

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42424</p> <p>Based on observation, interview, and review of facility policy, the facility failed to provide dignity to Resident (R)129 prior to entering her room, for 1 of 2 residents reviewed for dignity.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dignity last revised on 02/29/21, revealed, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth, and self-esteem. Residents' private space and property shall be respected at all times. Staff will knock and request permission before entering residents' rooms.</p> <p>Review of R129's Face Sheet revealed R129 was admitted to the facility on [DATE], with the diagnoses including but not limited to: congestive heart failure, major depressive disorder, restless leg syndrome, and osteoarthritis.</p> <p>Review of R129's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/28/24, revealed R129 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicates that R129 is cognitively intact.</p> <p>During an observation on 04/15/24 at 9:30 AM, revealed Maintenance Staff and Licensed Practical Nurse (LPN)4 entering R129's room without knocking</p> <p>During an observation and interview on 04/17/24 at 9:10 AM, revealed Certified Nursing Assistant (CNA)9 entering R129's room without knocking. CNA9 stated that he should have knocked on the resident's door prior to entering the resident's room.</p> <p>During an interview on 04/18/24 at an unspecified time, the Director of Nursing (DON) revealed that staff are expected to knock prior to entering resident rooms.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47812</p> <p>Resident #98</p> <p>FTag Initiation</p> <p>Review of Resident #98's Face Sheet indicated the facility admitted the resident on [DATE] with a diagnosis of but not limited Parkinson's disease without dyskinesia, without mention of fluctuations, cognitive communication deficit, repeated falls, anxiety disorder, unspecified, major depressive disorder, recurrent moderate, alcohol use, unspecified with alcohol-induced psychotic disorder with delusions due to known physiological condition, insomnia due to other mental disorder</p> <p>Review of Resident #98's Quarterly Minimum Data Set (MDS) dated [DATE], revealed resident had a Brief Interview for Mental Status (BIMS) score of 10 which indicated the resident was moderately impaired.</p> <p>Review of the Medical Decisional Capacity form completed on [DATE], revealed all resident #98's health care decisions were to be made their representative due to neurocognitive deficits.</p> <p>Review of resident #98's care plan revised [DATE], revealed resident had cognitive impairment with impaired thought processes related to a diagnosis of Parkinson's disease. The resident's goals included resident would not have any cognitive decline. Interventions included discussing concerns with resident and family as needed; date Initiated: [DATE]</p> <p>Review of resident # 98's physician's orders revealed, Carbidopa-Levodopa Oral Tablet ,d+[DATE] MG (Carbidopa-Levodopa), give 1 tablet by mouth at bedtime; Carbidopa-Levodopa Oral Tablet ,d+[DATE] MG (Carbidopa-Levodopa), Give 2 tablets by mouth in the afternoon; Carbidopa-Levodopa Oral Tablet ,d+[DATE] MG (Carbidopa-Levodopa), Give 2 tablet by mouth in the morning; Duloxetine HCl Capsule Delayed Release Particles 60 MG, Give 1 capsule by mouth one time a day for depression **dose change may give 2 (30mg) caps to equal 60m; Rivastigmine Transdermal Patch 24 Hour 9.5 MG/24HR (Rivastigmine) Apply 1 patch transdermally in the morning; Sertraline HCl Tablet Give 75 mg by mouth one time a day, Hydroxyzine HCl Give 1 tablet by mouth two times a day</p> <p>Review of resident #98's progress notes revealed,</p> <p>[DATE] 13:00 Social Service Note</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Note Text: ARD [DATE] Resident is being reviewed for a quarterly assessment. Disposition is LTC r/t the LOC required; d/c plan remains unchanged. Alert, able to make needs/wants known w/confusion noted. BIMS: 07-impairment noted. Advanced care planning reviewed;FULL CODE-no changes noted r/t code status wishes-POC remains up to date and appropriate. PHQ09: 06-mood indicators trigged added to the POC accordingly to address risk associated w/mood present this assessment period. No coded behaviors noted. Formal care plans remain in place and are updated PRN per the IDT members. SS will continue to monitor for any significant changes, while providing appropriate interventions and support.</p> <p>[DATE] 12:09 Social Services</p> <p>ARD [DATE] Resident is being reviewed for a quarterly assessment. Resident resides on B Unit in room [ROOM NUMBER]-A and is expected to remain in the facility for LTC r/t the LOC she requires. Ms. [NAME] is alert, able to make needs/wants known; speech soft in tone, but clear. BIMS 10; mod. impairment. Advanced care planning; FULL CODE; no changes noted; POC remains up to date and appropriate. PHQ09: 00. No significant issues r/t mood noted this assessment period. No coded behaviors noted. Formal care plans remain in place and are updated PRN per the IDT. SS will continue to monitor for any significant changes, while providing appropriate interventions and support.</p> <p>[DATE] 12:52 Social Services</p> <p>ARD [DATE] Resident is being reviewed for an annual assessment. SS history eval. for annual completed per LMSW. Ms. [NAME] resides on B Unit in room [ROOM NUMBER]-A and is expected to remain in the facility for LTC r/t the LOC she requires. Ms. [NAME] is alert and able to make needs/wants known; BIMS 13; BIMS improved since last assessment period. Speech clear, but resident does speak in soft tones. Advanced care planning reviewed; FULL CODE; no changes in code status noted this assessment period; POC remains up to date appropriately reflecting current code status wishes. Ms. [NAME] is friendly and enjoys conversation with others. Daughter involved and visits when able. PHQ09: 03; mood indicators added to the POC. Ms. [NAME] continues to receive duloxetine r/t DX depression, sertraline r/t DX depression and mirtazapine r/t DX depression. No behaviors noted this look back period. Formal care plans remain in place and are updated PRN. SS will continue to monitor for any significant changes, while providing appropriate interventions and support.</p> <p>[DATE] 13:07 Social Service Note</p> <p>Note Text: ARD [DATE] Resident is being reviewed for a quarterly assessment. Ms. [NAME] resides on D Unit in room [ROOM NUMBER] P and is expected to remain in the facility for LTC r/t the LOC she requires w/no plans for D/C at this time. Ms. [NAME] is alert and able to make needs/wants known with mod. impairment noted. Ms. [NAME] has a BIMS of 10. Speech is soft in tone, but clear. Advanced care planning reviewed; FULL CODE; no changes in code status noted; POC remains up to date appropriately reflecting current code status wishes. Ms. [NAME] is accepting of 1:1's for psychosocial support; daughter lives out of state, but remains involved and visits when able. Ms. [NAME] reports feeling down and bad about self; Ms. [NAME] has DX MDD. Ms. [NAME] continues to be treated as ordered for DX MDD and received duloxetine and sertraline. No behaviors noted this look back period. Formal care plan remain in place and have been reviewed per LMSW/IDT. SS will continue to monitor for any significant changes, while providing appropriate interventions.</p> <p>[DATE] 11:01 Social Service Note</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Note Text: ADOR and LMSW spoke with RP telephonically this AM to review SNFABN as PT will be discharging resident off caseload on [DATE] as resident has reached max. potential. RP verbalized understanding and in agreement; RP thankful for LMSW and ADOR phone call. SNFABN to be uploaded to resident's EMR and original placed in binder.</p> <p>[DATE] 14:16 Social Service Note</p> <p>Note Text: LMSW spoke with RP on this date who expressed concerns r/t resident's current depression regime; communication request left in mental health book for [NAME], psych. NP on this date requesting NP f/u and call RP.</p> <p>[DATE] 12:08 Social Service Note</p> <p>Note Text: Care plan meeting held on this date with the IDT and RP telephonically; Ms. [NAME] declined to attend POC meeting. Ms. [NAME] is expected to remain in the facility for LTC r/t the LOC he requires with no plans for D/C at this time. POC reviewed; RP in agreement with current POC. Copy of POC mailed to RP on this date per LMSW.</p> <p>[DATE] 11:36 Social Service Note</p> <p>Note Text: ARD [DATE] Resident is being reviewed for a quarterly assessment. Ms. [NAME] resides on D Unit in room [ROOM NUMBER] P and is expected to remain in the facility for LTC r/t the LOC she requires with no plans for D/C at this time. Ms. [NAME] is alert and able to make needs/wants known; BIMS is an 11; speech is clear and understandable. Ms. [NAME] remains a FULL CODE with no changes in code status noted; POC remains up to date appropriately reflecting current code status wishes. Ms. [NAME] enjoys 1:1's for support and conversation. Ms. [NAME] reports feeling down and feeling tired; mood indicators noted during PHQ09 resident assessment for mood. Ms. [NAME] continues to receive sertraline r/t DX depression and duloxetine r/t DX depression. Per nurse's PN resident was noted refusing her medication on [DATE]; refusal is a lifestyle choice and preference; POC updated to reflect refusal. Care plan meeting invite mailed to RP on this date per LMSW with a meeting scheduled with the IDT and RP. SS will continue to monitor for any significant changes, while providing appropriate interventions.</p> <p>On [DATE] at 11:55 AM resident's representative stated she had not been invited/notified of care plan meetings in the past year or more and feels like they are out of the loop when it comes to their mother's care. The Social Worker use to give them a call and send a letter letting them know when the meeting would be. If they were unable to attend, they could call and listen. The resident representative stated that's when they would concerns, and ask questions about what was just discussed but I am not sure why that is no longer happening. I only get a call if something major had gone on like a fall. They recently changed my mother's medication and I was not made aware until I came for a visit one weekend and took for an outing. When the nurse gave my mom her 11 AM medication and gave me her 2 PM medication to give her while we were out it was different from the pervious times and that's when the nurse told me about the change.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 9:06 AM, the Licensed Social Worker (LSW) ([NAME] Pepchinski) stated that resident #98's representative is sent a letter and receives a phone call informing them of the resident's care plan meetings. When the representative could they did physically attend and if unable they would be in attendance via telephone. The resident's representative was very active in attending the care plan meetings and the I was not sure how/why the representative had not been invited, that was my oversight. Typically after the care plan meeting a copy of the plan of care is mailed to the representative and they would call if they had any further questions or concerns. LSW stated resident #98 was over due for a meeting but was not sure of the schedule of completion or how often up dates are conducted.</p> <p>On [DATE] at 12:11 PM, the Interim Director of Nursing (DON) stated care plan meetings with/for the long term care residents were to conducted quarterly and that the Licensed Social Worker (LSW) is responsible for notifying the residents/representatives and conducting those meetings. The LSW coordinates with those families via letter and telephone when the meetings will be held. The IDON stated they could not verify if the LSW was in fact coordinating with those families/representatives. The IDON stated the care plan meetings were an opportunity for the interdisciplinary team to discuss with the resident and representative if in attendance, the resident's needs/preferences and any concerns, so that we all are on the same page. The IDON stated that they were not aware that care plan meetings were not being conducted and that families/representatives of those resident's who wished to attend were not being notified. The LSW's notes were very detailed and I would not be able to do the assessments if not.