

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 12/02/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on review facility policy, interview and record review, the facility failed to report an allegation of sexual abuse, involving Resident (R)2 and R1, to the Ombudsman, for 1 of 1 residents reviewed for abuse.</p> <p>Findings include:</p> <p>Review of the facility policy, with a revised date of 07/29/19 titled, Reporting Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property documented, It is the policy to comply with all applicable federal and state requirements regarding the reporting of patient abuse, neglect, exploitation, mistreatment and misappropriation of property. The Ombudsman should also be notified as required by state law.</p> <p>Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE], with diagnoses including but not limited to: Alzheimer's disease, hypertensive chronic kidney disease, and anemia.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: chronic obstructive pulmonary disease, Type 2 diabetes mellitus with diabetic chronic kidney disease, and end stage renal disease.</p> <p>Review of R1's Progress Note, written by the Social Worker (SW), dated 11/22/24, revealed the SW was made aware by the charge nurse that his roommate, last night, had his penis out of his pants and told him to suck his penis. R1 reports his roommate did not touch him at all. The SW did speak with R1 who expressed he was awakened by roommate saying you gonna suck my dick. R1 also stated that his roommate walked from his side of the room to his and continued to make this statement along with I'll get the nurse to suck it then. R1 reports he told him to get away from him numerous times. The SW did inform the Administrator as well as the Director of Nurses (DON). The SW called the Responsible party (RP). Awaiting return call. Report has been made and police has been called.</p> <p>During an interview with the Regional Ombudsman Office on 12/02/24 at 10:12 AM, the Ombudsman stated, I didn't get the self-report from them on this allegation (sexual abuse). The last time I got something from them has been well over 6 months, any allegation of abuse, neglect or exploitation are to be reported to me.</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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(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	During an interview with the Administrator on 12/02/24 at 5:32 PM, the Administrator stated, I have not been reporting any allegations to the Ombudsman.		