and 3 - 8 IV Extension set w/non bonded needle free valve REF DYNDTC5081. One item in the bag had a dried reddish colored substance on it contaminating the entire bag.</li> <li>4. 1 open Luer Lock Disposable syringe without needle ref Lot 171220 opened and not sealed.</li> <li>5. 1 bag of IV caps not in the original packaging.</li> <li>6. The refrigerator revealed one syringe in an open package, not labeled or sealed.</li> </ol> <p>During an interview on 03/14/24 at 9:49 AM, LPN8 revealed that she was unaware of why the syringe was in the refrigerator, but it may have been used for gabapentin, and that she usually uses and tosses the syringes afterwards. When shown an unlabeled bag of small green containers she identified them as caps for IV but stated that she was not sure of how original packaging looks for them to be stored correctly. LPN8 confirmed the items from the medication storage room and treatment supply room and discarded them.</p> <p>During an observation on 03/14/24 at 10:14 AM, of the treatment supply room on Hall 300 revealed the following:</p> <ol style="list-style-type: none"> <li>1. 13 packs of one fluid ounce (oz.) hydrogen peroxide 3% USP 1 fl oz (30 ml) stored in box labeled non-woven drain sponges.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. 1 urological catheter strap REF DYND 16800 lot 91122040001 package open not sealed.</p> <p>3. 2 - 1 single use system with antiseptic oral rinse with an expiration date of 2023-01-18.</p> <p>4. 1 Yankauer with bulb tip no control vent REF DYND5013 - packaged stained with yellowish substance.</p> <p>5. 1 Calcium alginate dressing 0.35x12 (1.0x30cm) lot 20112124 with an expiration date of 2023-12-28.</p> <p>During an observation on 03/14/24 at 10:26 AM, of the central supply room on Hall 200 revealed the following:</p> <p>1. 1 case of suture removal trays with an expiration date of 2023-01-31.</p> <p>2. 1 pack/100 cotton tip wood applicator opened and not sealed for sanitation.</p> <p>3. 1 Monject 1 ml tuberculin syringe lot 706523 with an expiration date of 2022-02-28.</p> <p>During an interview on 03/14/24 at 10:26 AM, the Central Supply Clerk confirmed the items and discarded them.</p> <p>During an observation on 03/14/24 at 10:40 AM, in medication storage room on Hall 200, revealed the following:</p> <p>1. 1/2 round pink pill loose in bottom of narcotic lock box located in the refrigerator.</p> <p>2. Refrigerator temperature log revealed only one temperature check for the month of March 2024.</p> <p>3. The floor was not swept and dirty with spills.</p> <p>During an observation on 03/14/24 at 2:19 PM, of medication cart on Hall 400 Cart B revealed the following:</p> <p>1. 1 oblong off white pill labeled US 250 at the bottom of 2nd drawer of the cart.</p> <p>2. The 2nd Lockbox on cart was unable to be opened for observation.</p> <p>During an interview on 03/14/24 at 2:25 PM, LPN11 confirmed the items and discarded them.</p> <p>During an observation on 03/14/24 at 2:50 PM, of medication cart A on Hall 100 revealed the following:</p> <p>1. 1 sharps container on cart with 3 unidentifiable needles laying on top of container.</p> <p>2. 2nd drawer revealed the following loose pills in bottom of drawer: 1 oval orange pill labeled 673, 1 oval white pill labeled 6, 1 round white pill labeled Z, 1/2 round white pill (unable to see label).</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. 3rd drawer revealed 1 Lantus Solostar 100 units/ml pen with no open date and a manufacturer's warning label instructing the medication expires 28 dates after opening, with no open date the expiration date could not be determined.</p> <p>4. 1 container of Evencare G3 blood glucose test strips lot (10) 16822013008 with an expiration date of 2023-10-11 and 1 container of Evencare G2 glucose control solutions lot (10) 16821072101201 with an expiration date of 2023-07-08.</p> <p>During an interview on 03/14/24 at 2:55 PM, LPN5 revealed that she was not aware of the loose pills found at the bottom of the drawer or when the Lantus pen was opened. LPN5 revealed that she is a PRN (as needed), and this is her first day back. LPN5 confirmed the items and discarded them.</p> <p>During an observation on 03/14/24 at 3:00 PM, of medication cart B on Hall 100 revealed the following:</p> <p>1. 1 Novalog flexpen 100 unit/ml with no open date and a manufacturer's warning label instructing the medication expires 28 dates after opening, with no open date the expiration date could not be determined.</p> <p>During an interview on 03/14/24 at 03:05 PM, LPN9 confirmed that there was no open date for the medication and that the pen would be discarded. LPN 9 confirmed the items from the medication cart and discarded them.</p> <p>During an interview on 03/15/24 at 10:36 AM, the Director of Nursing (DON) revealed that the medication storage rooms are managed by the unit managers and the Central Supply Clerk, and that these rooms are checked monthly. The DON revealed that the medication carts on each unit are managed by the nursing staff working on the cart. The DON states that her expectation is that the nurses check the medication carts daily to ensure there they are free of expired medications, loose pills at the bottom of the drawers, and that there are no open medications that are not labeled before they start administrating medications at the beginning of their shift.</p>		