</p> <p>Resident #138</p> <p>FTag Initiation</p> <p>Review of Resident #138's Face Sheet indicated the facility admitted the resident on [DATE], with a diagnosis of but not limited to end stage renal disease, psoas muscle abscess, generalized muscle weakness, cognitive communication deficit, phobic anxiety disorder, unspecified, oppositional defiant disorder, shortness of breath, bilateral primary osteoarthritis of hip, hypertensive heart disease without heart failure, atherosclerotic heart disease of native coronary artery without angina pectoris, insomnia due to other mental disorder</p> <p>Review of Resident #138's Quarterly Minimum Data Set (MDS) dated [DATE], revealed resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #138 required setup/clean-up assistance with eating, oral hygiene, and personal hygiene. Resident # 138 was dependent on staff for toileting, showering and lower body dressing. Resident does not use a wheelchair for mobility.</p> <p>Review of resident #138's care plan revised [DATE], resident is not care planned for notification/participation in care plan meetings.</p> <p>On [DATE] at 11:54 AM, resident stated they have not had a care plan meeting in months and no one (staff) discusses the care or if anything had changed with me.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 9:06 AM, the Licensed Social Worker (LSW) ([NAME] Pepchinski) stated they could not recall the date of resident #138's last care plan meeting or if the resident was made aware of the meeting. LSW did acknowledge that resident #138 was over due for a meeting but was not sure of the schedule of completion or how often up dates are conducted.</p> <p>On [DATE] at 12:11 PM, the Interim Director of Nursing (DON) stated care plan meetings with/for the long term care residents were to conducted quarterly and that the Licensed Social Worker (LSW) is responsible for notifying the residents/representatives and conducting those meetings. The LSW coordinates with those families via letter and telephone when the meetings will be held. The IDON stated they could not verify if the LSW was in fact coordinating with those families/representatives. The IDON stated the care plan meetings were an opportunity for the interdisciplinary team to discuss with the resident and representative if in attendance, the resident's needs/preferences and any concerns, so that we all are on the same page. The IDON stated that they were not aware that care plan meetings were not being conducted and that families/representatives of those resident's who wished to attend were not being notified. The LSW's notes were very detailed and I would not be able to do the assessments if not.</p> <p>Review of resident record revealed resident had been seen by Physician [NAME], MD has recent as [DATE].</p> <p>On [DATE] at 9:31 AM, the Interim Director of Nursing (IDON) stated the Medical Doctor rounds every Wednesday evening and was at the facility yesterday ([DATE]). The notes were uploaded to each resident's chart once the notes are dictated.</p> <p>48835</p> <p>Resident #31</p> <p>FTag Initiation</p> <p>Admit [DATE] Allergic: Flomax, CPR, DOM [DATE], 80 y/o</p> <p>[DATE] 12:53 PM Says I can't remember being invited to a care plan meeting for him.</p> <p>Interview with MDS [DATE] at 10:50 AM SS write a note to invite. We do not sign anything that we are in attendance in a care plan meeting. SS is the folks who contact the family members, RP, POA's. I've never had a sit down with a family member. SS takes care of the Q CP meeting. We assess for the MDS, but we do not hold the care plan meeting.</p> <p>[DATE] at 11:01 am [NAME] Cook, Interim DON said, SS records who is present in the meeting. we don't sign anything.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>,d+[DATE] at 11:05 am [NAME] SS Typically SW schedules the meetings. I mail the letter to the family. I don't know what the regulation was for the timing of the MDS. SW, Nursing, Activities, Therapy if on caseload, Dietary are in attendance. I have a sign in sheet for those in attendance. She stated I don't have any notes for [NAME] and his care plan meetings or attendance. I don't have a reason why not. It is safe to say there has been no care plan meeting for him. There was confusion on who should be conducting them or how often they have to be conducted. I'm not sure if I am to schedule a month later, a week later or , d+[DATE] days later. I will have been here 4 years in September.</p> <p>Requested policy</p> <p>MDS</p> <p>[DATE] Q</p> <p>[DATE] Q</p> <p>[DATE] Q</p> <p>[DATE] Admission Assessment</p> <p>Interview with Interim DON [NAME] Cook</p> <p>[DATE] at [NAME] 12:14 pm Make sure all disciplines are ok with all needs etc and what the patient family and preferences. We do a 48 hour CP meeting. New admissions, then monthly. LTC is Q, unless they come in new. We do them in the morning in our PDPM meeting. For the goals for discharge. we have therapy, nursing, SS and billing in there. [NAME] is who I go to. She documents she speaks to families. She lets us know what the family needs. If someone requests a family meeting, we complete those, for special situations. If families cant be in here, Cole will call the short term resident families and reach out to him. If they've had a change in there dx, [NAME] will conduct those meetings. I'm not aware of residents not having a care plan meeting. The care plan meeting should be available at any time.</p> <p>Call bells, I expect them to be answered within 2 minutes. The call bell should be within their reach. We do room rounds, all rooms are assigned. We have a check off sheet for that. It is completed 1 x day. It is not acceptable for the call light to be on the curtain and strung up over the light above the HOB, unless it is there preference.</p> <p>Oxygen- concentrator, sign posted at door o2 in room. Orders for o2. Tubing is changed weekly. Wednesdays. We date all the o2 tubing. The rate should follow the P.O.</p> <p>For room changes, they should tell the resident if they are able. We also call the R.P. Patients have a choice. If something happens in a room and it is deemed unsafe, then we should notify the RP afterwards.</p> <p>[NAME] Cook [DATE] 4pm She stated, I didn't know [NAME] wasn't inviting families to the care plan meetings following the completion of the MDS. She should document when and who is in attendance of each CP.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Will not have any undetected adverse effects from medication.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>Administer medication as ordered. Monitor for side effects and notify physician if observed.</p> <p>Date Initiated: [DATE]</p> <p>Administer treatment as ordered.</p> <p>Enteral Nutrition/Medications: Resident has <input checked="" type="checkbox"/> GT <input type="checkbox"/> JT <input type="checkbox"/> NGT <input type="checkbox"/> Other and is at risk for enteral nutrition complications related to infection</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Will remain free of side effects or complications related to tube feeding.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>precautions are in place, when providing care PPE</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>is in use, sign is on door.</p> <p>Date Initiated: [DATE]</p> <p>Provide enteral tube care as ordered.</p> <p>Date Initiated: [DATE]</p> <p>Provide flushes as ordered.</p> <p>Date Initiated: [DATE]</p> <p>Refer to RD as needed</p> <p>Malnutrition: Resident has a diagnosis of Will not exhibit signs/symptoms Administer nutrition-related medications per physician order, monitor for side LPN</p> <p>D.O.B. [DATE] Physician [NAME]</p> <p>Resident Brown, [NAME] (84402) admitted [DATE] Location D 408 A</p> <p>Facility Sandpiper Post Acute Print Date [DATE]</p> <p>Last Care Plan Review Completed: [DATE]</p> <p>Brown, [NAME] (84402) Page 3 of 9</p> <p>Focus Goal Interventions/Tasks Position Freq/Resolved</p> <p>protein calorie malnutrition as evidenced by</p> <p>diarrhea, dysphagia, ESRD on dialysis,</p> <p>gastrostomy tube, infection, malnutrition,</p> <p>requires enteral nutrition, swallowing</p> <p>problems, wounds, NPO, h/o sig wt</p> <p>changes.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>- Malnutrition: Resident has a diagnosis of</p> <p>protein calorie malnutrition as evidenced by</p> <p>(continued on next page)</p>

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>treatments and intervention</p> <p>measures to prevent further skin breakdown.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>Administer treatments as ordered and monitor for effectiveness.</p> <p>Pressure relief boots as ordered</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>LPN</p> <p>RN</p> <p>WCN</p> <p>Apply barrier cream as indicated.</p> <p>Date Initiated: [DATE]</p> <p>Wound consult as indicated.</p> <p>Resident #273</p> <p>FTag Initiation</p> <p>Admit [DATE] DOB [DATE] Age 70 y/o NKA</p> <p>(continued on next page)</p>

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Spoke to Anitra [NAME], niece [DATE] at 11:59 am She stated, I met him at the Vascular Dr Appt on [DATE]. He was over an hour late getting there. I'm the one who called in the complaint. I kept notes of everything. A few days before, my Aunt went to visit him, she said the odor in his room was horrible. No-one in the center notified me that he was refusing treatments until the day I met him at that appt. The doctor looked at him after cutting off the dressing and said it was embedded into his wound. The dressing was saturated with blood. The date on the dressing was old. He told me he was sending him to the hospital immediately. He said there was nothing he could do for the wound. They send him to MUSC, but he needed to go to [NAME]. But the transport dropped him off at MUSC. Hours later I called [NAME] and they said he was not a patient there. I had gone back to work. I left and went to MUSC and he was there, I took him to [NAME]. They diagnosed him with sepsis and MRSA. They said it was severe. The NP said she'd like to keep here in the facility to monitor the wounds. They said he was difficult. I've never been invited to his care plan meetings. My Aunt said his sheets were soiled with blood and pus and they weren't going to change them but she stayed until they did. He was in a room where the ceiling caved in. He had to be placed in another room. I wasn't notified of that either. I've never been invited to his care plan meetings, I should have. (was 124, then to 105) I've requested his medical records, came there to fill out the paper work, but haven't got anything. I call over there and no-one ever answers the phones. He's doing ok and I got him an apartment. He gets wound care and a lot of services from the community.</p> <p>Review of his South Carolina Healthcare POA dated and signed [DATE] lists Anitra [NAME].</p> <p>[DATE] SBAR send to MD appointment, then was sent to ER from the appt.</p> <p>See [DATE] Progress note- MD Refusing tx, allows certain nurses to change dressing.