| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 425090 | A. Building<br>B. Wing | 10/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Magnolia Manor - Greenville | 411 Ansel St<br>Greenville, SC 29601 |

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) |
|---|---|
| F 0744<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424<br><br>Based on review of the facility policy, record review and interviews, the facility failed to provide Resident (R)2 with appropriate behavioral/mental health services as requested by their physician in a timely manner for 1 of 5 reviewed for behavioral health services.<br><br>Findings include:<br><br>Review of the facility policy titled, Social Services Policies and Procedures Assessment and Analysis of Behavioral Health Needs last revised 06/09/23 revealed Staff will utilize a knowledge and understanding of mental illness, trauma, substance abuse, diseases process and cultural diversity to assess the potential needs of each resident. The staff will incorporate behavior management techniques and cultural knowledge to assist patients/residents in reaching and maintaining their highest practical physical, mental, and psychosocial wellbeing in accordance with the comprehensive assessment and care plan. The treatment of mental and substance abuse disorders. Social services or designated staff will facilitate community referrals to meet the needs of the resident related to mood, behavior, mental illness, or cultural identity. Procedures include evaluate for and identify potential issues related to mental illness, substance abuse, disease process, trauma, and cultural diversity to assist in completing a comprehensive assessment related to mood, behavior, quality of life and personal preferences. Social Services or designee will make referrals for further evaluation, treatment, or support in a timely manner. The assessment will be completed within seven days of admission to the facility and periodically, as needs are identified.<br><br>Review of R2's medical record revealed R2 was admitted to the facility on [DATE] with diagnoses including but not limited to; restlessness and agitation, anxiety disorder, major depressive disorder, and dementia with mood disturbances. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/26/24 revealed R2 has the Brief Interview of Mental Status (BIMS) score of 10 out of 15, which indicates that she has mild cognitive impairment. Further review of the Quarterly MDS revealed R2 during the assessment period exhibited physical behavioral symptoms towards others 1-3 days, had other behavioral symptoms not directed towards others 1-3 days, and rejection of care 1-3 days during the lookback period.<br><br>Record review of R2's Physician Orders revealed an order dated 07/01/24 and discharge date d 09/10/24, which read please consult psychiatric services for history of psychiatric impairment related to dementia, anxiety, depression.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0744<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of a Physician Progress Note dated 08/09/24 revealed Nurse paged me yesterday and reported that patient was attempting to exit the building and when staff attempted to redirect her she started to swing and hit staff. Nurse reported that they tried to call her daughter who speaks Spanish did not help calm her down but made it worse. Nurse asked to send patient to emergency room for psychiatric evaluation, advised to give one dose of Haldol and call back if it does not help her (R2). Patient has known dementia with behaviors, she is observed today and appears calm and cooperative. She is frequently ambulating in the hallways with steady gait using her walker. She speaks to other residents in Spanish and appears that she tries to engage with them but due to language barrier and dementia it is difficulty for other residents to communicate with her She is also followed by in-house psychiatric services, patient is examined today and appears to be at baseline, I used Google translate to talk to her and she kept saying she is wanting to go home. She is observed ambulating with walker. She tells me that she has a headache today, will schedule her Tylenol as twice a day as she may not be able to let nursing staff known that she needs medicine. Nurse tried to give her medicine but resident refused and stated she will take them [NAME] (tomorrow), will ask psychiatric services to see patient on next visit.<br><br>Record review of a Physician Progress Note dated 08/14/24 revealed Nurse asked me evaluate patient for concern regarding altercation with another roommate/resident. Nurse reported that patient was standing over her roommate and scratched her left arm and struck her in the face with a shoe. Patient was given as needed Haldol injection due to behavioral disturbances. Patient is a Spanish-speaking only and difficult to redirect. Patient is evaluated today and appears to be stable in no altered distress. She is observed ambulationg with her walker around the hallways. Unable to obtain meaning hisotyr due to language barrier, she often stated she wants to go to casa (home). Patient does have history of dementia with history of agitation and restlessness. Other patient was removed from the incident to another unit, Director of Nursing (DON) was notified of the incident, will have psychiatric services evaluate patient on next visit.<br><br>Record review of a Physician Progress Note dated 08/19/24 revealed Patient is a Spanish-speaking female long term care resident who is unable to provide any meaningful history due to dementia. Patient also has behaviors and recently had an aggressive behavior towards another resident was started on Haldol as needed. Per the Medication Administration Record (MAR), it appears that she received two (2) doses so far. Nursing has not reported any other incidents, patient needs frequent monitoring and redirecting as she is attempting to elope per nursing. Psychiatric referral has been placed and is pending, we will continue to monitor and follow up in one to two weeks.<br><br>Record review of a Physician Progress Note dated 09/03/24 revealed Patient seen today for acute concern, cough and hostility. Nursing reports that patient becomes hostile when she is trying to be redirected. Patient tends to wander around the in the hallways, recently was attempting to leave the building and had all of her belonging and when nursing was trying to redirect her, she became hostile to staff. Patient does have a history of dementia with behaviors, she is closely followed by psychiatric services. Patient is clinically alert and oriented however is difficult to obtain history due to language barrier. She is Spanish speaking only, patient uses walker and ambulates through the hallway frequently and needs redirecting at times.<br><br>Record review of R2 Nursing Note dated 10/12/24 at 2:00 PM revealed Resident continues to wander without purpose, enter other residents rooms, and attempting to push another resident off the unit in her [NAME] chair.<br><br>(continued on next page) |

