

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Seneca Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 140 Tokeena Rd Seneca, SC 29678	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on review of facility policy, interviews, observation, and record review, the facility failed to prevent verbal abuse of Resident (R)6 by Certified Nursing Assistant (CNA)1.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Abuse, Neglect, and Exploitation states, It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>Review of R6's Face Sheet revealed R6 was admitted to the facility on [DATE] with diagnoses including but not limited to: dementia without behavioral disturbance, hypothyroidism, anxiety disorder, major depressive disorder, and cognitive impairment.</p> <p>Review of R6's unspecified Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/08/24, revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating R6 was cognitively intact.</p> <p>Review of CNA1's Employee Counseling Form dated 11/13/23, revealed, Description of incident: Resident reported that you have a bad attitude, and you yell at her. This same resident also reported that when you enter her room that you tell her not to start with you. Suspension until outcome of investigation.</p> <p>Review of CNA1's Employee Counseling Form dated 11/15/23 revealed, Description of Incident: Investigation into allegation of abuse /neglect substantiated. Corrective Action Plan and Consequences: Termination for abuse/neglect.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of CNA1's Employee Termination Form revealed, Hire date: 04/01/23, Termination date: 11/15/23. The form was dated 11/15/23.</p> <p>During an interview on 03/26/24 at approximately 9:59 AM, R6 revealed, Third shift is not a good shift, they do not want to do any work. R6 further stated, [CNA1] fussed at me all the time, she was rough with me. She did not have a very good personality, some people are not cut out for this type of work. She would yell at me. Now that she's gone things are better.</p> <p>During an interview on 03/26/24 at approximately 12:06 PM, R6 further revealed CNA1 was talking ugly to his roommate who is deaf and blind. R6 stated CNA1 was talking very hateful and mean to her roommate.</p> <p>During an interview on 03/26/24 at approximately 12:06 PM, R2 revealed CNA1 was speaking ugly to her roommate (R6). R2 stated CNA1 was talking hatefully to her roommate but was not mean to her. R2 revealed CNA1 was not the nicest person in the world, but she did not pay her any attention.</p> <p>During an interview on 03/26/24 at approximately 12:16 PM, CNA2 stated R6 reported to her that CNA1 was rude and always touching her things. CNA2 stated she heard CNA1 being rude and disrespectful to the resident. CNA2 further stated she could always tell when CNA1 was working because she was loud and could hear her before she saw her.</p> <p>During an interview on 03/26/24 at approximately 12:30 PM, Licensed Practical Nurse (LPN)1 revealed CNA3 called her telling her about CNA1's behavior. LPN1 stated CNA1 is no longer employed due to the multiple complaints of disrespect to residents.</p> <p>During an interview on 03/26/24 at approximately 1:08 PM, CNA1 revealed, [R6] is rude and hard to take care of, she leaves her TV volume up loud and other residents complain. CNA1 revealed she no longer works at the facility. She was suspended and 2 days later she was fired. CNA1 revealed she did not yell at a resident, but the facility reported she was yelling at resident.</p> <p>During an interview on 03/26/24 at approximately 12:40 PM, the Director of Nursing (DON) revealed CNA1 was the type of person who tried to convince everyone she was always right. The DON stated she heard CNA1 was also being ugly to staff, and always had staff complaints about CNA1. The DON further stated she never saw CNA1 being ugly to residents and CNA1 had good patient care. DON revealed CNA (1) was disgruntled when she was terminated.</p> <p>During an interview on 03/26/24 at approximately 1:51 PM, the Administrator revealed per policy, anytime there is a reportable, DHEC is contacted, interventions are put in place, statements taken of those individuals who are involved depending on the situation; anybody other than the resident, we get them off property immediately pending investigation.</p>		