</p> <p>Type 3 left open midfoot and forefoot fractures, I &amp; D completed [DATE]</p> <p>See [DATE] SS Note</p> <p>Diagnosis:</p> <p>OTHER FRACTURE OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) [DATE] Primary [DATE] skennedy7</p> <p>view M62.81 T MUSCLE WEAKNESS (GENERALIZED) N/A, not an acceptable Primary Diagnosis [DATE] A [DATE] skennedy7</p> <p>view R26.2 T DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED N/A, not an acceptable Primary Diagnosis [DATE] B [DATE] skennedy7</p> <p>view R13.10 T DYSPHAGIA, UNSPECIFIED N/A, not an acceptable Primary Diagnosis [DATE] C [DATE] skennedy7</p> <p>view R41.841 T COGNITIVE COMMUNICATION DEFICIT N/A, not an acceptable Primary Diagnosis [DATE] D [DATE] skennedy7</p> <p>view S22.089D UNSPECIFIED FRACTURE OF T11-T12 VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Major Joint Replacement or Spinal Surgery [DATE] E [DATE] skennedy7</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>view S06.5X0D TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, SUBSEQUENT ENCOUNTER SLP Acute Neurologic [DATE] F [DATE] skennedy7</p> <p>view S22.32XD FRACTURE OF ONE RIB, LEFT SIDE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Non-Surgical Orthopedic/Musculoskeletal [DATE] G [DATE] skennedy7</p> <p>view S12.401D UNSPECIFIED NONDISPLACED FRACTURE OF FIFTH CERVICAL VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Major Joint Replacement or Spinal Surgery [DATE] H [DATE] skennedy7</p> <p>view F33.9 MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED Medical Management [DATE] Rank N/A [DATE] skennedy7</p> <p>view G47.00 INSOMNIA, UNSPECIFIED N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p> <p>view E43 UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION NTA (1 pts) Medical Management [DATE] Rank N/A [DATE] skennedy7</p> <p>view T07.XXXD UNSPECIFIED MULTIPLE INJURIES, SUBSEQUENT ENCOUNTER Medical Management [DATE] Rank N/A [DATE] skennedy7</p> <p>view F05 DELIRIUM DUE TO KNOWN PHYSIOLOGICAL CONDITION N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p> <p>view D62 ACUTE POSTHEMORRHAGIC ANEMIA Medical Management [DATE] Rank N/A [DATE] skennedy7</p> <p>view R52 PAIN, UNSPECIFIED N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p> <p>view G93.40 ENCEPHALOPATHY, UNSPECIFIED Acute Neurologic [DATE] Rank N/A [DATE] skennedy7</p> <p>view F10.10 ALCOHOL ABUSE, UNCOMPLICATED Medical Management [DATE] Rank N/A [DATE] skennedy7</p> <p>view K59.00 CONSTIPATION, UNSPECIFIED N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p> <p>view Z74.09 OTHER REDUCED MOBILITY N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p> <p>view F10.921 ALCOHOL USE, UNSPECIFIED WITH INTOXICATION DELIRIUM N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p> <p>view S32.10XD UNSPECIFIED FRACTURE OF SACRUM, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Non-Surgical Orthopedic/Musculoskeletal [DATE] Rank N/A [DATE] skennedy7</p> <p>view S62.609D FRACTURE OF UNSPECIFIED PHALANX OF UNSPECIFIED FINGER, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] skennedy7</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>view J95.821 ACUTE POSTPROCEDURAL RESPIRATORY FAILURE NTA (1 pts) Pulmonary [DATE] Rank N/A [DATE] skennedy7</p> <p>view R47.01 APHASIA SLP Acute Neurologic [DATE] Rank N/A [DATE] skennedy7</p> <p>view R47.1 DYSARTHRIA AND ANARTHRIA Medical Management [DATE] Rank N/A [DATE] skennedy7</p> <p>view T14.90XD INJURY, UNSPECIFIED, SUBSEQUENT ENCOUNTER</p> <p>Orders</p> <p>PRESSURE RELIEF BOOTS AS TOLERATED WHEN IN BED</p> <p>every shift</p> <p>[DATE] CLEANSE R FOOT WITH DAKINS PAT DRY APPLY BETADINE TO HEEL AND BETWEEN ALL TOES WEAVE betadine between toes and SILVER ALGINATE UNDER TOES APPLY silver WOUND GEL TO OPEN AREA TO TOP OF FOOT AND ANKLE WRAP FOOT TOES TO ANKLE WITH KERLIX AND SECURE DAILY every shift</p> <p>Pro Source 30 ml BID</p> <p>Regular, Large Portion diet, Regular texture, Thin Liquids consistency</p> <p>Acetaminophen Oral Tablet 325 MG (Acetaminophen)</p> <p>Give 2 tablet by mouth three times a day for pain</p> <p>Thiamine HCl Oral Tablet 100 MG (Thiamine HCl)</p> <p>oxyCODONE HCl Oral Tablet 5 MG (Oxycodone HCl) Give 1 tablet by mouth every 8 hours as needed</p> <p>Ferrous Sulfate Oral Tablet 325 (65 Fe) MG (Ferrous Sulfate)</p> <p>Give 1 tablet by mouth one time a day every other</p> <p>No grievances for L. [NAME].</p> <p>Progress Notes</p> <p>[DATE] 11:50 Nurse's Note</p> <p>Note Text: Per facility appt scheduler, [NAME], resident being sent to ER from outside wound care appt. Resident niece aware of situation. NP [NAME] aware of situation.</p> <p>[DATE] 09:41 Nurse's Note</p> <p>Note Text: Resident left for outside appt via w/c transfer by facility transportation.</p> <p>(continued on next page)</p>

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>[DATE] 08:10 Alert Note</p> <p>Note Text: UPONN ENTERING ROOM FOR WOUND ROUNDS RES NOTED TO BE WALKING IN ROOM BAREFOOT WITHOUT ASSISTANT DEVICES RES DECLINED EVAL STATING HAS APPOINTMENT TODAY</p> <p>[DATE] 17:51 Nurse's Note</p> <p>Note Text: Resident representative (Anitra) at bed side, requests care plan meeting and update. States she is ill-informed of prognosis. This nurse assured her she would be contacted by the proper facility members. Resident comfortable in bed. VS WNL. Bed locked and lowered. Call bell within reach. Will continue to monitor.</p> <p>[DATE] 13:33 Nurse's Note</p> <p>Note Text: Wound Nurse &amp; this nurse attempted to talk with RP in regards to upcoming vascular appt &amp; to answer any further concerns/issues with resident's nursing care @ facility. Called RP's mobile number, no answer &amp; unable to leave message @ this time.</p> <p>[DATE] 13:40 Nurse's Note</p> <p>Note Text: resident returned from appt via gurney transport</p> <p>[DATE] 13:07 Nurse's Note</p> <p>Note Text: Resident left for outside appt at approx 1100</p> <p>POST FALL EVAL [DATE] High Risk Score 16</p> <p>[DATE] SBAR- Reported self for Family/Resident Representative Notification.</p> <p>[DATE] 13:45 Nurse's Note Late Entry: Note Text: Resident was found on the floor by CNA in passing, Resident was found in sitting position on BL knees. Nursing Y Y</p> <p>[DATE] 13:25 Nurse's Note</p> <p>Note Text: Resident found on floor by CNA staff, in a sitting position on BL knees in RR. Resident stated the cushion in the chair caused him to fall. Resident vital signs were obtained, and resident was evaluated by nurse, no injuries noted on this shift.</p> <p>[DATE] 08:32 Nurse's Note</p> <p>Note Text: Resident's niece followed up with resident post fall and appointment from yesterday. Stated she will be here shortly.</p> <p>TAR-</p> <p>[DATE] records order twice a day for right foot dressing change. One hole on TAR. On [DATE] coded 9, Other, see NN.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] 7a-7p documented code, 9, Other, see NN.</p> <p>[DATE] documented with a code 8, Resident Preference. On [DATE] documented a 6, Resident hospitalized .</p> <p>[DATE]st, 2024 documented code, 9, Other, see NN.</p> <p>[DATE] 14:34 eMar - Medication Administration Note</p> <p>Note Text: CLEANSE R FOOT WITH DAKINS PAT DRY APPLY BETADINE TO HEEL AND BETWEEN ALL TOES WEAVE SILVER ALGINATE BETWEEN TOES AND UNDER TOES APPLY WOUND GEL TO OPEN AREA TO TOP OF FOOT AND ANKLE COVER BOTH WITH COLLAGEN SHEET WRAP FOOT TOES TO ANKLE WITH KERLIX AND SECURE DAILY</p> <p>every day shift</p> <p>Resident appears to be AOx3 and able to make needs for self known. Resident refused routine dressing change this shift. Educated on risks of refusal though resident continues to refuse stating, I want to get it done tomorrow.</p> <p>[DATE] at 9:15 am [NAME] Pepchinski, SS. Typically if they are there own RP, we inform the resident and inform the POA as well. We do a room change evaluation and a note. I typically will do a follow up note too. She said we will still notify RP if there is a safety concern in the room that is posing a risk to residents. She said Cole was the SS and there is only one note from him in the record. We typically address and discuss any room changes and things that happen.</p> <p>[DATE] 9:23 AM [NAME] Cole [NAME] SS. I wasn't aware of that. I don't remember the room change. If a nurse or someone would have notified me</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48835</p> <p>Resident #24</p> <p>FTag Initiation</p> <p>NKA, DOB [DATE], 71 y/o, CPR, Initial Admit [DATE], reentry [DATE].</p> <p>[DATE] 02:48 PM I used the rails. I understand why they did it, but they didn't assessed. They should have assessed me instead of taking it away. I can reposition with the trapeze, I've had it on my bed for a long time. I only have one good arm to use it. They've tried other things, but they didn't work.</p> <p>SS [NAME], 9:33 am I recently completed a teleride for him for transportation. It allows him to go out to the store, to see his son who is a barber. He got his new ID. HE goes to the store sometimes. He looks forward to getting out f the building. He signs out etc. He hasn't spoken to me about the side rails. Risk Nurse Manager, [NAME].</p> <p>Diagnosis:</p> <p>HEMIPLEGIA AND HEMIPARETIC FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE SLP Acute Neurologic [DATE] Primary Admitting Dx (#69) [DATE] dharshman</p> <p>view E11.8 T TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS NTA (2 pts) Medical Management [DATE] B Active Dx [DATE] slemon</p> <p>view E83.42 HYPOMAGNESEMIA Medical Management [DATE] Rank N/A [DATE] lcook5</p> <p>view R05.9 COUGH, UNSPECIFIED N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] lcook5</p> <p>view M62.81 T MUSCLE WEAKNESS (GENERALIZED) N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A [DATE] llemire</p> <p>view M62.838 OTHER MUSCLE SPASM N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A During Stay [DATE] bhome</p> <p>view L73.2 HIDRADENITIS SUPPURATIVA N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A Active Dx [DATE] wgreene</p> <p>view Z91.81 HISTORY OF FALLING N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A Active Dx [DATE] dharshman</p> <p>view I11.9 T HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE Cardiovascular and Coagulations [DATE] Rank N/A [DATE] jbrown14</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>view Z99.89 DEPENDENCE ON OTHER ENABLING MACHINES AND DEVICES CPAP N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A Active Dx [DATE] slemon</p> <p>view G47.33 OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC) Medical Management [DATE] Rank N/A Active Dx [DATE] jzamora</p> <p>view F32.9 MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED Medical Management [DATE] Rank N/A Active Dx [DATE] slemon</p> <p>view E78.49 OTHER HYPERLIPIDEMIA Medical Management [DATE] Rank N/A Active Dx [DATE] slemon</p> <p>view D68.51 ACTIVATED PROTEIN C RESISTANCE Cardiovascular and Coagulations [DATE] Rank N/A Active Dx [DATE] slemon</p> <p>view H40.9 UNSPECIFIED GLAUCOMA N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A Active Dx [DATE] sdurham</p> <p>view E55.9 VITAMIN D DEFICIENCY, UNSPECIFIED Medical Management [DATE] Rank N/A Active Dx [DATE] sdurham</p> <p>view N40.0 BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS N/A, not an acceptable Primary Diagnosis [DATE] Rank N/A History [DATE] sdurham</p> <p>view D68.2 HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS Cardiovascular and Coagulations [DATE] Rank N/A History [DATE] sdurham</p> <p>view G40.89 OTHER SEIZURES</p> <p>Orders:</p> <p>Late entry effective [DATE] PT Clarification: Skilled PT [2x/week x 4 weeks]: Tx may include [TE, TA, modalities PRN, w/c mobility, and pt./caregiver edu]. [ TXDX-M62.81]. [ LTG-pt. will perform L rolling with SBA using trapeze bar. THE THERAPY CLARIFICATION ORDER SERVES AS THE PHYSICIAN CERTIFICATION FOR THE THERAPY PLAN OF CARE.</p> <p>one time only for 4 Weeks</p> <p>Other Active [DATE] 11:04 [DATE] [DATE]</p> <p>OT Clarification: Skilled OT 2x/wk x 4wks: Tx may include ADL retraining, transfer training, TE/TA, splinting. TXDX: muscle weakness. LTG Mod A for UB dressing. THE THERAPY CLARIFICATION ORDER SERVES AS THE PHYSICIAN CERTIFICATION FOR THE THERAPY PLAN OF CARE.</p> <p>GuaiFENesin Liquid 100 MG/5ML</p> <p>Cetaphil Moisturizing Lotion (Emollient)</p> <p>Apply to extremities/affected area topically every day and night shift for dry skin with ADLs</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Pharmacy Active [DATE] 19:00 [DATE]</p> <p>There is a black box warning associated with this order. Please click to view details. Apixaban Oral Tablet 5 MG (Apixaban)</p> <p>Give 5 mg by mouth two times a day for cerebral infarction, anticoagulant</p> <p>Pharmacy Active [DATE] 09:00 [DATE]</p> <p>Magnesium Oxide Tablet 400 MG</p> <p>Lexapro Oral Tablet 10 MG (Escitalopram Oxalate)</p> <p>Give 1 tablet by mouth one time a day for Anxiety;Depression (Symptomatic)</p> <p>Pharmacy Active [DATE] 09:30 [DATE]</p> <p>Warning: Controlled Drug There is a black box warning associated with this order. Please click to view details. There is a potential drug interaction with another medication. Please click to view details. oxyCODONE HCl Oral Tablet 5 MG (Oxycodone HCl)</p> <p>Pain evaluation every shift</p> <p>every shift</p> <p>Other Active [DATE] 19:00 [DATE]</p> <p>Norvasc Tablet (amLODIPine Besylate)</p> <p>Give 5 mg by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10);CEREBRAL INFARCTION, UNSPECIFIED (I63.9)</p> <p>Pharmacy Active [DATE] 17:00 [DATE]</p> <p>There is a black box warning associated with this order. Please click to view details. Lisinopril Tablet 20 MG</p> <p>Give 2 tablet by mouth in the morning related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) (40mg)</p> <p>Pharmacy Active [DATE] 09:00 [DATE]</p> <p>Lipitor Tablet 10 MG (Atorvastatin Calcium)</p> <p>Give 1 tablet by mouth one time a day related to OTHER HYPERLIPIDEMIA (E78.49)</p> <p>Pharmacy Active [DATE] 17:00 [DATE]</p> <p>Latanoprost Ophthalmic Solution 0.005 % (Latanoprost)</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Instill 1 drop in both eyes one time a day related to UNSPECIFIED GLAUCOMA (H40.9)</p> <p>Pharmacy Active [DATE] 17:00 [DATE]</p> <p>Dose Warning Keppra Solution 100 MG/ML (LevETIRAcetam)</p> <p>Give 10 ml by mouth in the morning related to OTHER SEIZURES (G40.89)</p> <p>Pharmacy Active [DATE] 09:00 [DATE]</p> <p>Turmeric Capsule 500 MG</p> <p>Give 1 capsule by mouth one time a day for supplement</p> <p>Pharmacy Active [DATE] 09:00 [DATE]</p> <p>Dose Warning Vitamin D3 Capsule 2000 UNIT (Cholecalciferol)</p> <p>Give 2 capsule by mouth one time a day related to VITAMIN D DEFICIENCY, UNSPECIFIED (E55.9)</p> <p>Pharmacy Active [DATE] 09:00 [DATE]</p> <p>There is a black box warning associated with this order. Please click to view details. metFORMIN HCl Tablet 1000 MG</p> <p>Give 1 tablet by mouth two times a day related to TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS (E11.8)</p> <p>Pharmacy Active [DATE] 17:00 [DATE]</p> <p>Baclofen Tablet 10 MG</p> <p>DEVICE: resting hand splint to be worn on LUE during daytime hours as tolerated when up in chair. to be removed at night for hygiene and skin/joint assessment</p> <p>Device: Autopap machine ,d+[DATE]cm of water with mask and supplies</p> <p>No directions specified for order.