

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Ridgeland Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  1516 Grays Highway Ridgeland, SC 29936	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33363</p> <p>Based on interviews, record review and facility policy review, the facility failed to develop and implement a comprehensive person-centered Care Plan for Resident (R)1, for 1 of 3 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Care Plan - Comprehensive, dated effective 09/01/22, revealed in the policy section, the facility's Care Planning/Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor) develops and maintain a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain . Procedure: 5. The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident's comprehensive assessment [Minimal Data Set] (MDS).</p> <p>Review of the clinical record revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: Acute Duodenal Ulcer with Perforation, Hypertension, Hyperlipidemia, Posthemorrhagic Anemia, Hypothyroidism, Acute Metabolic Acidosis, Magnesium Deficiency, Depression, Assistance for Daily Care, Gastrointestinal Bleeding, Acute Kidney Disease with Renal Dialysis, Acute Embolism, and Thrombosis.</p> <p>Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/03/24, revealed R1 was assessed with a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated no cognitive impairment. Further review of the MDS revealed R1 was assessed as requiring extended or total assistance for all Activities of Daily Living (ADLs).</p> <p>Review of R1's medication list revealed they were ordered Apixaban (an anticoagulant) five milligrams (5mg) to be taken one (1) tablet by mouth two (2) times a day for Acute Deep Vein Thrombosis and Pulmonary Embolism. It placed the resident at an increased risk for bleeding.</p> <p>Review of R1's Care Plan, dated 05/15/24, revealed there was no Care Plan related to identifying the potential risk for accidents, skin condition or increased bleeding related to anticoagulant therapy.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/15/24 at 11:15 AM, R1 recalled on 04/11/24 he/she was transferred with the assistance of two (2) staff, who transferred him/her to the wheelchair, when one (1) of the staff said the resident's leg was bleeding. R1 stated they caught their left lower outer leg on the wheelchair and required treatment at the hospital where they stitched the wound with eight (8) stitches.</p> <p>During an interview on 05/16/24 at 12:27 PM, the MDS Coordinator stated they were very behind on the Comprehensive Care Plans dating back to 01/2024. The MDS Coordinator stated they worked as the only person in the facility that knew MDSs and that all Care Plan development and revisions have been designated as their responsibility. The MDS Coordinator concluded the facility did not have a process in place for each discipline to revise any Care Plans after the Interdisciplinary Team met and identified a need for a Care Plan development or revision.</p> <p>During an interview on 05/16/24 at 1:00 PM, the Administrator revealed the MDS staff was responsible for the Care Plan process. The Administrator stated that a Performance Improvement Plan was initiated in January 2024. This utilized a consulting agency for MDS. The Administrator stated the consulting agency had been in the facility for a month in January 2024 to assist with training and educating with the new MDS Coordinator on the MDS process. The Administrator's concern was that the Care Plans had been behind before he/she became the Administrator in 2022 and the new MDS Coordinator was working to update all MDS assessments in the facility.</p>		