

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Loris Rehab and Nursing Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3620 Stevens Street Loris, SC 29569	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>51863</p> <p>Based on interview, record review, and facility policy review, the facility failed to implement their grievance procedure as evidenced by the failure of the staff to record the nature and specifics of a grievance filed by 1 (Resident (R)29) of 18 sampled residents.</p> <p>Findings included:</p> <p>A facility policy titled Concern/Grievance Procedure dated 11/23, revealed b. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form or assist the resident or family member to complete the form.</p> <p>An Admission Record revealed the facility admitted R29 on 07/13/23. According to the Admission Record, the resident had a medical history that included diagnoses of acute upper respiratory infection and anxiety disorder.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/17/24, revealed R29 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition.</p> <p>During an interview on 12/02/24 10:29 AM, R29 stated the Environmental Services Director (ESD) spoke ill to them and accused them of stealing a resident's clothes.</p> <p>During an interview on 12/04/24 at 9:11AM, the Wound Care Nurse (WCN) stated she received a complaint/grievance from R29 on 12/02/24 that the ESD yelled at them and stated they stole a resident's clothes. The WCN stated she spoke with the ESD about the resident's concerns, the ESD apologized and stated she did not feel she raised her voice at the resident, but she had not documented R29's grievance on a grievance form yet.</p> <p>During an interview on 12/04/24 at 9:24 AM, the Director of Nursing (DON) stated a resident's grievance/concern should be documented on the grievance form. The DON stated she was not aware of R29's grievance.</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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