</p> <p>Other Active [DATE]</p> <p>*I have reviewed and approve of this patient's current plan of care.</p> <p>No directions specified for order.</p> <p>Other Active [DATE]</p> <p>DEVICE: Trapeze bar for bed mobility</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>has individualized cultural preferences related to Other</p> <p>Date Initiated: [DATE]</p> <p>Personal preferences will be honored within facility limits.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>- Personal preferences will be honored within facility limits.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>- Personal preferences will be honored within facility limits.</p> <p>Date Initiated: [DATE]</p> <p>per resident request to remind wandering residents that they should not enter the room, a stop sign will be placed on the resident's door</p> <p>Date Initiated: [DATE]</p> <p>I can be manipulative, and provide inaccurate information at times, rejecting care (refusing CPAP, refusing ADL care, showers, bed-bath). I am noted refusing showers; my preference is to receive a bed-bath. I can be demanding at times and</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>request to be up and out of bed, but then refuse when offered by staff. I refuse to have lab work done.</p> <p>-Resident noted refusing CPAP per nursing doc.</p> <p>-Resident noted refusing eye-drops per nursing doc.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>- I can be manipulative, and provide inaccurate information at times, rejecting care (refusing CPAP, refusing ADL care, showers, bed-bath). I am noted refusing showers; my preference is to receive a bed-bath. I can be demanding at times and request to be up and out of bed, but then I will have no evidence of behavior problems by review date.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>I am/have potential to be verbally aggressive and I sometimes use abusive</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>language r/t depression, Insomnia.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>I will verbalize understanding of need to control verbally abusive behavior through the review date.</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>I am at risk for falls related to hx of CVA, impaired mobility, history of falls, forgets Risk for injury/falls will be minimized through the review date.</p> <p>Anticipate and meet my needs.</p> <p>Date Initiated: [DATE]</p> <p>limits, seizures, Mechanical lift for transfers with 2 person assist .</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Risk for injury/falls will be</p> <p>[DATE] at 10:50 AM An interview with [NAME] Regional and [NAME] Rehab Director-She stated I know those 2 assessments showed that he was safe to have the side rails. We have to show and prove we tried other measures before we look at having the side rails replaced. He has a trapeze and he is on therapy care load now. They are using the ladder assistive device for him. We ordered it back in January and it took some time to get it. We started a trial with him and he is able to use it, but he doesn't like it. We trained a couple C. N.A's to asst with it, but he will it use it. We are going to try to use it again for him. I am afraid of the side rails, I have PTSD because of the man that died . His bed rail was very narrow, but he got caught in it. I don't want to go through that again.</p> <p>Review of therapy notes January thru [DATE] for use/education of ladder.</p> <p>minimized</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48835</p> <p>Based on record review, interview, and review of facility policy, the facility failed to notify Resident (R)273's representative of a room change for 1 of 1 resident reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Room Change/Room Assignment revised on May 2017 stated, Documentation of a room change is documented in the facility record. Notice of a room change will include why the change is being made . all parties involved in the change/assignment and their representatives will be given notice of such change .</p> <p>Review of the facility policy titled Change in the Residents Condition or Status revised on February 2021 stated, A nurse will notify the residents representative when there is a need to change the residents room assignment.</p> <p>Review of R273's Face Sheet revealed R273 was admitted to the facility on [DATE] with diagnoses including but not limited to: fracture of right lower leg, left rib fracture, vertebral fracture, cognitive communication deficit, and alcohol abuse.</p> <p>Review of R273's South Carolina Healthcare Power of Attorney (POA), dated and signed 02/02/24, revealed R273 had a responsible party.</p> <p>During an interview on 04/15/24 at 11:59 AM, R273's Responsible Party (RP) stated, My Uncle had to be placed in another room. I wasn't notified of that. There was a leak in the ceiling and then the ceiling caved in.</p> <p>During an interview on 04/16/24 at 9:15 AM, the Social Services Director (SSD) stated, Typically if they are there own RP, we inform the resident and inform the POA as well. We do a room change evaluation and a note. I typically will do a follow up note too. The SSD further stated, We will still notify RP if there is a safety concern in the room that is posing a risk to residents. The SSD reviewed R273's medical record and confirmed there were not any notes regarding why the room change occurred or that there was a room change. The SSD concluded, We typically address and discuss any room changes and things that happen.</p> <p>During an interview on 04/16/24 at 9:23 AM, the Short Term Social Services stated, I wasn't aware of a room change because the ceiling caved in. I don't remember the room change. If a nurse or someone would have notified me I would have documented it and notified the Responsible Party. I would also write a note in the medical record of the room change.</p>

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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>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42424</p> <p>Based on interview, record review, and review of facility policy, the facility failed to prevent a resident-to-resident altercation. Furthermore, the facility neglected to provide care for R58 for 3 of 5 residents reviewed for abuse/neglect.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse and Neglect last revised on 03/31/28, revealed abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. The nurse will assess the individual and document findings. Assessment data will include injury assessment; pain assessment; current behaviors; patient's age and sex; all current medications; all active diagnoses; and behavior over last 24 hours. The physician and staff will help identify risk factors within the facility, for example, significant numbers of residents with unmanaged problematic behaviors.</p> <p>Review of R160's Face Sheet revealed R160 was admitted to the facility on [DATE], with diagnoses including but not limited to: schizophreniform disorder, insomnia due to mental disorder, and delirium due to known physiological disorder.</p> <p>Review of R160's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/21/24, revealed R160 had a Brief Interview of Mental Status (BIMS) score of 8 out of 15 which indicates R160 has moderate cognitive impairment. Further review of the MDS revealed R160 rejected care 1 - 3 days during the assessment period; wandering occurred daily and places the resident at risk for significant danger/wandering significantly intrudes on others.</p> <p>Review of R160's Care Plan revised on 01/17/24, revealed, [R160] is noted with episodes of non-compliance; refusal of care, resident noted refusing Activity of Daily Living (ADL) care per nursing documentation. Interventions include: identify underlying causes; determine resident's experience and preference to eliminate/mitigate trigger to the extent possible; encourage active participation in care.</p> <p>Review of R160's Nurses Note dated 03/31/24, revealed, [R160] and roommate [R117] were arguing over the remote control, I intervened but are not happy. [R160] asked how to get out this place (facility) and I told her she was unable to leave because the doors stay locked at night. Convinced [R160] to lay down for a while and she went to sleep.</p> <p>Review of R160's Nurses Note dated 04/03/24, revealed, [R160] very aggressive with roommate [R117] pushing her out of the room to the hallway. [R117] sat down on the floor and curled up because she feared [R160]. [R160] then pushed the door shut and put a chair in front of the door to prevent anyone from entering the room. We took [R117] to the day room to calm her down and then went to go speak to [R160] and explain that she can't do that, and they stated, I want her [R117] out of here! Several attempts were made and with medication I was able to calm [R160] down, an hour later [R117] returned to her bed. [R160] got up 2 hours later in a better mood.</p> <p>(continued on next page)</p>		

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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>Review of R160's Nurses Note dated 04/03/24, revealed, [R160] transferred to Emergency Department due to change in condition and increase in psychosis. [R160] has schizophreniform disorder with a history of psychosis and delusions. Resident transferred with Emergency Medical Staff (EMS) for evaluation and treatment.</p> <p>Review of R117's Face Sheet revealed R117 was admitted to the facility on [DATE], with diagnoses including but not limited to: generalized osteoarthritis, pain, insomnia, and mixed incontinence.</p> <p>Review of R117's Quarterly MDS with an ARD of 01/18/24 revealed R117 had a BIMS score of 11 out of 15 which indicates that R117 had moderate cognitive impairment. Further review of the MDS revealed R117 had no behaviors during the assessment period.</p> <p>Review of R117's Care Plan last revised on 01/30/24 revealed, R117 is at risk for decreased psycho-social well-being and adjustment issues, emotional distress and ineffective coping skills, poor impulse control, adverse effects on function/mental/social/ or spiritual well-being related to feeling down, depressed, or hopeless. Interventions include will increase participation in activities of daily living and choices about daily care and routines; activities staff to visit and evaluate as needed; encourage family and friends to visit; assess clinical issues that may be causing or contributing to the mood pattern.</p> <p>Review of R117's EMR revealed that R117 did not receive any assessments after the resident-to-resident altercation as required by facility policy.</p> <p>Review of a Nurses Note in R117's Electronic Medical Record (EMR) dated 04/03/24, revealed, Resident was very upset with roommate. The roommate pushed her into the hallway and blocked the door so [R117] could not enter the room. Staff removed [R117] to the day room due to her fearing her roommate [R160]. After an hour the resident [R117] was able to return to the room due the [R160] sleeping in bed.</p> <p>During an interview on 04/17/24 at 3:20 PM, Unit Manager (UM)1 revealed that they were not working on the day of the resident-to-resident altercation but was in contact with the Psychiatric Hospital that R160 was discharged to after the incident, because they did not have one of her psych medications. UM1 described R160's behavior as up and down due to her schizophrenia and at times would be hard to redirect.</p> <p>During an interview on 04/17/24 at 3:15 PM, R117 revealed they had an altercation with R160 a while back. R117 stated the problem had been ongoing with R160 for some time. R160 had attitude changes very often, some days R160 would be ok, other days R160 would flip like a light switch and appear to be two different people. R117 stated they did not believe R160 would do it (be mean) on purpose. R117 further stated they never felt unsafe around R160 just uncomfortable because R160 would go through their things/take their stuff. R117 stated on the day of the incident R160 was in one their moods and R117 was attempting to remove themselves when R160 pushed R117 to the ground. During the interview R117's Resident Representative (RR) was in the room visiting with the resident and stated that she was unaware of the full details of this incident, the facility did notify them that an altercation occurred but did not know the full extent until today during this conversation. RR was upset after finding out the details of this incident.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	
