

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER St George Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46319</p> <p>Based on record review, interviews, and facility policy review, the facility failed to provide the reason for transfer or discharge, to the resident and/or the resident representative upon discharge to the hospital, in writing for 2 of 2 residents (Resident (R)58 and R70) reviewed for transfer and discharge. This failure had the potential to affect residents' understanding for the reason of transfer.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, SOCIAL SERVICES POLICIES AND PROCEDURES: DISCHARGE NOTIFICATION, revised on 06/09/23, documented, Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</p> <p>1. Review of R58's Face Sheet located under the Profile tab in the electronic medical record (EMR) indicated that he was admitted to the facility on [DATE], with diagnoses including but not limited to: acute respiratory failure, hypertension, and chronic obstructive pulmonary disease.</p> <p>Review of R58's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/13/24, and located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R58 was cognitively intact. Further review of the MDS revealed R58 needed supervision and/or touch assistance with all Activities of Daily Living (ADL).</p> <p>Review of R58's Hospital Summary, dated 01/07/25, located in the Resident Records tab of the EMR, revealed an admitted [DATE], and a discharge date of [DATE], with the reason for admission being viral gastroenteritis and acute kidney injury on chronic kidney disease.</p> <p>2. Review of R70's Face Sheet located under the Profile tab in the EMR indicated that his current admission to the facility was on 11/26/24, with diagnoses including but not limited to: diabetes mellitus type two with hyperglycemia, hypertension, and coronary artery disease.</p> <p>Review of R70's admission MDS with an ARD of 01/26/24, and located in the MDS tab of the EMR revealed a BIMS score of 8 out of 15, indicating R70 was moderately cognitively impaired. Further review of the MDS revealed R70 needed supervision and/or touch assistance with all ADL.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER St George Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R70's Hospital Summary located in the Resident Records tab of the EMR, revealed an admitted to the hospital of 02/07/24, and a discharge date of [DATE], with the reason for admission being episode of syncope.</p> <p>Review of R58's and R70's EMR revealed no documentation of the reason for discharge provided in writing.</p> <p>During an interview on 01/09/25 at 10:39 AM, the Social Services Director (SSD) stated that she did not understand about sending a reason for transfer or discharge in writing to the resident, resident representative, and the ombudsman because the facility sent a bed hold that was completed by the nurses at time of discharge to the hospital. The SSD also stated that the bed hold was all they had.</p> <p>During an interview on 01/09/25 at 10:53 AM, the Director of Nurses (DON) stated the nurses had a check list that they filled out when a resident transferred to the hospital. The DON provided a copy of the check list and stated it was everything they did when a resident went out.</p> <p>During an interview on 01/09/25 at 3:00 PM, the Administrator stated that he was not aware the facility was not completing a written discharge/transfer notice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER St George Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46319</p> <p>Based on record review, interviews, and facility policy review, the facility failed to provide the complete Bed Hold to the resident and or the resident representative upon discharge to the hospital for 2 of 2 residents (Resident (R) 58) and R70) reviewed for transfer and discharge. This failure had the potential to affect the resident's knowledge on return to the facility.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, FACILITY'S POLICY AND STATE REQUIREMENTS FOR TEMPORARY LEAVE] BED-HOLD, revised on 06/09, documented, In order to ensure the resident's specific bed is available to him/her when he/she is ready to return, the resident or his/her representative shall pay the basic per diem rate of \$__ for each day during the bed-hold period.</p> <p>1. Review of R58's Face Sheet located under the Profile tab in the electronic medical record (EMR) indicated that he was admitted to the facility on [DATE], with diagnoses including but not limited to: acute respiratory failure, hypertension, and chronic obstructive pulmonary disease.</p> <p>Review of R58's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/13/24, and located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R58 was cognitively intact. Further review of the MDS revealed R58 needed supervision and/or touch assistance with all Activities of Daily Living (ADL).</p> <p>Review of R58's Hospital Summary, dated 01/07/25, located in the Resident Records tab of the EMR, revealed an admitted [DATE], and a discharge date of [DATE], with the reason for admission being viral gastroenteritis and acute kidney injury on chronic kidney disease.</p> <p>2. Review of R70's Face Sheet located under the Profile tab in the EMR indicated that his current admission to the facility was on 11/26/24, with diagnoses including but not limited to: diabetes mellitus type two with hyperglycemia, hypertension, and coronary artery disease.</p> <p>Review of R70's admission MDS with an ARD of 01/26/24 and located in the MDS tab of the EMR, revealed a BIMS score of 8 out of 15 which indicated R70 was moderately cognitively impaired. Further review of the MDS revealed R70 needed supervision and/or touch assistance with all ADL.</p> <p>Review of R70's Hospital Summary located in the Resident Records tab of the EMR, revealed an admitted to the hospital of 02/07/24, and a discharge date of [DATE], with the reason for admission being episode of syncope.</p> <p>Review of R58's and R70's EMR revealed no copy of the Bed Hold was located.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER St George Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/09/25 at 10:39 AM, the Social Services Director (SSD) stated that she sent the ombudsman a list of transfers and discharges every month. She stated the Business Office Manager (BOM) sent the notification to the family and residents for bed holds. The SSD also stated the nurse notified the family if a resident was sent out. She stated there was a packet at the nurse's station that the nurse filled out; made a copy for the BOM to send to the resident representative and the original was sent with the ambulance for the resident. The SSD concluded, As far as I know that is all we have.</p> <p>During an interview on 01/09/25 at 10:53 AM, the Director of Nurses (DON) stated the nurses had a check list that they filled out when a resident transferred to the hospital. The DON provided a copy of the check list and stated that was everything they did when a resident went out.</p> <p>During an interview on 01/09/25 at 11:45 AM, the BOM stated that she sent the resident representative a copy of the bed hold, and the nurse sent the original with the resident at time of transfer. The BOM stated that R70 did not have a resident representative so there was not one sent. The BOM also stated that the Bed Hold for R58 was not completed because it was missing the daily rate for the room charge.</p> <p>During an interview on 01/09/25 at 3:00 PM, the Administrator stated that the Bed Hold notice for R70 was probably not sent to the resident representative and that the Bed Hold for R58 was incomplete due to the fact that it did not have the daily per diem rate to hold the room.</p>