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| F 0744<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of R2 Nursing Note dated 10/12/24 at 3:49 PM revealed Resident brought from dayroom from nursing desk. R2 attempted to push another resident's [NAME] chair off of the unit. Numerous attempts to redirect the resident (R2) by nursing staffing and Certified Nursing Assistants (CNA)s to no available. Resident became angered, verbally hostile, and attempted to look for item to use to throw. R2 picked up a broom and fell ow charge nurse intervened. Director of Nursing (DON) updated on resident's current behaviors, Nurse Practitioner notified via log of current behaviors and possible interventions for acute episodes.<br><br>Record review of R2 Nursing Note dated 10/12/24 at 4:12 PM Alerted to resident by staff on another unit in the facility, resident continuously setting off door alarm to exit facility, writer and male CNA on duty retrieved resident and redirected her to appropriate unit. Ambulatory with rolling walker with secure guard bracelet in place and operational, Assistant Director of Nursing (ADON) consulted by phone to aid in communication with resident.<br><br>Record review of R2 Nursing Note dated 10/12/24 at 4:53 PM ADON and Resident Representative on scene and spoke with resident which seemed to help calmed her down for the moment. , ADON explained to R2 that other resident was a woman and not a [NAME] (boy child) and that her needs would be meet by nursing staff. Resident currently sitting in dayroom on couch awaiting meal.<br><br>Record review of R2 Nursing Note dated 10/12/24 at 6:50 PM Alerted by another resident that R2 was attempting to change brief of another resident in the facility. Attempts to redirect the resident to no availability, resident is verbally hostile, resisting removal from room and argumentative in Spanish.<br><br>An observation and attempted interview on 10/22/24 at 4:47 PM with R2 was unsuccessful. R2 did not have the attention span/cognitive ability to speak via Google translator app. R2 was observed wandering on unit, but not attempting exit seek at this time.<br><br>A phone interview on 10/22/24 at 5:13 PM with Licensed Practical Nurse (LPN)1 revealed that R2 has had two situations with other residents at the facility. The first incident involved her first former roommate where R2 hit her with a shoe, and they had to be separated. The second and most recent incidents have been involved with another resident that R2 believes to be her [NAME]/son and she attempts to take care of the resident by trying to feed and at times trying to change the resident's briefs (R2 was not successful with attempts). LPN1 further stated that they communicate to R2 with the Google translator app but when that is not successful they use cards that have pictures to help determine what the resident is trying to communicate. LPN1 finally stated that they were unsure if R2 was being followed by psychiatric services at this time.<br><br>An interview with the ADON on 10/23/24 at 11:39 AM revealed that the resident is not currently being followed by psychiatric services at this time and the referral is pending. ADON further stated that they are unsure of how long the referral has been pending and Social Services is responsible for contacting the company.<br><br>An interview with the Social Services Director (SSD) on 10/24/24 at 11:52 AM revealed that the resident is not currently being followed by Psychiatric services at this time and that they were unsure of what date they made the referral for services. The SSD was unable to provide documentation related to when they made the referral to psychiatric services.<br><br>(continued on next page) |

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| F 0744<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview on 10/24/24 at 1:05 PM with the Nurse Practitioner (NP) revealed that they requested/ordered the resident be followed by psychiatric services in July 2024 and was unaware that the resident had not yet been evaluated by psych and was under the impression that R2 was being followed. During interview with the NP, they stated that this evaluation should have been completed in a timely manner. |