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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 04/17/24 at 3:29 PM, Licensed Practical Nurse (LPN)13 revealed that they were the assigned nurse working on the night of the resident-to-resident altercation. LPN13 stated I witnessed [R160] throw [R117] out of their room, [R160] then barricaded the room with trashcans, a bed, a lot of other room items and herself behind the door and locked the bathroom door so no one could enter from the connecting room's bathroom. It took all of my strength to be able to get inside the room but I eventually was able to with the help of the Certified Nursing Assistants, that were working that night. We were eventually able to get the resident to calm down and take some medications. [R117] was scared to go back into the room even hours after [R160] calmed down, I offered [R117] a different room, but she wanted to stay near the nursing staff. I am not sure why the facility allowed them to continue to be roommates because they were constantly arguing about various things. Originally, [R160] was in the room next door with a hospice resident and because of that resident's decline they did not have any issues but when they moved [R160] with [R117] that's when her behaviors increased because both of those residents are vocal and able to communicate very well at times, and would argue.</p> <p>Review of R58's Face Sheet revealed R58 was admitted to the facility on [DATE], with diagnoses including but limited to: quadriplegia, muscle weakness, retention of urine, irritable bowel syndrome without diarrhea, and major depressive disorder recurrent.</p> <p>Review of R58's Annual MDS with an ARD of 04/02/24, revealed R58 had a BIMS score of 15 out of 15, which indicates R58 is cognitively intact. Further review of the MDS revealed R58 has impairment on both sides with her upper and lower body, and is dependent on staff for all Activities of Daily Living (ADL)s.</p> <p>Review of R58's Bowel Continence Documentation dated 04/11/24, revealed no documentation that this task was completed.</p> <p>Review of R58's Bladder Continence dated 04/11/24, revealed no documentation that this task was completed.</p> <p>Review of R58's Turn and Reposition dated 04/11/24, revealed no documentation that this task was completed.</p> <p>Review of R58's Eating dated 04/11/24 revealed no documentation that this task was completed for the entire day/no meals served on that date.</p> <p>Review of R58's Care Plan revealed, [R58] decides her level of activity involvement she still requires assistance with set up of materials and usage related to physical limitations. [R58] requires assistance with all ADLs related to inability to perform ADL self-care due to quadriplegia, stroke, impaired mobility, contracture of bilateral wrists/hands. [R58] is totally depend on 1 - 2 staff to provide bath/shower. Extensive assistance with feeding due to contracted hands.</p> <p>Review of the Facility's Grievance Logs for the past 6 months, revealed no grievance documented related to R58's concerns.</p> <p>Review of the staffing assignment sheet dated 04/11/24 revealed that CNA8 was assigned to R58. An attempted phone interview with CNA8 on 04/17/24 at 5:03 PM was unsuccessful, a voicemail was left with callback information.</p> <p>(continued on next page)</p>		

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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 04/14/24 at 1:21 PM, R58 revealed that she recently filed a grievance with the facility because staff were disrespectful towards her on 04/11/24 and did not provide her care until the evening. R58 went into detail about having to sit in her urine and feces all day due to staff neglect. R58 stated that she did not eat until dinner and that was the first time that day that anyone had come into her room to take care of her. R58 further stated that she spoke with the Administrator about treatment/care on that date (04/11/24).</p> <p>During a follow up interview on 04/17/24 at 11:39 AM, R58 confirmed that she filed a grievance with the facility and that she witnessed staff write it for her because she is unable to write due to being quadriplegic. R58 stated that she spoke with staff about this incident on 04/12/24 the following day after the alleged neglect.</p> <p>During an interview on 04/17/24 at 11:50 AM, the Director of Clinical Services revealed that the Administration is aware of allegations of neglect and had spoken to the resident related to her care on 04/11/24. They further stated that Certified Nursing Assistant (CNA)8 is an agency staff and is no longer allowed to return to the facility due to not performing their appropriate job duties for R58 on 04/11/24. They finally stated that they reported this incident to the state agency on 04/27/24 (6 days after the alleged neglect).</p> <p>During a phone interview with CNA3 on 04/17/24 at 12:17 PM, revealed that they have been working at the facility for 2 years and is very familiar with R58 and stated that they worked at the facility on 04/11/24 but was not the assigned CNA for R58. They are unsure if R58 was assisted with breakfast or lunch but saw Licensed Practical Nurse (LPN)5 feed R58 dinner that night and all of R58 ADLs were completed for the day. CNA3 further stated that they are unsure if LPN5 documented in the Electronic Medical Record (EMR) that her tasks were completed.</p> <p>During an interview on 04/17/24 at 1:00 PM, LPN5 revealed that they fed R58 on 04/11/24 and provided her with ADL care that evening. LPN5 refused to state whether any care had been provided to R58 prior to them assisting. LPN5 further stated that she could not recall if she had documented in the EMR that she fed and assisted R58 with ADL that evening.</p> <p>During an interview on 04/17/24, the Administrator and Nurse Consultant (NC)1, revealed that a grievance was not officially filed for this resident and the facility did not report the potential neglect allegation to the state agency. The Administrator stated that when he spoke to the resident on 04/12/24 after the incident the resident did not mention any neglect allegation and that she only mentioned that she was upset because CNA3 stated that her back was hurting and the resident felt like she was being disrespectful because she felt the CNA insinuating she didn't want to assist her due to her weight because the resident is sensitive about her weight. The Administrator further stated that he did not feel like this was a grievance because the resident was just upset about the CNA insinuating that she was overweight but was not aware that the resident had care concerns. If the resident had mentioned anything related to care, then I would have filed a grievance, but she didn't. It is the policy for the facility to file grievances when the resident has concerns.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42424</p> <p>Based on interview, record review, and review of facility policy the facility failed to report a resident-to-resident altercation and an allegation of neglect to the state agency in a timely manner as required by federal regulation, for 3 of 5 residents reviewed for abuse/neglect.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse and Neglect last revised on 03/31/28, revealed, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source shall be promptly reported to local, state, and federal agencies and thoroughly investigated by facility management. Findings of abuse investigations will also be reported. All aged violations of involving abuse, neglect, exploitation, or mistreatment including injuries of an unknown source and misappropriation of property will be reported to the facility Administrator, or his/her designee, to the following persons or agencies: the state licensing/certification agency responsible for surveying licensing the facility; the local/state Ombudsman; the Resident Representative (RR) of record; law enforcement officials; the resident's Attending Physician; and the facility Medical Director. All alleged violations of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but no later than 2 hours if the alleged violation involves abuse or has resulted in serious bodily injury; or 24 hours if the alleged violation does not involve abuse and has not resulted in serious bodily injury.</p> <p>Review of R160's Face Sheet revealed R160 was admitted to the facility on [DATE], with diagnoses including but not limited to: schizophreniform disorder, insomnia due to mental disorder, delirium due to known physiological disorder.</p> <p>Review of R117's Face Sheet revealed R117 was admitted to the facility on [DATE], with diagnoses including but not limited to: generalized osteoarthritis, pain, insomnia, and mixed incontinence.</p> <p>Review of R160's Nurses Note dated 04/03/24 revealed, [R160] very aggressive with roommate [R117] pushing her out of the room to the hallway. [R117] sat down on the floor and curled up because she feared [R160]. [R160] then pushed the door shut and put a chair in front of the door to prevent anyone from entering the room. We took [R117] to the day room to calm her down and then went to go speak to [R160] and explain that she can't do that, and they stated, I want her [R117] out of here! Several attempts were made and with medication I was able to calm [R160] down, an hour later [R117] returned to her bed. [R160] got up 2 hours later in a better mood.</p> <p>During an interview on 04/17/24 at 5:42 PM, the Administrator and Nuse Consultant (NC)1 revealed the facility did not report this resident-to-resident altercation because they were unaware it was a physical altercation and believed that it was just verbal.</p> <p>Review of R58's Face Sheet revealed R58 was admitted to the facility on [DATE], with diagnoses including but limited to: quadriplegia, muscle weakness, retention of urine, irritable bowel syndrome without diarrhea, and major depressive disorder recurrent.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/14/24 at 1:21 PM, R58 revealed that she recently filed a grievance with the facility because staff were disrespectful towards her on 04/11/24 and did not provide her care until the evening. R58 went into detail about having to sit in her urine and feces all day due to staff neglect. R58 stated that she did not eat until dinner and that was the first time that day that anyone had come into her room to take care of her and that she spoke with the Administrator about treatment/care on that date (04/11/24).</p> <p>During an interview on 04/17/24 at 11:50 AM, the Director of Clinical Services revealed that the Administration is aware of allegations of neglect and had spoken to the resident related to her care on 04/11/24.</p> <p>During an interview on 04/17/24 at an unspecified time, the Administrator and NC1 revealed that a grievance was not officially filed for this resident and the facility did not report the potential neglect allegation to the state agency.