STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425143	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St George Healthcare Center	905 Duke Street Saint George, SC 29477

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50788 Based on review of facility policy, interview, and record review, the facility failed to provide appropriate supervision for Resident (R)1, resulting in R1 successfully eloping from the facility, for 1 of 3 residents reviewed. On 09/18/24 at 3:35 PM, the Administrator was notified that the failure to ensure a resident receives appropriate supervision, to prevent an elopement, constituted Immediate Jeopardy at F689. On 09/18/24 at 3:35 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of 09/15/24. The IJ was related to 42 CFR 483.25 - Quality of Care. On 09/18/24, the facility provided an acceptable IJ Removal Plan. On 09/18/24 the survey team, validated the facility's corrective actions and determined the facility put forth due diligence in addressing the noncompliance. The IJ is considered at Past Non-Compliance as of 09/16/24. An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F689, constituting substandard quality of care. Findings include: Review of the facility policy titled Elopement Risk Assessment with a revision date of 11/01/17, documented under procedure, 3. Interventions will be added to the patient's/resident's care plan after analyzing the information obtained. 4. completes an elopement risk assessment and presents the information to the Interdisciplinary Team for further interventions. Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: Huntington's disease, major depressive disorder, restlessness and agitation, and insomnia. Review of R1's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/15/24, revealed that a Brief Interview for Mental Status (BIMS) was not conducted because the resident is rarely/never understood. Further review of the MDS revealed R1 was severely impaired regarding Cognitive Skills for Daily Decision Making. Additionally, R1's assessment for Rejection of Care and Wandering indicated that these behaviors did not occur. (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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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of R1's Care Plan with a start date of 07/15/24, documented, [R1] appears to have recall deficit as evidenced by: inability to understand commands/communication, poor decision making, related to diagnosis of: Huntington's Disease. Further review of the Care Plan did not reveal a Care Plan related to wandering/elopement, prior to the incident. Review of R1's Elopement Risk Observation dated 07/17/24, revealed R1 is confused and has a history of wandering. Further review revealed there was no scoring criteria related to the risk and no interventions listed. Review of R1's Progress Note revealed a note dated 09/15/24 at 3:44 AM, which documented, Door alarm at nurses station was alarming. Upon arrival it was noted that resident was not in his room. Resident was outside in company van. Staff assisted resident back into wheelchair. Resident was combative. Staff assisted resident back into room. 15 checks initiated on resident. During an interview on 09/18/24 at 1:08 PM, Registered Nurse (RN)1 revealed, sometimes R1 does try to go out the side door on Stone, maybe about 1 or 2 months ago. The Interdisciplinary Team was notified and reviews the assessment. Resident did not have a wander guard on prior to the incident. The Interdisciplinary Team makes the decision to implement interventions. During an interview on 09/18/24 at 1:55 PM, Licensed Practical Nurse (LPN)1 revealed, R1 is combative and has exit seeking behavior. R1 is difficult to redirect. R1 has always had a behavior of exit seeking. Supervisors are notified in 24-hour report and progress notes. R1 did not have a wander guard on the day of incident. During an interview on 09/18/24 at 2:20 PM, the Director of Nursing (DON) stated, R1 got out and was found in the van. The DON questioned the resident being found in the van, due to the resident's physical condition and there was nothing moved around in the van. The DON verified the driver side door of the van was unlocked, but the passenger side doors were locked. The DON further stated, I did not know that he was wandering/exit seeking. He had a wanderguard in place prior to this incident but it was taken off because he went a long time without the behaviors. The DON concluded, video footage was reviewed, and nothing was found. During an interview on 09/18/24 at 2:47 PM, the Administrator revealed, the cameras haven't been working for a while. The resident did get out but was found immediately. The Administrator stated, I was told there was a nine minute window that the resident wasn't accounted for. I don't know off the top of my head the criteria that a wandergaurd would need to be placed on a resident based on the elopement assessment. I will have to get back to you on that. I was not aware that the resident was having exit seeking behaviors leading up to the incident. On 09/18/24, the facility provided an acceptable IJ Removal Plan, which included the following: Resident #1 without injury and elopement risk evaluation repeated on 9/15/24 with interventions in place per care plan. Director of Nursing and Administrator will be reeducated on the Elopement Policy and Process on 9/18/24 by the Clinical Consultant including: Completing the elopement risk evaluation thoroughly and implementing interventions based on risk identified. Documentation of exit seeking behavior and completing elopement risk evaluation for increased exit seeking behaviors. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Elopement risk Assessments will be reviewed for completion and accuracy on 9/18/24 by the Director of Nursing/Designee on current residents in facility to identify residents at risk for elopement. Those residents identified at risk will have interventions initiated and care plan updated on 9/18/24. Licensed Nurses will be reeducated on the Elopement Policy and Process on 9/18/24 by the Director of Nursing/Designee including: Completing the elopement risk evaluation thoroughly and implementing interventions based on risk identified. Documentation of exit seeking behavior and completing elopement risk evaluation for increased exit seeking behaviors. Licensed Nurses not receiving this education by 9/18/24 will receive prior to their next scheduled shift. Facility Activity Report and 24hour report will be reviewed Monday - Friday in clinical morning meeting to validate elopement assessments completed. The Director of Nursing/Designee will review completed elopement assessments Monday - Friday in clinical morning meeting to validate accuracy and interventions have been implemented accordingly. Ad hoc QAPI held on 9/18/24. Medical Director was notified of the Immediate Jeopardy and the contents of this plan on 9/18/24.