

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Edisto Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 575 Stonewall Jackson Boulevard Orangeburg, SC 29115	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to complete fall risk assessments in a timely manner for 1 of 1 resident (Resident (R)1).</p> <p>Findings include:</p> <p>Review of facility policy titled, Quarterly Assessments revealed, 2. Three Quarterly assessments are completed in each 12-month period, assuming the resident does not have a Significant Change in Status Assessment (SCSA) or Significant Correction to Prior Comprehensive Assessment (SCPA) completed and was not discharged from the nursing home.</p> <p>Record review of R1's Face Sheet revealed, R1 was admitted to the facility on [DATE] with diagnoses including but not limited to; fracture of right femur, subsequent encounter for closed fracture with routine healing, repeated falls, osteoarthritis, and abnormalities of gait and mobility.</p> <p>Record review of R1's Care Plan dated 12/20/24 revealed, Focus: Resident is at risk for falls related to medication regimen, anxiety, Depression, HX falls. Fall 12/5/2024. Revision on 1/15/2025. GOAL- Resident will not have any major injuries with falls. Resident will not have any major injuries with falls and resident will be compliant with fall interventions through next review. INTERVENTIONS-Cancelled:12/5/2024 two people assist with bed mobility. Cancelled 12/5/2024: Two staff members present for all bed mobility .</p> <p>Record review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/20/24 revealed, under section J1700- A. Did the resident have a fall any time in the last month prior to admission/entry or reentry? YES</p> <p>C. Did the resident have any fracture related to a fall in 6 months prior to admission/entry or reentry? Yes. J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot).</p> <p>Record review of R1's Quarterly Fall Risk assessment dated [DATE] revealed, a score of 12 indicating she was a moderate risk for assessment. No other Fall risk assessment in EHR (Electronic Health Record).</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/20/25 at 2:50 PM, Registered Nurse (RN)1 stated, she was familiar with the resident. RN1 stated, Assessments are done quarterly and confirmed R1 missed 2 assessments in 2024. Floor nurses are responsible for conducting those assessments. RN1 states, She is not sure why the resident didn't have it done. Orders are to be put in for 3 days prior to charting. [Another order would get put in the day of the assessment id to be done], and it would then populate on the [Electronic Medication Administration Record] EMAR when it was due. RN1 Stated, Her expectation is for residents to have assessments done within the required time frame.</p> <p>During an interview on 2/25/25 at 4:45 PM, the Assistant Director of Nursing (ADON) confirmed, There was no updated assessments found for R1.</p>		