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47812</p> <p>Resident #138</p> <p>Activities</p> <p>Review of Resident #138's Face Sheet indicated the facility admitted the resident on 01/20/2023, with a diagnosis of but not limited to end stage renal disease, psoas muscle abscess, generalized muscle weakness, cognitive communication deficit, phobic anxiety disorder, unspecified, oppositional defiant disorder, shortness of breath, bilateral primary osteoarthritis of hip, hypertensive heart disease without heart failure, atherosclerotic heart disease of native coronary artery without angina pectoris, insomnia due to other mental disorder</p> <p>Review of Resident #138's Quarterly Minimum Data Set (MDS) dated [DATE], revealed resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #138 required setup/clean-up assistance with eating, oral hygiene, and personal hygiene. Resident # 138 was dependent on staff for toileting, showering and lower body dressing. Resident does not use a wheelchair for mobility.</p> <p>Review of resident #138's care plan revised 02/13/2024, revealed resident had expressed interest in, in room independent activities when not engaged in therapy. Date Initiated: 02/06/2023. Resident's goals included resident would receive in room visits at least twice per week to assess for any needed materials through next review. Date Initiated: 02/06/2023; Revision on: 02/13/2024 Target Date: 05/01/2024. Interventions included providing activity calendar in room explaining any activities of interest, providing cable channel line up for watching his favorite programs, resident was allergic to cats .Give the resident as many choices as possible about care and activities. Date Initiated: 05/17/2023. Provide appropriate activities of interest to enhance resident's psychosocial wellbeing and quality of life. Date Initiated: 11/14/2023</p> <p>Review of Resident #138's physician's orders revealed Trazodone HCl Tablet 50 MG, Give 1 tablet by mouth at bedtime; Gabapentin Oral Capsule 300 MG, Give 1 capsule by mouth two times a day, Hydralazine HCl Oral Tablet 25 MG, Give 2 tablet by mouth four times a day</p> <p>On 04/14/2024 at 11:54 AM, resident stated they do not engage in any activities because non are provided. Staff does not get resident up out bed and no activities are brought to the resident's room. Resident #138 stated the only time staff gets them up is on the days he attends dialysis.</p> <p>On 04/17/2024 at 8:43 AM, the Activities Assistant (AA) (Lillia Bell Nick) resident #138 refuses in room activities often which they have the right to do. AA stated they perform room rounds daily however resident #138 is only seen once a week due to their dialysis schedule. The Activities Director (AD) had kept a record of residents who had/had not participated in activities unfortunately we can not access it and the AD had since resigned. The AA stated that they have not documented resident #138's refusals of in room activities.</p> <p>(continued on next page)</p>		

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F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	04/17/2024 at 9:12 AM, the interim Director of Nursing (IDON) stated the resident had asked for some in room activities and was aware that he often refuses. The resident had at one point engaged in group activities but after a positive Covid test does not. The resident's refusals should be document so that they can be care planned accordingly. The former Activities Director had attendance records but of course when they left we lost access to their records.		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47812</p> <p>Resident #138</p> <p>Activities</p> <p>Review of Resident #138's Face Sheet indicated the facility admitted the resident on 01/20/2023, with a diagnosis of but not limited to end stage renal disease, psoas muscle abscess, generalized muscle weakness, cognitive communication deficit, phobic anxiety disorder, unspecified, oppositional defiant disorder, shortness of breath, bilateral primary osteoarthritis of hip, hypertensive heart disease without heart failure, atherosclerotic heart disease of native coronary artery without angina pectoris, insomnia due to other mental disorder</p> <p>Review of Resident #138's Quarterly Minimum Data Set (MDS) dated [DATE], revealed resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #138 required setup/clean-up assistance with eating, oral hygiene, and personal hygiene. Resident # 138 was dependent on staff for toileting, showering and lower body dressing. Resident does not use a wheelchair for mobility.</p> <p>Review of resident #138's care plan revised 02/13/2024, revealed resident had expressed interest in, in room independent activities when not engaged in therapy. Date Initiated: 02/06/2023. Resident's goals included resident would receive in room visits at least twice per week to assess for any needed materials through next review. Date Initiated: 02/06/2023; Revision on: 02/13/2024 Target Date: 05/01/2024. Interventions included providing activity calendar in room explaining any activities of interest, providing cable channel line up for watching his favorite programs, resident was allergic to cats .Give the resident as many choices as possible about care and activities. Date Initiated: 05/17/2023. Provide appropriate activities of interest to enhance resident's psychosocial wellbeing and quality of life. Date Initiated: 11/14/2023</p> <p>Review of Resident #138's physician's orders revealed Trazodone HCl Tablet 50 MG, Give 1 tablet by mouth at bedtime; Gabapentin Oral Capsule 300 MG, Give 1 capsule by mouth two times a day, Hydralazine HCl Oral Tablet 25 MG, Give 2 tablet by mouth four times a day</p> <p>On 04/14/2024 at 11:54 AM, resident stated they do not engage in any activities because non are provided. Staff does not get resident up out bed and no activities are brought to the resident's room. Resident #138 stated the only time staff gets them up is on the days he attends dialysis.</p> <p>On 04/17/2024 at 8:43 AM, the Activities Assistant (AA) (Lillia Bell Nick) resident #138 refuses in room activities often which they have the right to do. AA stated they perform room rounds daily however resident #138 is only seen once a week due to their dialysis schedule. The Activities Director (AD) had kept a record of residents who had/had not participated in activities unfortunately we can not access it and the AD had since resigned. The AA stated that they have not documented resident #138's refusals of in room activities.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/17/2024 at 9:12 AM, the interim Director of Nursing (IDON) stated the resident had asked for some in room activities and was aware that he often refuses. The resident had at one point engaged in group activities but after a positive Covid test does not. The resident's refusals should be document so that they can be care planned accordingly. The former Activities Director had attendance records but of course when they left we lost access to their records.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42424</p> <p>Based on observation, interview, and review of facility policy, the facility failed to provide Resident (R)60 with Activities of Daily Living (ADL) care, for 1 of 4 residents reviewed for ADLs.</p> <p>Finding include:</p> <p>Review of the facility policy titled ADLs, Supporting last revised on 03/31/18 revealed, Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADLs. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care).</p> <p>Review of R60's Face Sheet revealed R60 was admitted to the facility on [DATE] with diagnoses including but not limited to: chronic obstructive pulmonary disease, congestive heart failure, major depressive disorder, muscle weakness, rheumatoid, dementia with behaviors, anxiety disorder due to known physiological condition, and chronic pain.</p> <p>Review R60's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/15/24 revealed that R60 had a Brief Interview of Mental Status (BIMS) score of 10 out of 15 which indicated R60 had moderate cognitive impairment. Further review of the Quarterly MDS revealed R60 is dependent on staff for all ADLs.</p> <p>During an observation on 04/14/24 at 11:38 AM, R60 was laying in bed, wearing a nightgown, R60's hair was disheveled and she was in need of facial and oral care.</p> <p>During an observation on 04/15/24 at 8:37 AM, R60 was laying in bed, eating breakfast. R60 was observed with the same disheveled hair from the previous day and the same nightgown. R60 was also still in need of facial and oral care.</p> <p>During an observation on 04/17/24 at 1:30 PM, R60 was wearing the same nightgown and her hair was still disheveled. R60 was still in need of facial and oral care.</p> <p>During an observation on 04/18/24 at 11:00 AM, R60's hair was still disheveled and she was still in need of facial and oral care.</p> <p>During an interview on 04/18/24 at 11:28 AM, Certified Nursing Assistant (CNA)7 revealed that she was the assigned CNA to R60 for the day and admitted not assisting the resident with her ADLs yet for the day.</p> <p>During an interview on 04/18/24, the Director of Nursing revealed that staff are expected to provide basic grooming to residents daily.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42424</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to assess, supervise, and provide proper safety protocols for residents that smoke, for 2 of 6 residents (Resident (R)123 and R101) reviewed for accidents/hazards.</p> <p>On 04/16/24 at 5:17 PM, the Administrator was notified that the failure to conduct smoking assessments, ensure residents were adequately supervised during smoking, ensuring safety protocols, and providing a safe environment for residents that smoke constituted Immediate Jeopardy (IJ) at F689.</p> <p>On 04/16/24 at 5:17 PM, the survey team provided the Administrator with a copy of the Center of Medicare and Medicaid (CMS) IJ Template and informed the facility IJ existed as of 04/10/24 at 4:33 PM. The IJ was related to 42 CFR 483.25 - Quality of Care.</p> <p>On 04/17/24 the facility provided an acceptable IJ Removal Plan. On 04/18/24 at 8:40 AM the survey team, validated the facility's corrective actions and removed the IJ as of 04/16/24. The facility remained out of compliance at F689 at a lower scope and severity of D.</p> <p>An extended survey was conducted in conjunction with the Recertification Survey for non-compliance at F689, constituting substandard quality of care.</p> <p>Findings include:</p> <p>Review of the facility policy titled Smoking Policy - Residents last revised on 10/31/23 revealed, This facility has established and maintain safe resident smoking practices. Prior to, and upon admission, residents are informed of the facility smoking policy, including designated smoking areas, and the extent to which the facility can accommodate their smoking or non-smoking preferences. Smoking is only permitted in designated resident smoking areas, which are located outside of the building. Smoking is not allowed in the facility under any circumstances. Metal containers with self-closing devices are available in smoking areas. Resident smoking status is evaluated upon admission. If a smoker the evaluation includes current level of tobacco consumption; method of tobacco consumption; desire to quit smoking; ability to smoke safely with or without supervision. A resident's ability to smoke safely is re-evaluated quarterly, upon a significant change (physical or cognitive) and as determined by the staff. Residents who have independent smoking privileges are permitted to keep cigarettes/smoking items in their possession. Only disposable safety lighters are permitted and all other forms of lighters including matches are prohibited. Residents are not permitted to give smoking items to other residents. Residents without independent smoking privileges may not have or keep any smoking items, including cigarettes, tobacco, etc. except under direct supervision. Staff members and volunteers are not permitted to purchase and/or provide any smoking items for residents.</p> <p>Review of R123's Face Sheet revealed R123 was admitted to the facility on [DATE], with diagnoses including but not limited to: nicotine dependence cigarettes uncomplicated, generalized anxiety disorder, alcohol dependence with alcohol induced mood disorder, and cognitive communication deficit.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of R123's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 01/10/24, revealed R132 had a Brief Interview of Mental Status (BIMS) score of 13 out of 15 which indicates R123 is cognitively intact.