

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>425097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                          | (X3) DATE SURVEY<br>COMPLETED<br><br>07/23/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Pruitthealth- Barnwell                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>31 Wren Street<br>Barnwell, SC 29812 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                 |
| F 0628<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some<br><br>Note: The nursing home is<br>disputing this citation. | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interview, and policy review, the facility failed to provide four of four residents (Resident (R) 1, R3, R5, and R2) and/or their resident representative with a written transfer notice that included required information regarding appeal rights and contact information for the Long-Term Care Ombudsman. This failure had the potential to prevent residents and their representatives from understanding their right to appeal the transfer, if desired, and from contacting the ombudsman. Findings include: Review of the facility's policy titled, Bed Hold Authorization Form: South Carolina, revised on 01/11/24, provided to R1, R3, R5, and R2 at the time of transfer to the hospital, indicated, Any patient/resident who is transferred or discharged from the healthcare center is allowed to be re-admitted, in accordance with applicable regulations, including there are no medical care issues that the medical staff believes the healthcare center will be unable to treat. Two notices related to the healthcare center's bed hold policy will be issued. The second notice, which specifies the duration of the bed hold policy, will be issued at the time of any transfer. The policy did not include information related to the notice of transfer, the appeals process, or contact information for the ombudsman.</p> <p>1. Review of R1's admission Record revealed R1 was admitted to the facility on [DATE].</p> <p>Review of R1's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/29/26, located under the Resident Assessment Instrument [RAI] tab in the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated R1 was cognitively intact.</p> <p>Review of R1's Progress Notes dated 07/11/26, revealed R1 was transferred to the hospital due to an irregular heartrate, oxygen saturation of 81 percent, and hypertension. R1 returned to the facility on [DATE].</p> <p>2. Review of R3's admission Record, revealed R3 was admitted to the facility on [DATE].</p> <p>Review of R3's Progress Notes dated 03/13/26, revealed that R3 was directly admitted to the hospital from the physician's office due to a peri-rectal abscess and returned to the facility on [DATE].</p> <p>Review of R3's Annual MDS with an ARD of 05/21/26, located under the RAI tab in the EMR, revealed a BIMS score of 13 out of 15, which indicated R3 was cognitively intact.<br/>(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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>3. Review of R5's admission Record revealed R5 was admitted on [DATE].</p> <p>Review of R5's admission MDS with an ARD of 06/15/26, located under the RAI tab in the EMR, revealed a BIMS score of three out of 15, which indicated R5 was severely cognitively impaired.</p> <p>Review of R5's Progress Notes dated 07/16/26, revealed R5 was sent to the hospital on [DATE] for evaluation following a fall with head involvement and returned to the facility on the same day.</p> <p>Review of the Transfer/Bed Hold Notice Prior to Hospitalization or Therapeutic Leave forms, provided by the facility for R1, R3, and R5, revealed that the document did not include the appeals process or the ombudsman's contact information.</p> <p>4. Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE] with the diagnoses of fracture of left femur and heart failure.</p> <p>Review of R2's quarterly MDS with an ARD of 06/24/26, located under the RAI tab showed a BIMS score of five out of 15, indicating R2 was severely cognitively impaired.</p> <p>Review of R2's Progress Notes dated 04/27/26 indicated, Resident transferred to [name of hospital removed] via [name of emergency medical service removed] for evaluation due to gross hematuria and CHF [congestive heart failure] exacerbation. RP [Responsible Party] and MD [Medical Doctor] aware. Transfer packet sent with EMS.</p> <p>Review of R2's Progress Notes dated 06/10/26 indicated, Orders received to transfer Res [Resident] to ER [Emergency Room] for eval R/T [related to] left hip dislocation. Res without pain or discomfort at this time, no complaints voiced. 911 called and present for transport . R2 returned to the facility on [DATE].</p> <p>Review of the facility's form letters, untitled and undated for each of R2's transfers to the hospital, indicated, To Whom it May Concern: This letter is to inform you that R2 was sent to the hospital . The Appeal Process is as follows: [no directions provided] The Office of the State Long Term ombudsman information is listed below: [nothing was listed] . This form was provided to R2 and their responsible party at the time of transfer.</p> <p>During an interview on 07/23/26 at 10:00 AM, the Social Service Director (SSD) stated she was not aware that she needed to provide the ombudsman's contact information and the appeal process information to the resident and resident's responsible party when a resident was transferred to the hospital.</p> <p>During an interview on 07/23/26 at 10:40 AM, the Administrator stated she was not aware the ombudsman's contact information and the appeal process information needed to be provided in writing to residents and the resident's responsible party when a resident was transferred to the hospital.</p> |                                                                                   |                                                 |