STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425140	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Moncks Corner	505 South Live Oak Drive Moncks Corner, SC 29461

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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review, and interview, the facility failed to obtain a physician order for advance directives for Resident (R)11, for 1 of 1 residents reviewed for advance directives.Findings include:Review of the facility policy revised on [DATE], titled Advance Directives: South Carolina, revealed, Procedure: . 3. The Director or Health Services (or designee) will notify the attending physician of advance directives and document such notification in the medical record.Review of the admission record reveals that the facility admitted R11 on [DATE] with diagnoses including but not limited to acquired absence of right leg below the knee, type 2 diabetes mellitus with diabetic chronic kidney disease, and muscle weakness.Review of R11's Electronic Medical Record (EMR) revealed a Physician's Order dated [DATE], with an end date marked as open-ended, that indicated R11 was a Full Code (direction to implement Cardiopulmonary Resuscitation (CPR) should respirations and heartbeat stop).Review R11's Hospice Communication Binder revealed a Resident Request Do Not Resuscitate (DNR) Form signed by R11's Resident Representative on [DATE], authorizing facility staff to withhold CPR in the event of an emergency. Further review revealed a DNR form signed by the attending physician and the concurring physician with an effective date of [DATE] and no expiration date.Review of R11's Care Plan, last reviewed/revised on [DATE], revealed R11 is on Hospice service for terminal care d/t (due to) severe protein-calorie malnutrition and other related diagnoses, COPD, and a short-term goal of death with dignity. Further review of the care plan did not reveal a care plan with a focus on advance directives.Review of R11's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] assessed R11 with moderate impairment in cognition. The MDS noted R11 had a prognosis of a life expectancy of less than 6 months and received hospice services.During an interview on [DATE] at 12:53 PM, Licensed Practical Nurse (LPN)1 revealed that when residents are admitted , their code status is automatically full code. LPN1 states that she refers to the resident's banner for their code status. The LPN stated that the resident's orders for code status were the generic status of full code and then stated, It's in there now; I just changed it. LPN1 further revealed that in an emergency she would not refer to the resident's orders to determine their code status but would check their banner because it is usually correct.During an interview on [DATE] at 2:47 PM, the Interim Director of Nursing (DON) revealed that a resident's code status is updated by social services. The Interim DON explains that when residents are admitted , by default their code status is Full Code until they are assigned a DNR. The Interim DON states that Social Services (SS) speaks with the resident or the resident's representative/Power of Attorney (POA) regarding their decision and updates the resident's care plan and banner, and the nurses make the changes to the orders. The Interim DON continues to explain that if a resident goes on hospice, they receive the notice to EMS personnel DNR from the hospice agency and use that to change the order. The Interim DON further revealed that no order is active in their system until the physician signs off on it.During an interview on [DATE] at 3:01 PM, Social Services (SS) revealed that she has been employed with the facility for 11 years. SS explains that it was agreed that she would be the person updating the advance directive information; however, she is unsure what the (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

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy states. SS continues to explain that when she finds out what the resident or the resident representative's desires are related to advance directives, she enters the information and updates the resident's banner and their care plan. SS further explains that if a resident requests a DNR, it has to be determined if they are competent, and if the resident is not competent, they would need a signature by two physicians and the EMS (emergency medical services) form. SS states that if a resident goes on hospice, they will also need a decision-making form. SS further reveals that she should have changed the resident's code status and their care plan.During an interview on [DATE] at 3:30 PM, the Administrator stated advance directives should be signed by the resident or resident representative and the executing physician. The Administrator states that his expectation is for the resident's banner and orders to match in Matrixcare (Electronic Medical Record). The Administrator further revealed that the nurses should make sure the orders are entered in the system and that social services are responsible for making sure the banner and the orders match.