</p> <p>Review of the Release of Responsibility for Leave of Absence for R123 revealed R123 signed himself out of the facility to smoke on 02/28/24 at 10:22 PM and signed himself back into the facility on [DATE] at 10:35 PM.</p> <p>Review of the Release of Responsibility for Leave of Absence for R123 revealed R123 signed himself out of the facility to smoke on 04/16/24 at 9:55 there was no documentation of AM or PM and no sign in time when the resident returned back inside the facility.</p> <p>Review of R123's Admission Smoking Observation assessment dated [DATE], revealed R123 is a smoker or user of tobacco. R123 smokes 1 - 2 times a day and smokes whenever he wants and can light his own cigarette safely.</p> <p>Review of R123's Electronic Medical Record (EMR) revealed no documentation that R123 was assessed for smoking prior to the assessment dated [DATE].</p> <p>Review of R123's Care Plan last revised for Smoking on 01/05/24 revealed that R123 is a current/former smoker. Interventions include assessing the ability to smoke safely; explaining the risks and consequences of smoking; explaining smoking policy and times to resident and family; respect the resident's wishes about smoking within the facility guidelines.</p> <p>Review of the facility's History of Smoking list did not indicate R123 as a smoker at the facility.</p> <p>Review of an email correspondance titled Smoking Policy and Education Implementation at Sandpiper Post Acute dated 04/10/24 revealed communication between the facility and corporate regarding smoking. The email revealed, We are finally at the point where we feel we could offer supervised smoking times at Sandpiper . Could you and [Regional Consultant] take a look at the revised Policy specific to Sandpiper and our Protocols/Reminders that we created to assist with this transition? As an FYI, [name] ordered the smoking aprons today, next is lock box order with at least 2 keys.</p> <p>During an observation on 04/16/24 at 9:51 AM, R123 was smoking alone, unsupervised while sitting at a picnic table beneath an oak tree to left of entrance to facility parking lot. There were 4 cars parked in parking lot, blocking view to the resident. When approached, R123 put out the cigarette.</p> <p>During an observation and interview on 04/16/24 at 10:00 AM, R123 was in a shaded area near the facilities parking lot. R123 revealed that he signs himself out of the facility to smoke alone. R123 stated he gets the cigarettes and lighter from another resident that is his friend at the facility but refused to disclose the resident specifically. R123 further stated at times his family comes in and brings him cigarettes as well. R123 concluded that he has had 3 strokes over the past few years but enjoys coming outside to smoke. I have to take my time to get through the leaves to make sure I don't fall but I haven't any falls while coming outside.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/16/24 at 10:07 AM, Licensed Practical Nurse (LPN)2 and LPN4 revealed that the policy for the facility is that residents are not allowed to keep cigarettes or lighters in their personal possession. Residents must inform the nursing staff that they would like to smoke and nursing staff will provide residents with smoking materials and ensure that residents are signed out of the facility, cigarettes and lighters are kept in the medication cart with the nurses.</p> <p>During an interview on 04/16/24 at 10:13 AM, LPN5 revealed they were unaware that R123 was a smoker and were unsure of where he received his smoking materials. LPN5 stated they were also unsure of the facilities policies related to residents smoking because she does not have residents that smoke, but is aware of a resident on the C-Wing of the facility that smokes independently and will smoke with other residents at times. LPN5 concluded that some residents smoke outside under the tree but others smoke in the courtyard area of the facility.</p> <p>Review of R101's Face Sheet revealed R101 was admitted to the facility on [DATE], with diagnoses including but not limited to: difficulty in walking, cognitive communication deficit, dysphagia, and psychoactive substance dependence.</p> <p>Review of R101's Quarterly MDS with an ARD of 03/22/24, revealed R101 had a BIMS score of 15 out of 15 which indicates R101 is cognitively intact.</p> <p>Review of R101's Smoking Observation/assessment dated [DATE], revealed R101 is a smoker or user of tobacco products. R101 smokes 2 - 5 times a day in the afternoons, can light his own cigarette and needs a smoking apron for adaptive equipment while smoking. R101 has the potential for injury related to smoking.</p> <p>Review of R101's Care Plan last revised for Smoking on 02/24/24 revealed R101 is a smoker, and the Interdisciplinary team (IDT) has determined that the resident can smoke outside independently. Interventions include explain the risks and consequences of smoking; resident had been educated that this is a nonsmoking facility and staff will continue to educate the resident on the hazards associated with smoking; resident will sign self out prior to going outside the facility to smoke.</p> <p>During an interview on 04/16/24 at 11:07 AM, R101 revealed that he is a smoker and at times provides other residents at the facility with cigarettes but refused to identify any specific residents. R101 stated that he keeps his cigarettes and lighter in his room and showed the area where he hides his cigarettes.</p> <p>During an observation on 04/16/24 at 1:43 PM, of the area that residents smoke at, which is approximately 248 feet from the facility, revealed no ash trays. There were numerous cigarettes on the ground around the picnic bench.</p> <p>During an observation on 04/16/24 at 1:50 PM, the facility's courtyard area revealed no commercial ash trays.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/16/24 at 3:11 PM, the Director of Nursing (DON), Regional Nurse, and Administrator revealed that the facility is currently a non-smoking facility but are in the process of transitioning to being a smoking facility. We started emailing on 04/10/24 to look at polices from other sister facilities that currently allow smoking to address how to notify residents and families. Currently the facility requires residents that smoke to sign out of the facility at the front desk because it is a non-smoking facility, we are not currently supervising residents when they sign out to smoke. Smoking aprons arrived today at the facility for the residents smoking.</p> <p>On 04/17/24 the facility provided an acceptable IJ Removal Plan, which included:</p> <ul style="list-style-type: none"> <li>-Education provided to all residents known to smoke or have a history of smoking on 04/16/24. Process for keeping cigarettes at reception desk not keeping them on their person reviewed as well as process to sign out with receptionist prior to going out to smoking area and that staff would accompany them and supervise.</li> <li>-Smoking evaluations will be completed 04/16/24 for all residents known by staff who currently smoke or have a history of smoking. Previous smoking evaluations were noted to be conflicting related to safety status while smoking.</li> <li>-100% audit on residents known to smoke or have a history of smoking complete to ensure care plans accurately reflect current smoking evaluation.</li> <li>-Education sent to all staff via COVR message on 04/16/24 to ensure understanding of procedure for residents who smoke and that they must sign out at a reception and a staff member will accompany them out to smoking area.</li> <li>-Education provided to all Resident Representatives via message on 04/16/24 to ensure understanding of procedure for residents that a staff member will accompany them out to the smoking area.</li> </ul> <p>ADHOC QA Meeting Held on 4-16-2024:</p> <ul style="list-style-type: none"> <li>-Root cause of issue: Residents are signing out and go outside to smoke. Facility has identified a concern with smoking however the smoking program has not yet been implemented. Facility will ensure safety until smoking program implemented.</li> <li>-Education to resident who have a history of smoking on 4-16-24 to ensure that all are understanding the process for smoking: go to receptionist and sign yourself out and get your smoking items if you have them and you will be accompanied out to smoking area by a staff member to ensure your safety.</li> <li>-Education provided to all staff to ensure understanding of process above and that staff member must accompany resident to smoking area and sit with them and ensure they are safe. A smoking apron will be taken out with them.</li> <li>-Any resident noted smoking any concern of safety related to holding cigarettes, dropping them etc. will be reported to Administrator and Director of Nursing (DON) immediately and smoking evaluation will be completed to ensure current status is correct.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Education/notification will be sent to all RR's on 04/16/24 via COVR message to inform of above process and that smoking will be supervised until smoking program is implemented.</p> <p>-All smoking materials have been gathered by Admin Staff on 4-16-24 and are located at the reception desk in a locked box to be given to resident at the time they sign out and returned to lock box upon reentry of facility.</p> <p>Ongoing Monitoring:</p> <p>Administrator along with RDCS and DON will provide oversight daily to ensure that all residents who smoke are adhering to process and are always accompanied by staff at all times when outside smoking. This will continue until the smoking program is implemented. All newly admitted residents and newly hired staff will be educated to this process to ensure compliance.</p> <p>Monitoring of the smoking program and implementation of new program will be ongoing and taken to Quality Assurance (QA) for evaluation of need to continue the monitoring. Monitoring will be weekly for four weeks then monthly three months then random thereafter.</p> <p>Review of monitoring will be discussed in QA and need for further monitoring evaluated.</p> <p>The above components have been implemented as of 4-16-24 by 7pm.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>49818</p> <p>Based on observation, record review, interviews, and review of the facility's policy, the facility failed to properly position the catheter bag for Residents (R)163, for 1 of 2 residents reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Catheter Care, Urinary revised on August 2022, revealed, Purpose: The purpose of this procedure is to prevent urinary catheter-associated complication, including urinary tract infections. Infection control: 2. Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>Review of R163's Admission Record revealed the facility admitted the resident on 04/11/24 with diagnoses including but not limited to: retention of urine, presence of urogenital implants, and edema.</p> <p>Review of the Order Summary Report' for the month of April 2024, revealed an order, dated 04/01/24, for foley catheter: 16 french 10 cc bulb, and change as needed.</p> <p>Review of R163's Care plan revised on 04/01/24, revealed the resident was at risk for complication with urinary system related to indwelling catheter. Interventions initiated on 03/30/24 revealed to provide catheter care and empty catheter every shift and as needed. Use catheter anchor to secure catheter. Notify Nurse of foul-smelling urine, blood, or discharge. Keep catheter anchored for security and to prevent trauma.</p> <p>Review R163's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/04/24, revealed R163 had a Brief Interview of Mental (BIMS) score of 15 out of 15 indicating R163 was cognitively intact. Further review of the MDS revealed R163 had an indwelling catheter.</p> <p>During an observation on 04/14/24 at 12:05 PM, R163's catheter bag was observed lying on the floor under the bed.</p> <p>During an interview on 04/14/24 at 12:31 PM, Registered Nurse (RN) stated the positioning of catheter bag requires a privacy bag, we do not put it on the floor, and it should be anchored properly. The RN further stated that catheter bags are checked when you start your shift, or the CNAs informs us if there are issues.</p> <p>During an interview on 04/16/24 at 9:06 AM, Licensed Practical Nurse (LPN)1 states that it's an infection control issue with it being on floor.