STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425113	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Dillon	413 Lakeside Court Dillon, SC 29536

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews, and procedure guide review, the facility failed to notify a physician of a high blood sugar level for one of five residents (Resident (R) 50) reviewed for unnecessary medication of 27 sample residents. The facility failed to notify the resident's physician of a significant change in the resident's blood glucose levels. Findings include: Review of the facility's procedure guide titled, Change in Condition reporting parameters, dated June 2018 and provided by the Director of Health Services (DHS), revealed that staff were to report to the resident's physician any Blood Glucose levels greater than 300mg/dl (milligrams/ deciliter) or less than 70mg/dl. Review of R50's face sheet located under the Resident tab of the electronic medical record (EMR) revealed the resident was admitted to the facility from the hospital on [DATE], with diagnoses that included pneumonia, overactive bladder, type two diabetes mellitus, and Alzheimer's disease. Review of R50's care plan, located under the Resident Assessment Instrument (RAI) tab, revealed a focus that indicated the resident had a diagnosis of diabetes with the use of hypoglycemic medication (40 units of Lantus Solostar each morning) and had the potential for complications related to instances of low or elevated blood glucose [blood sugar (BS)] levels. The goal was for R50 to have no complications due to the disease or from the use of hypoglycemic medications using approaches that included observing the resident for signs of hyperglycemia (BS greater than 140mg/dl) and hypoglycemia (BS less than 60mg/dl) and notifying the physician as indicated/as needed. Review of R50's physician orders located under the Resident tab of the EMR, revealed an order Fingerstick Blood Sugars 4X Daily D/T [due to] Blood Sugar Easily Drops starting on 09/19/23. Review of the Medication Administration Record (MAR) located under the Resident tab under Reports revealed BS levels greater than 400 (mg/dl) on 05/03/25 (429 mg/dl) and on 05/12/25 (561 mg/dl). Review of a corresponding progress note, located under the Resident tab, on 05/03/25 at 9:30 PM authored by Licensed Practical Nurse (LPN) 2, revealed the physician was notified and sent order for R50 to receive 10 units of Humalog stat, increase Lantus to 50 units subq in the morning . A search of the progress notes revealed there was no corresponding note related to the abnormal BS taken on 05/12/25 at 2:04 PM by Registered Nurse (RN)1. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Pruitthealth- Dillon	413 Lakeside Court Dillon, SC 29536

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/23/25 at 8:46 AM, RN1 stated that she had worked with R50 since her admission and confirmed the resident received insulin each morning and had her BS checked before each meal and before bed. She added that she did not recall R50 having a BS that high, but that she would have notified the physician if the input was correct. During an interview on 05/23/25 at 9:25 AM, the Medical Director was asked at what BS level would he expect nursing staff to notify him and stated that it depended on the situation, adding that a BS of 300 (mg/dl) for one resident may not be reported for one resident, but could be detrimental to another. He confirmed that he depended on the knowledge and judgement of his nursing staff to make the determination and knew that any abnormal readings were confirmed. During an interview on 05/23/25 at 8:51 AM, the DHS stated that she expected that for any BS over 400 (mg/dl) the resident's physician would be notified. The DHS added that the order was also missing parameters defining when a physician should be notified.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to accurately complete Pre-admission Screening and Resident Review (PASARR) as required for one of one resident (Resident (R) 25) reviewed for PASARRs of 27 sample residents. R25 did not have an accurate PASARR Level I which failed to identify that the resident had intellectual disabilities prior to his admission to the facility. This deficient practice resulted in R25 not being evaluated for and/or provided specialized care and treatment. Findings include: Review of a document for R25 located under Resident titled PASARR - Level I Screening Form, dated 02/27/25, failed to indicate the resident had a diagnosis of intellectual disabilities. Review of R25's electronic medical record (EMR) titled Resident Face Sheet located under the Resident tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of unspecified intellectual disabilities. Review of R25's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/09/25 located under the RAI (Resident Assessment Instrument) tab indicated the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated the resident was moderately cognitively impaired. Review of R25's Care Plan located under the RAI tab failed to indicate the resident had a diagnosis of unspecified intellectual disabilities nor if he received any specialized services. During an interview on 05/22/25 at 12:25 PM, the Social Services Director (SSD) stated if a resident was newly diagnosed with an intellectual disability, she would then make a referral for a Level II PASARR. During this interview, SSD stated she could not locate a current diagnosis of intellectual disability. During an interview on 05/22/25 at 12:38 PM, the Family member (F)1 and the party responsible for R25 confirmed that the resident had intellectual disabilities his entire life. During an interview on 05/23/25 at 9:21 AM, the SSD stated the facility did not have a PASARR policy, they followed the federal requirements, and confirmed Level II referral should have been completed. The Director of Nursing was present during this interview.

