

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Aiken		STREET ADDRESS, CITY, STATE, ZIP CODE 830 Laurens Street North Aiken, SC 29801	

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** 49800</p> <p>Based on review of facility policy, record reviews, and interviews the facility failed to ensure Resident (R)1 was free from verbal abuse by Certified Nursing Assistant (CNA)1.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program last revised on 10/27/20, states, It is the policy of [NAME] Health and its affiliated entities (collectively , the Organization) to actively preserve each patient's right to be free from verbal, sexual, physical, and mental abuse, corporal punishment , involuntary seclusion, neglect, exploitation, mistreatment, and misappropriation of patient property, (referred to collectively in this policy as abuse, neglect, and mistreatment, and exploitation). The Organization and its partners should assure that best efforts are made to prevent any occurrences of any form of abuse, neglect, and exploitation.</p> <p>Review of the facility's Inservice Education Program Summary Record Form dated 01/05/24, revealed the following: When communicating with residents be observant of your tone and keep in mind that it could/may be perceived as abuse. Do not argue with residents. If you feel that an interaction with a resident is escalating, please excuse yourself and get your supervisor. If you witness an encounter that could potentially be abuse (visually or auditory) you are to notify your direct supervisor immediately.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to: bipolar disorder and depression.</p> <p>Review of R1's Quarterly Minimum Data Set (MDS) revealed that R1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating R1 was cognitively intact.</p> <p>Review of R1's Care Plan dated 09/21/23, revealed problems related to mood and behavior. Behavioral Indicators: [R1] is noted to swear at times and can be impatient . Mood Indicators: [R1] exhibits s/s [signs/symptoms] of grief. He is hyper-verbal at times . Further review of the Care Plan indicated an approach which stated, Encourage appropriate interaction with staff and peers.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/28/24 at approximately 1:35 PM, R1 revealed it was a misunderstanding. R1 stated he did not know what happened. I just come back from the doctor and I feel the issue was resolved. I don't know how it started.</p> <p>During an interview on 03/28/24 at approximately 1:40 PM, the Director of Nursing (DON) revealed there was a verbal altercation between R1 and CNA1. The DON stated CNA1 admitted to using a curse word and witnesses heard her curse. The DON further stated she told CNA1 it was inappropriate to use profanity, and CNA1 was terminated immediately.</p> <p>During an interview on 03/28/24 at 3:09 PM, CNA1 stated, R1 was asking why his roommate was not given a shower and R1 was very belligerent. CNA1 further stated R1 was cursing at her because she did not give his roommate a shower. CNA1 then stated that she told R1 she could not share information about his roommate because it was a HIPPA violation. CNA1 revealed when R1 cursed at her she cursed back at him. CNA1 concluded that she was terminated from the facility.</p>		