

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2416 Sunset Boulevard West Columbia, SC 29169	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40902</b></p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure all medications were appropriately administered on dialysis days for one of one resident (Resident (R)34) reviewed for dialysis out of a total of 22.</p> <p>Findings include:</p> <p>Review of R34's Admission Record, found in the Profile tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] and last readmitted on [DATE]. R34 was admitted with diagnoses including end stage renal disease and type 2 diabetes.</p> <p>Review of R34's quarterly Minimum Data Set (MDS), located in the MDS tab in the EMR and with an Assessment Reference Date (ARD) of 12/05/24, revealed R34 had a Brief Interview for Mental Status (BIMS) score of 03 out of 15, which indicated significant cognitive impairment. R18 was documented to receive hemodialysis while a resident.</p> <p>Review of R34's EMR under the Orders tab revealed an order, dated 01/02/25, for the resident to attend hemodialysis Tuesday, Thursday, and Saturday at 11:00 AM. Further review revealed orders dated 01/21/25 for a mighty shake at meals for decreased appetite, and dated 01/02/25 for Midodrine 10 milligrams (mg) 1 tablet by mouth before meals and Sevelamer carbonate oral packet 2.4 grams 1 packet by mouth with meals in 4-6 ounces of liquid for ESRD (end stage renal disease).</p> <p>Review of R34's Care Plan, located in the Care Plan tab of the EMR and initiated 05/06/22, revealed a focus related to the need for dialysis related to renal failure. The interventions included for the resident to attend dialysis on Tuesday, Thursday and Saturday and to administer medications as ordered.</p> <p>Review of R34's Medication Administration Record (MAR), located under the Orders tab, revealed for January, February and March 2025, the mighty shake, midodrine and the sevelamer were not being regularly administered on Tuesday, Thursday and Saturday at 11:30 AM.</p> <p>During an interview on 03/11/25 at 5:35 PM, Licensed Practical Nurse (LPN)7 stated the resident's blood pressure medication was scheduled before each meal but that R34 would always miss the 2nd dose on the days she went to dialysis. She also stated they were not giving her the 2nd mighty shake, and she did not receive it after she returned from dialysis. She stated she did not notify the physician about the missed medications because she had never thought about it that way.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/12/25 at 11:41 AM, the Nurse Practitioner (NP) stated that it was understood that dialysis residents did not receive medications prescribed during dialysis times but agreed the orders should indicate that. The NP confirmed the current orders did not.</p> <p>During an interview 03/12/25 at 3:19 PM, the Director of Nursing (DON) was unable to provide any information or her expectation on ensuring staff following physician orders and administration medications per the orders. She stated she would need to review R34's medical records before answering but did not provide any additional information by the end of the survey.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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> 12679</p> <p>Based on record review, interview, and policy review, the facility failed to ensure one of two residents (Resident (R)109) reviewed for falls out of a total sample of 22 had adequate supervision, which resulted in a fall from bed. In addition, the facility failed to ensure there was an accurate root cause analysis which identified the events which led to R109's fall and the corrective action taken as a result. This had the potential to cause harm.</p> <p>Findings include:</p> <p>Review of a facility policy titled, Fall Management Systems, dated 07/24, indicated, . This facility is committed to promoting resident autonomy by providing an environment that remains as free of accident hazards and possible. Each resident is assisted in attaining or maintaining their highest practicable level of function through providing the resident with adequate supervision, assistive devices, and functional programs appropriate to prevent accidents . Review of the fall incident will include investigation to determine probable causal factors .</p> <p>Review of R109's titled Face Sheet, located under the Profile tab of the electronic medical record (EMR), indicated R109 was admitted to the facility on [DATE] with diagnoses that included chronic respiratory failure with hypoxia and nontraumatic intracerebral hemorrhage (stroke).</p> <p>Review of R109's Care Plan, located under the Care Plan tab of the EMR and dated 10/09/24, indicated the resident had a tracheostomy. The care plan indicated the resident was unable to voice her needs and was totally dependent on staff for activities of daily living. It was recorded that the resident had no history of falls.</p> <p>Review of R109's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/15/25 and located in the ASPEN MDS viewer, indicated the staff were unable to determine the resident's Brief Interview of Mental Status (BIMS) score. The assessment indicated the resident was totally dependent on staff for all activities of daily living.