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide a neutral and fair arbitration process and agree to arbitrator and venue. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to contain specific language into the facility's arbitration agreement for three of three residents (Resident (R) 5, R15, and R45) reviewed for arbitration agreement of 27 sample residents. Specifically, the facility failed to ensure that residents and/or their representatives were informed of the opportunity to agree on a neutral arbitrator and convenient location for the arbitration to be held. Findings include: 1. Review of R5's Resident Face Sheet found in the electronic medical record (EMR) under the dashboard, indicated the resident was admitted to the facility on [DATE]. Review of a document provided by the facility titled, Arbitration Agreement, signed 12/10/19, indicated R5's representative signed the agreement. The arbitration agreement indicated .The parties intend that Miles Mediation and Arbitration Services (CMMAS') shall be the Arbitration Service Provider . The document did not expressly state that the residents and/or their representative were informed of the opportunity to agree on a neutral arbitrator and convenient location for the arbitration to be held. Review of R5's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/02/25 located under the Resident Assessment Instrument (RAI) tab indicated the staff could not determine a Brief Interview for Mental Status (BIMS) score and determined the resident had short-and-long-term memory problems. 2. Review of R15's Resident Face Sheet found in the EMR under the dashboard, indicated the resident was admitted to the facility on [DATE]. Review of a document provided by the facility titled, Arbitration Agreement, signed 02/02/22, indicated R15's representative signed the agreement. The arbitration agreement indicated .The parties intend that Miles Mediation and Arbitration Services (CMMAS') shall be the Arbitration Service Provider . The document did not expressly state that the residents and/or their representative were informed of the opportunity to agree on a neutral arbitrator and convenient location for the arbitration to be held. Review of R15's quarterly MDS with an ARD of 02/21/25 indicated the resident had a BIMS score of eight out of 15 which revealed the resident was moderately cognitively impaired. 3. Review of R45's Resident Face Sheet found in the EMR under the dashboard, indicated the resident was admitted to the facility on [DATE]. Review of a document provided by the facility titled, Arbitration Agreement, signed 03/15/22, indicated R45's representative signed the agreement. The arbitration agreement indicated .The parties intend that Miles Mediation and Arbitration Services (CMMAS') shall be the Arbitration Service Provider . The document did not expressly state that the residents and/or their representatives were informed of the opportunity to agree on a neutral arbitrator and convenient location for the arbitration to be held. (continued on next page)

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R45's quarterly MDS with an ARD of 04/01/25 located under the RAI tab, indicated the staff could not determine a BIMS score and determined the resident had short-and-long-term memory problems. During an interview on 05/22/25 at 3:28 PM, the Administrator verified that there was no language in the arbitration agreement for R5, R15, and R45 and confirmed they were not informed of the opportunity to agree on a neutral arbitrator and convenient location for the arbitration to be held. During an interview on 05/23/25 at 10:03 AM, the Administrator stated there were still a few residents who did not have an updated arbitration agreement and would assume the residents would be provided with the opportunity to sign a correct arbitration agreement. The Administrator stated current residents and/or their representatives were offered the corrected arbitration.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and facility policy review, the facility failed to adhere to infection control practices and policies for three of three residents (Resident (R)5, R50, and R73) reviewed for infection control of 27 sample residents. The facility failed to wear a gown and implement Enhanced Barrier Precautions (EBP) for R5 and failed to ensure the residents' catheter was not touching the ground for R50 and R73. The deficient practice increased the risk of infection for the residents. Findings include: Review of the facility's policy titled, Enhanced Barrier Precautions (EBP), revised 04/30/24, indicated Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities .Initiation of Enhanced Barrier Precautions .An order for enhanced barrier precautions will be obtained for residents with any of the following: Wounds (e.g., chronic wounds such as pressure ulcers) .Implementation of Enhanced Barrier Precautions: Make gowns and gloves available immediately near or outside of the resident's room .The Infection Preventionist will incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education .High contact resident care activities include .Wound care: any skin opening requiring a dressing. 