

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Honorage Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1207 North Cashua Road Florence, SC 29501	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50788</p> <p>Based on record review, interviews, and review of facility policy, the facility failed to honor Resident (R)8's choices for bathing and showering, for 1 of 2 residents reviewed for Activities of Daily Living (ADL).</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Activities of Daily Living revealed, staff assists or performs activities of daily living (bathing, dressing, grooming, eating, toileting, etc) as indicated.</p> <p>Review of R8's Face Sheet revealed R8 was admitted to the facility on [DATE], due to system conversion, original admitted was 06/15/23, with diagnoses including but not limited to: heart failure, morbid obesity, muscle weakness, major depressive disorder, Parkinson's Disease and acquired absence of left leg above the knee.</p> <p>Review of R8's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R8 is cognitively intact. Further review of the MDS revealed functional abilities and goals, R8 is dependent; needing assistance taking a shower and bath, and also dependent needing assistance with tub and shower transfer.</p> <p>Review of R8's Care Plan with a revision date of 05/23/24 revealed, a need for extensive assistance to total care by staff members to help with bed mobility, transfers, bathing, and personal hygiene with an approach to offer a shower, shampoo, and nail care at least twice weekly and as needed; also a shower should be performed 2-3 times weekly. Use mechanical lift if indicated.</p> <p>Review of R8's Completed Care Task dated 05/01/24 - 05/30/24 revealed resident had only bed baths during the date range above with exception of dates 05/07/24, 05/09/24, 05/14/24, 05/15/24, and 05/23/24, where no bathing or showering was performed.</p> <p>Review of an undated Manufacturer Manual for a Supply Manual shower bed revealed, there is a 450 pound (lb) weight capacity.</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
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an undated Manufacturer Manual for a Direct Supply shower chair revealed, there is a 500 lb weight capacity.</p> <p>During an interview on 05/29/24 at 2:36 PM, R8 revealed she doesn't receive showers. R8 further stated it may be because she is so large, I'm trying to lose weight.</p> <p>During an observation on 05/30/24 at 3:00 PM, with the Executive Director (ED) and the Director of Nursing (DON) revealed, the shower room is a small, tiled room, with shower area, tub and a sink. Inside was one shower bed and two shower chairs.</p> <p>During an observation on 05/30/24 at 3:27 PM, with ED revealed, a shower chair purchased for R8. The shower chair was located in the business office hallway. The chair was white in color, made of PVC pipe, oversized, with pink mesh backing.</p> <p>During an interview on 05/30/24 at 1:04 PM, Certified Nursing Assistant (CNA)2 revealed she was only trained to give R8 bed baths, never trained to give R8 a shower. CNA2 stated R8 never requested a shower.</p> <p>During an interview on 05/30/24 at 2:50 PM, the ED and DON revealed resident gets a bed bath daily. The Unit Manager follows bathing/showering for unit. The ED stated she talked to R8's daughter, R8's daughter told her shower room was too small for her mom. The ED stated, It's very hard for her with two staff members. The DON stated she investigated more, they ordered a shower chair for her in the past. ED and DON both stated, resident stated chair pinched her.</p> <p>During an interview on 05/30/24 at 4:25 PM, R8's daughter revealed, My mother may get a bath later in the day due to low staffing or staff going home. My mother gets a shower once a week, as far as I knows, have not inquired lately. I would never ever say I don't want my mother to take a shower. I have called the facility with concerns in the past about bathing and showering, my mother gets regular bed baths as well. My mother does need help from multiple staff members to perform baths and showers.</p> <p>During an interview on 05/30/24 at 4:35 PM, R8 revealed she never saw a shower chair. Staff introduced her to a shower bed, the bed was too tight for her. R8 stated she washed herself and they helped her to wash. R8 does not remember sitting in a chair and was not pinched by equipment.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47257</p> <p>Based on interviews and record review, the facility failed to provide adequate supervision for Resident (R)50, to prevent potential accidents.</p> <p>Findings include:</p> <p>The facility does not have a policy on Supervision for residents.</p> <p>Review of R50's Face Sheet revealed R50 was admitted to the facility on [DATE], with diagnoses including but not limited to: insomnia, altered mental status, post concessional syndrome, contusion of unspecified part of head, and unspecified dementia.</p> <p>Review of R50's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/23/24, revealed R50 had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, indicating R50 has severe cognitive impairment.</p> <p>Review of R50's Care Plan with an onset date of 02/08/24, revealed R50 has a potential for wandering with no rational purpose and he enjoys walking down the halls and stopping at resident rooms to speak/converse with other residents. An approach to reach this goal is to observe him for the following behaviors and notify the doctor if persistent or not easily altered (Restlessness, wandering, elopement efforts, fearfulness, agitation, profanity, or other behaviors which may be a threat to myself or others.)