</p> <p>Review of R109's Progress Notes, located under the Prog (Progress) Notes tab of the EMR and dated 01/30/25, indicated the resident coughed and slid off the bed. It was recorded the resident landed on her right side and was identified with swelling and some redness on her face. The provider was notified and ordered the resident to be sent to the emergency room for evaluation and treatment.</p> <p>Review of R109's hospital CT [computed tomography] Head Without Contrast, dated 01/30/25 and provided by the facility, indicated the resident did not sustain any head or neck injury and was returned back to the facility.</p> <p>Review of R109's IDT [Interdisciplinary Team], located under the Prog Notes of the EMR and dated 01/31/25, indicated IDT reviewed the resident's fall on 01/30/25. The IDT determined the resident had no acute findings. A new intervention was to place fall mats on each side of the resident's bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a document provided by the facility and titled Fall, dated 01/30/25, indicated Certified Nurse Aide (CNA) 4 was in room doing care to R109, when the resident coughed through her trach and slid off the right side of the bed. The resident had a small amount of redness to her cheek and was sent to the emergency room for evaluation and treatment.</p> <p>Review of a document provided by the facility and titled Fall, dated 01/31/25, indicated R109 was reviewed by the IDT and a root cause analysis was completed. The documented indicated Licensed Practical Nurse (LPN) 1 and CNA 4 were at the resident's bed side and providing care when the resident had a strong cough and slid off the bed.</p> <p>During an observation on 03/11/25 at 8:51 AM, R109 was in bed and had a fall mat on each side of her bed. The resident did not move while in bed.</p> <p>During an interview on 03/11/25 at 1:21 PM, LPN1 stated she was in the room along with CNA4 when the fall occurred. LPN1 stated she turned the resident towards CNA4, and CNA4 was present but did not grab the resident, the resident then coughed and then fell from the bed. LPN1 checked on the resident, placed her back into bed, and then informed her manager of the incident.</p> <p>During an interview on 03/11/15 at 2:40 PM, the Therapy Program Manager (TPM) stated the resident did not have the capacity to initiate movement in her bed or to remain on her side.</p> <p>Three calls and messages were left for CNA4, and there were no returned calls received.</p> <p>During an interview on 03/12/25 at 8:35 AM, the Director of Nursing (DON) stated she was not the staff member who completed the root cause analysis. The Assistant Director of Nursing (ADON) stated this was the first time LPN1 had experienced a resident fall while she worked with them.</p> <p>During an interview on 03/12/25 at 2:16 PM, LPN2, who was the unit manager for the [NAME] and Camillia Units, stated his understanding of R109's fall was LPN1 reported she had turned the resident towards CNA4, and CNA4 did not have her hands on the resident. LPN2 stated the ADON provided education to CNA4 regarding bed mobility. LPN2 stated CNA4 told him she was distracted and when the resident began to fall, it was too late to grab her.</p> <p>During an interview on 03/12/25 at 2:47 PM, the DON stated the staff were taught to use the draw sheet to pull the resident towards them and not to push the resident away from the staff member. The DON stated R109 was totally dependent on staff for all cares.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679</b></p> <p>Based on observations, record review, and staff interviews, the facility failed to ensure adequate interventions were provided to establish proper nutrition for one of five residents (Resident (R) 75) reviewed for nutrition in a total sample of 22. The facility failed to provide the resident with a dietary supplement as per physician order. This placed the resident at risk for further weight loss. Cross Reference: F842</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Dietary Services, dated 05/2014, indicated . The RD [Registered Dietician] or designee will document the specific interventions used and determine a monitoring system to evaluate the success of the interventions initiated (i.e. weekly eights, food/fluid intake studies, etc.) .</p> <p>Review of R75's Face Sheet, located under the Profile tab of the electronic medical record (EMR), indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R75's Care Plan, located under the Care Plan tab of the EMR and dated 05/18/22, indicated the resident had the potential for weight loss and would refuse being weighed at times. The goal identified on the care plan was to provide a physician ordered diet.</p> <p>Review of R75's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/21/24 and located in the ASPEN MDS viewer, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, which indicated the resident was moderately cognitively impaired. The assessment indicated the resident did not sustain any significant weight loss.</p> <p>Review of R75's Physician Orders, located under the Orders tab of the EMR and dated 01/23/25, indicated the resident was identified with significant weight loss, and the medical provider ordered to add Mighty Shakes (nutritional supplement) with meals.