1. Observation on 05/22/25 at 11:30 AM, Registered Nurse (RN)1 and RN Clinical Competency Coordinator (RNCCC) entered R5's room to perform wound care. There was no EBP sign on R5's door. RNCCC performed hand hygiene and donned (put on) clean gloves. RNCCC held R5 on her side while wound care was performed and did not wear a gown. RN1 washed hands, donned clean gloves, and removed the cover from supplies that were set up on the bedside table. Then, RN1 removed her gloves, washed hands, donned clean gloves, applied saline to gauze pads, and removed the old dressing without wearing a gown. Then, RN1 removed soiled gloves, washed hands, donned clean gloves, and cleaned the small open wound on the sacrum using the saline soaked gauze. Then, RN1 removed the soiled gloves, washed hands, donned clean gloves, applied cream to the wound using a cotton swab, and applied a dated boarder gauze dressing. RN1 did not wear a gown during wound care. Finally, RN1 discarded extra supplies, removed soiled gloves, and washed hands. Review of R5's Face Sheet located under the Resident tab of the electronic medical record (EMR), revealed the resident was initially admitted on [DATE] and returned from a hospital stay on 03/25/25. Diagnoses included stage two pressure ulcer of sacral region. Review of R5's physician orders located under the Resident tab of the EMR, revealed an order for Enhanced Barrier Precautions, dated 05/06/25. Review of R5's care plan located under the Resident Assessment Instrument (RAI) tab of the EMR, revealed the resident had a pressure ulcer with an intervention that staff were to follow enhanced barrier precautions date, 03/25/25. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/22/25 at 11:45 AM, RNCCC and RN1 both stated, [R5] should have been on EBP precautions due to an open wound. EBP precautions would include wearing a gown and gloves during resident contact. We will place [R5] on EBP precautions and post the sign. We don't know why we didn't think about EBP precautions, we guess we were just thinking about getting the wound care done. During an interview on 05/23/25 at 9:59 AM, the Director of Health Services (DHS) stated, Residents with tube feeding, foley catheter, indwelling tubes, dressing changes, or other potential infections of colonization are to have EBP. On admission, the admission nurse would be responsible to place the resident on EBP, and the infection prevention nurse would follow up. If the resident had a change during admission, the floor nurse would be responsible for implementing EBP and followed up by the infection prevention nurse. The risk of not following EBP would increase the risk of infection. The DHS verified R5's orders and care plan included EBP. During an interview on 05/23/25 at 10:10 AM, the Administrator stated the infection prevention nurse was not available and the DHS was covering. 2. Review of the discharge documentation found in the EMR under the Resident tab under Resident Documents revealed R50 was admitted to the facility on [DATE], following a hospitalization related to a distended bladder with bilateral hydronephrosis and urinary retention leading to the placement of a Foley catheter. Review of R50's care plan, dated 09/20/23 and located under the RAI tab, revealed a focus indicating that R50 was admitted to the facility with a Foley catheter and had the potential for complications with a goal of the resident not exhibiting signs or symptoms of complications due to incontinence, urinary retention, or kidney injury. The approaches or interventions included observing complications and urinary retention and reporting it to the resident's physician. During an observation that occurred on 05/21/25 at 9:31 AM, R50 was lying in bed, confused and mumbling incoherently. She did not appear distressed and there were no odors present. The resident's bed was in the lowest position and the catheter bag that attached was in contact with the floor. A second observation was made on 05/21/25 at 3:19 PM of R50 and she was seated in her wheelchair and her spouse was present. The resident's catheter bag was attached to the right side of her wheelchair and was in contact with the floor. 3. Review of R73's Face Sheet located in the EMR under the Resident tab revealed the resident was admitted to the facility from the hospital on [DATE] with diagnoses that included urinary tract infection (UTI), prostate cancer, and obstructive reflux uropathy. Review of the R73's physician orders, located under the Resident tab, revealed the resident had an order for a suprapubic urinary catheter for a diagnosis of urinary outlet obstruction, dated 05/06/25. Review of R73's care plan, dated 04/21/25 and located under the RAI tab, revealed the resident had an Indwelling Catheter and the goal for care was for the resident to not develop any complications associated with catheter usage . The approaches or interventions to prevent catheter complications included providing catheter care per the facility's policy and to notify the physician of any complications. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 05/22/25 at 9:33 AM, R73 was lying in bed resting. The resident's catheter bag, which was attached to the side of the bed and covered in a blue privacy cover, was in contact with the floor. During an observation and interview on 05/22/25 at 9:44 AM, Licensed Practical Nurse (LPN)1 was shown R73's catheter bag resting on the ground, and she said that catheter bags should not come in contact with the ground as this could result in contamination or infection. During an interview on 5/22/25 at 1:35 PM, the DHS stated that catheter bags should not come in contact with the ground due to infection control. She added that R73 and R50 both have a history of UTIs.