STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425142	A. Building B. Wing	06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartland Health Care Center - Union	709 Rice Avenue Union, SC 29379

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 47914 Based on interview, record review, and facility policy review, the facility failed to report an allegation of sexual abuse to the state agency that involved 1 (Resident (R)2) of 4 sampled residents reviewed for abuse. Findings include: Review of the facility's policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised in September 2022, indicated, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Policy Interpretation and Implementation Reporting Allegations to the Administrator and Authorities 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The policy specified, 3. Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. Review of an Admission Record revealed the facility admitted R2 on 06/05/24. According to the Admission Record, R2 was admitted with diagnoses including but not limited to: nontraumatic intracranial hemorrhage (stroke), thyrotoxicosis (excessive thyroid hormones), chronic obstructive pulmonary disease (COPD), type 2 diabetes, chronic kidney disease, and major depressive disorder. Review of an Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/11/2024, revealed R2 had a Staff Assessment for Mental Status (SAMS) that indicated the resident had severely impaired cognitive skills for daily decision making. The MDS indicated the resident was dependent for all activities of daily living (ADLs) and was always incontinent of bladder and bowel. Review of R2's Care Plan, initiated on 06/05/24, indicated the resident was at risk for ADL/mobility decline and required assistance related to recent hospitalization due to intracranial hemorrhage. Interventions directed staff to monitor for changes in condition or declines in ability to participate in ADLs, decreased strength, increased weakness, or changes in cognition, and to notify the physician if occurs. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Union		STREET ADDRESS, CITY, STATE, ZIP CODE 709 Rice Avenue Union, SC 29379	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility investigation file revealed a urine test performed on R2, who was in a non-verbal, unresponsive, and vegetative state, revealed the resident had a sexually transmitted disease (STD), trichomonas. The Investigation Report, dated 06/12/24, did not reveal evidence to indicate the state survey agency was notified of the abuse allegation. Review of an addendum from the emergency department, dated 06/11/24 at 9:50 PM, revealed a urinalysis revealed a result of cloudy, small traces of blood, 30 protein, and moderate urine leukocyte. The microscopic showed a few bacteria, an STD, and an urine culture was in process. During an interview on 06/21/24 at 11:56 AM, the Director of Nursing (DON) stated the allegation was not reported to the state agency because when she spoke with the Ombudsman, it was presented as a notification that the resident had tested positive for an STD, not an allegation of abuse. During a follow-up interview on 06/21/24 at 3:42 PM, the DON stated R2 had multiple cerebral hemorrhages while in the hospital. The DON stated the Ombudsman called and informed the facility that the hospital notified Adult Protective Services (APS) that the resident tested positive for an STD. The DON stated the facility also got a call from the hospital that the resident tested positive for an STD. The DON stated the facility started an investigation. During an interview on 06/21/24 at an unspecified time, the Administrator stated no one ever relayed the information regarding R2 to him as an allegation of abuse. It was relayed as a notification that the resident tested positive for a STD. The Administrator stated when any allegations are made, it is relayed to the facility's regional staff, who were responsible for reporting. The Administrator stated because the test was not done at the facility and no allegations of abuse were made, thus the determination was made that they did not feel it needed to be reported.