</p> <p>During an interview on 03/10/25 at 11:51 AM, R75 stated he was aware that he was losing weight, but he was unsure why.</p> <p>During an observation on 03/10/25 at 12:35 PM, R75 had his meal tray on his bedside table and there was no Mighty Shake on his tray. At 1:14 PM, Certified Nurse Aide (CNA)1, pulled the resident's tray from the meal cart, and confirmed that the resident did not receive a Mighty Shake.</p> <p>During an observation on 03/11/25 at 8:32 AM, R75's meal tray was observed and there was no mighty shake on his tray. The resident's meal ticket was reviewed during this observation, and there was no Mighty Shake listed on his meal ticket.</p> <p>During an interview on 03/11/25 at 8:33 AM, CNA2 stated the Mighty Shakes came from the kitchen, and if the resident was ordered the shake, it would be on his tray.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/11/25 at 8:36 AM, CNA3 stated R75 did not receive a Mighty Shake with his meals, and it would be on his meal ticket if he did.</p> <p>During an interview on 03/11/25 at 10:09 AM, Licensed Practical Nurse (LPN) 2, who was the unit manager for [NAME] and Camillia units, stated when the medical providers ordered Mighty Shakes, a diet slip was created and taken to the kitchen.</p> <p>During an interview on 03/11/25 at 10:11 AM, the Dietary Manager (DM) stated the kitchen supplied the Mighty Shakes for the residents and confirmed that she had never received an order from the nurses for R75.</p> <p>During an interview on 03/12/25 at 10:50 AM, the RD stated the medical provider did order R75 Mighty Shakes since he was losing weight. The RD stated the process was for her to make the recommendation, an order was written, and a report was sent to the DM in addition to the order. The RD stated the DM missed her communication for the Mighty Shake for R75.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 12679</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure that clinical records were complete and contained accurate documentation for one of 22 residents (Resident (R)75) whose records were reviewed. This had the potential for the resident not to receive accurate care.</p> <p>Findings include:</p> <p>Review of a facility policy titled, Physician Orders, Telephone Orders and Recapitulation Process . Documentation in Long Term Care Record, dated 08/2016, indicated, . This policy ensures that the hybrid record during the transition to the EHR (electronic health record) is managed in accordance with the requirements for maintaining the designated record set. It is the policy of this facility to ensure accuracy of the physician orders, as much as possible, in accordance with the state and federal regulations.Physician's orders shall be obtained prior to the initiation of any medication or treatment .</p> <p>Review of R75's Face Sheet, located under the Profile tab of the electronic medical record (EMR), indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R75's Physician Orders, located under the Orders tab and dated 01/23/25, indicated the resident was ordered Mighty Shakes (nutritional supplement) with meals.</p> <p>Review of R75's Medication Administration Record, located under the Orders tab of the EMR and for the months of 01/2025, 02/2025, and 03/2025, indicated the order for the Mighty Shake was transcribed into the MAR section and revealed documentation the resident received his physician order Mighty Shake with each meal since 01/23/25.</p> <p>Two observations were conducted of R75. An observation was conducted on 03/10/25 at 12:35 PM, and the resident did not have Mighty Shake on his lunch tray. An observation was conducted on 03/11/25 at 8:32 AM, and there was not a Mighty Shake on his breakfast tray. The resident stated he was to have a Mighty Shake on his trays but did not receive it.</p> <p>During an interview on 03/11/25 at 8:37 AM, Licensed Practical Nurse (LPN)1 stated the process for ordering the Mighty Shake was to complete a diet slip and send it to the kitchen. LPN1 was shown her documentation from 03/10/25 and 03/11/25, and she stated she was to make sure that the resident actually drank the Mighty Shake and typically will ask the Certified Nurse Aide (CNA) if the Mighty Shake was consumed by the resident. LPN1 stated she needed to actually verify that the resident drank a Mighty Shake or not.</p> <p>During an interview on 03/12/25 10:02 AM, LPN8 stated the Mighty Shakes came from the kitchen. LPN8 stated she would ask the CNA if the resident drank the shake and then document this information in the MAR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2025
NAME OF PROVIDER OR SUPPLIER  Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2416 Sunset Boulevard West Columbia, SC 29169	
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 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 03/12/25 at 2:47 PM, the Director of Nursing (DON) stated that it was stressed with all clinical staff to enter accurate information into the clinical records and denied that all nurses documented fraudulently. The DON stated it was an issue with LPN1.		