</p> <p>Review of R50's Progress Note dated 08/08/23 at 1:58 PM, revealed, Resident will also use profanity. Resident also keeps a pair of tongs in his back pocket as uses as a reacher. Resident will also intrude on the privacy of other residents as he opens closed doors to speak to all without knocking prior to. Res is able to verbalize most of his basic needs in clear speech but has difficulty maintaining a lengthy, coherent conversation.</p> <p>Review of R50's Progress Note dated 11/07/23 at 3:12 PM, revealed, Resident will enter other resident's rooms without invitation to speak even if the door is closed. Behavior is not easily altered even with much encouragement offered to not do so.</p> <p>Review of R50's Progress Note dated 12/25/23 at 9:00 PM, revealed, Resident approached Rm 49 where a female resides and opened closed door without knocking and female was receiving peri care and female yelled out, Get out of my room, I'm naked. He opened the door a 2nd time and the female said for him to get out. He then yelled at female, **** you, you mother***** *****. He was redirected by staff. RN [Registered Nurse] Supervisor attempted to redirect him on importance of not entering closed doors and just opening the doors. He stated to RN, Yes, I remember you told me not to but I did it anyway. He cursed at staff, ADN walked away.</p> <p>Review of R50's Progress Note dated 01/07/24 at 11:46 AM revealed, Resident do walk down halls opening other resident's room doors and is redirected by staff.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R50's Progress Note dated 05/04/24 at 11:23 PM revealed, 2 [NAME] county deputies came and spoke to resident about incident that dayshift nurse reported. Res spoke with deputies but did not remember the incident. Res encouraged to stay on [NAME] End of facility and not go in other residents room. Residents acknowledged but has dementia and roaming around facility is one of his behaviors ever since res arrived at facility.</p> <p>Review of R50's Progress Note dated 05/21/24 at 10:24 AM, revealed, Res will enter the rooms of other residents without invitation to greet them. Resident requires close supervision and much redirection. Res can be easily agitated when redirected and uses strong profanity. Strict limits are set on inappropriate behaviors as they occur.</p> <p>During an interview on 05/30/24 at 2:40 PM, Certified Nursing Assistant (CNA)1 revealed, He goes in other residents' rooms late at night, when they are getting dressed and he doesn't knock he just opens the door. CNA1 states she talked about this with the nurses, but they state that this is his home and they can try what they can. This has continued almost every night since September of last year. Some of the residents enjoy it but there are a lot that don't like the attention. CNA1 further states, [R50] doesn't think he knows what he is doing or means any harm. He goes to the end of the hall and looks out the door. He goes into the male rooms and does the same thing, opens their doors as well.</p> <p>During an interview on 05/30/24 at 3:02 PM, the Social Services Director (SSD) revealed, they don't have a separate dementia unit and they have a resident that invades others privacy, but he has significant cognitive damage and they try to redirect and reeducate the resident to remain clear of certain areas. He is not at a 100% but with constant reminders he is doing a little better. The SSD states, Staff are asked to support and encourage the complainant, not to be aggressive and assist in that process and ask that they understand that they are on two different levels. If they see the resident in that area, try to keep him away from those residents that had concerns, so there is no interaction. We tried to put stop signs across the residents' doors in the past but that was not effective, he would pull them down and it didn't help, they have also in-serviced the staff on the importance of redirecting because he is verbally aggressive. They have not tried any other interventions as reporting to the physician or seeking any assistance from psychological services. The SSD further states, This has been brought to her attention a couple of months or so ago.</p> <p>During an interview on 05/30/24 at 3:31 PM, the Executive Director (ED) states, [R50] does not enter their rooms or harass them, the female residents are just frustrated with him, he will open the door and use profanity at times, when the residents yell to get out, he will yell back at them. The ED revealed she is not aware of him going in anyone's room where anything inappropriate happened. The ED states she has talked with residents one to one about what they decided to do with R50, the residents were hesitant but they were willing to try. The ED states her expectation is for the staff to keep redirecting R50, shut the fire doors of the residents areas that have concerns and try to calmly and nicely redirect him. It is the intent to make sure the residents feel safe wherever they are or remove the factor that is making them feel uncomfortable. The ED concluded, R50 is not mentally, physically, or sexually abusive so in her mind, he has not done any harm.</p>		