</p> <p>During an interview on 04/16/24 at approximately 10:15 AM, the Infection Control Preventionist (ICP) revealed that she expects folly bags to be attached to the bed or chair (wheelchair or Geri chair) and uninked and not on the floor. The ICP states that everyone is responsible for making sure bags are in the proper position.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/18/24 at 9:01 AM, the Interim Director of Nursing (IDON) stated that catheter bags should be below the bladder but not on floor, the lines should never be kinked, they should have safety lock, and keep privacy covers on them. I have seen some on floor and I provide education done and addressed it when I see it.</p> <p>During an interview on 04/18/24 at 9:24 AM, the Administrator revealed that his expectation for catheter bags is that the bag to be off the floor, but some resident move it themselves. The Administrator explains that for these residents we educate residents on infection control issues and encourage them and move the catheter off floor.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48835</p> <p>Resident #15</p> <p>Respiratory Care</p> <p>[DATE] 12:24 PM Bed in high position. Resident lying in the bed. Appears to need a shave, heavy growth facial hair. O2 in progress. 3.5 Liters. Tubing not dated, O2 humidifier dated [DATE]. Low air loss mattress on his bed.</p> <p>DOB [DATE] 76 y/o, Allergic: Levofloxacin, Morphine, Sulfa Antibiotics, CPR room [ROOM NUMBER] B</p> <p>Dx:</p> <p>MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED(F33.9), UNSPECIFIED ATRIAL FIBRILLATION(I48.91), BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS(N40.0), GASTRO-ESOPHAGEAL</p> <p>REFLUX DISEASE WITHOUT ESOPHAGITIS(K21.9), DRUG-INDUCED THYROIDITIS(E06.4), UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION(E43), EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS</p> <p>(G40.909), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), HYPOKALEMIA(E87.6), HYPOMAGNESEMIA(E83.42), OTHER DISORDERS OF ELECTROLYTE AND FLUID BALANCE, NOT ELSEWHERE CLASSIFIED(E87.8), DYSPHAGIA,</p> <p>OROPHARYNGEAL PHASE(R13.12), PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE(Z87.81), GOUT, UNSPECIFIED(M10.9), PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM(Z87.09),</p> <p>HYPOTHYROIDISM DUE TO MEDICAMENTS AND OTHER EXOGENOUS SUBSTANCES(E03.2), THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM(E05.90), COGNITIVE COMMUNICATION DEFICIT(R41.841),</p> <p>IDIOPATHIC GOUT, MULTIPLE SITES(M10.09), CHRONIC RESPIRATORY FAILURE WITH HYPOXIA(J96.11), BRADYCARDIA, UNSPECIFIED(R00.1), HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT</p> <p>NON-DOMINANT SIDE(I69.354), APHASIA FOLLOWING CEREBRAL INFARCTION(I69.320), DYSPHAGIA FOLLOWING CEREBRAL INFARCTION(I69.391), METABOLIC ENCEPHALOPATHY(G93.41), MUSCLE WEAKNESS (GENERALIZED)(M62.</p> <p>81), OTHER SEIZURES(G40.89), HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE(I11.9), BILATERAL PRIMARY OSTEOARTHRITIS OF HIP(M16.0)</p> <p>[DATE] 01:39 PM tubing still not dated. o2 was 3.5 liters. [DATE] at 10:25 pm O2 remains at 3.5 Liters.</p> <p>[DATE] at 3:15 pm 416 b- Feces all over the top sheet. Resident with very long finger nails. Gnats flying around his soiled sheets. o2 was askew, not on him. The oxygen was set at 3.5 l iters. Went to get the nurse</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Date Initiated: [DATE]</p> <p>Revision on: [DATE]</p> <p>Target Date: [DATE]</p> <p>Elevate head of bed to tolerance to decrease difficulty breathing</p> <p>Date Initiated: [DATE]</p> <p>LPN</p> <p>CNA</p> <p>RN</p> <p>Encourage deep breathing and other breathing exercises as indicated</p> <p>Date Initiated: [DATE]</p> <p>LPN</p> <p>RN</p> <p>Labs and chest x-rays per order</p> <p>Date Initiated: [DATE]</p> <p>LPN</p> <p>RN</p> <p>Lung sounds and vital signs as indicated</p> <p>Date Initiated: [DATE]</p> <p>LPN</p> <p>RN</p> <p>Monitor/document/report to MD PRN any s/sx of respiratory infection: Fever, Chills, increase in sputum (document the amount, color and consistency), chest pain, increased difficulty breathing (Dyspnea), increased coughing and wheezing.</p> <p>No respiratory assessments were noted.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>MAR o2 at 4 Liters signed as given as ordered, no holes</p> <p>O2 @ 4L/min via NC</p> <p>every shift Notify the MD if O2 sat &lt; 90%</p> <p>-Start Date[DATE] 0700</p> <p>Change O2 tubing &amp; humidifier bottle</p> <p>every Wednesday on night shift.</p> <p>every night shift every Wed</p> <p>-Start Date[DATE] 1900 No concerns</p> <p>Check O2 sat every shift</p> <p>every shift for SOB</p> <p>-Start Date[DATE] 1900 No concerns, o2 sats revealed non lower than 92%</p> <p>Interview with Interim DON [NAME] Cook</p> <p>[DATE] at [NAME] 12:14 pm Make sure all disciplines are ok with all needs etc and what the patient family and preferences. We do a 48 hour CP meeting. New admissions, then monthly. LTC is Q, unless they come in new. We do them in the morning in our PDPM meeting. For the goals for discharge. we have therapy, nursing, SS and billing in there. [NAME] is who I go to. She documents she speaks to families. She lets us know what the family needs. If someone requests a family meeting, we complete those, for special situations. If families cant be in here, Cole will call the short term resident families and reach out to him. If they've had a change in there dx, [NAME] will conduct those meetings. I'm not aware of residents not having a care plan meeting. The care plan meeting should be available at any time.</p> <p>Call bells, I expect them to be answered within 2 minutes. The call bell should be within their reach. We do room rounds, all rooms are assigned. We have a check off sheet for that. It is completed 1 x day. It is not acceptable for the call light to be on the curtain and strung up over the light above the HOB, unless it is there preference.</p> <p>Oxygen- concentrator, sign posted at door o2 in room. Orders for o2. Tubing is changed weekly. Wednesdays. We date all the o2 tubing. The rate should follow the P.O.</p> <p>For room changes, they should tell the resident if they are able. We also call the R.P. Patients have a choice. If something happens in a room and it is deemed unsafe, then we should notify the RP afterwards.</p> <p>49818</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #27</p> <p>Respiratory Care</p> <p>[DATE] 11:14 AM 112 Joy, LaQuetta (27)</p> <p>breathing treatment machine (nebulizer) mask uncovered lying on night stand [DATE] 11:15 AM</p> <p>[DATE] 01:55 PM [NAME] (102) nebulizer has been removed resident stated that staff inquired if she was still using it and she told staff she doesn't use it any more</p> <p>[DATE] 01:57 PM nebulizer mask in drawer of night stand but still uncovered empty tube on top of night stand</p> <p>[DATE] 01:58 PM interview with lpn [NAME] Parkinson Lpn , masks for nebulizers and oxygen should be stored plastic bag . LPN revealed that Joy's has been discontinued and I will be removing it later.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</b></p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to assess and provide pain medication as prescribed to Resident (R)60 in a timely manner, for 1 of 5 residents reviewed for pain.</p> <p>Findings include:</p> <p>Review of the facility policy titled Pain- Clinical Protocol last revised on 10/31/22 revealed, The Physician and staff will identify individuals who have pain or who are at risk for having pain. The nursing staff will assess each individual for pain upon admission to the facility, at the quarterly review, whenever there is a significant change in condition, and when there is onset of new pain or worsening of existing pain. Staff will provide elements of a comforting environment and appropriate physical and complementary interventions; for example local heat or ice, repositioning, massage, and the opportunity to talk about chronic pain.</p> <p>Review of R60's Face Sheet revealed R60 was admitted to the facility on [DATE], with diagnoses including but not limited to: chronic obstructive pulmonary disease, congestive heart failure, major depressive disorder, muscle weakness, rheumatoid, dementia with behaviors, anxiety disorder due to known physiological condition, and chronic pain.</p> <p>Review of R60's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/15/24, revealed R60 had a Brief Interview of Mental Status (BIMS) score of 10 out of 15 which indicated R60 had moderate cognitive impairment. Further review of the MDS revealed R60 receives a scheduled pain medication and has frequent pain that affects her sleep occasionally.</p> <p>Review of R60's Physician Orders for April 2024 revealed the following medications: Naproxen Oral Tablet 250 MG - give 500 MG mouth every 12 hours as needed for back pain, Acetaminophen Tablet 325 MG - give 650 MG by mouth four times a day for mild pain (1-3) do not exceed four grams in 24 hours, and Pregabalin Oral Capsule 25 MG - give 25 MG by mouth three times a day.</p> <p>Review of R60's Care Plan last revised on 10/18/23, revealed, [R60] has pain and indicator for pain and risk for complications/constipation related to fusion of cervical spine, rheumatoid arthritis. Interventions include: notify the Nurse/Physician as needed of complaint of no bowel movements (BM); abdominal pain/distension, increased and/or difficulty passing flatulence; signs or symptoms such as facial grimacing, crying, moaning, guarding body parts, resistance of care. Encourage diversional activities; turn/reposition for comfort frequently as needed with signs of pain.</p> <p>During an interview on 04/14/24 at 11:05 AM, Licensed Practical Nurse (LPN)2 revealed, [R60] takes Tramadol and Ibuprofen and has PRN (as needed) Naproxen for pain, the resident is constantly in pain which is why she receives Tylenol as a scheduled medication. The resident is able to verbalize when she is in pain and staff are to assess residents for pain observing facial grimacing or asking residents that are cognitive what their pain scale is.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview with R60 and Registered Nurse (RN)9, revealed RN9 entered the room at 04/14/24 at 11:40 AM, and R60 stated she was in pain. RN9 stated that she was not the resident's nurse but would tell them that she was in pain. Later RN5 entered the room on 04/14/24 at 11:45 AM, and stated that she would pull the residents pain pill and exited room. RN5 did not assess the resident's pain scale during this interaction and the resident did not receive medication until 04/14/24 at 12:40 PM. During observation R60 was crying and grimacing due to pain.</p> <p>During an interview on 04/18/24 at an unspecified time, the Administrator and Director of Nursing (DON) revealed that nursing staff are required to asses a resident for pain and are to provide pain medication to residents in a timely manner.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Deficiency Text Not Available</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>48834</p> <p>Observe each nurse aide's job performance and give regular training.</p> <p>Based on record reviews and interviews, the facility failed to ensure 3 of 3 certified nursing assistants (CNA)s received annual performance reviews.</p> <p>Findings include:</p> <p>On 04/18/24 at approximately 8:10 AM, the Regional Director revealed the facility does not have a policy specific to performance reviews for CNAs.</p> <p>Review of 3 CNA personnel files revealed, CNA5, CNA6, and CNA7's annual performance reviews were not completed by the facility in the past year.</p> <p>During an interview on 04/15/24 at 1:40 PM, the Regional Director of Clinical Services revealed that CNAs do not receive performance reviews. Instead, they are given a 2% raise if they have not received any disciplinary actions over the year.</p> <p>During an interview on 04/17/24 at 1:23 PM, the Administrator revealed performance reviews will be done annually moving forward. CNA performance levels will be evaluated once they reach their yearly marks, and Human Resources (HR) will notify them when year marks are approaching.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 25335</p> <p>Based on observation, record review, interview, manufacturer labeling and review of facility policy, the facility failed to ensure that medications were properly stored in 5 of 8 medication carts, 4 of 4 treatment carts and 2 of 4 medication rooms.</p> <p>Findings include:</p> <p>Review of the facility policy titled Storage of Medications revised on [DATE] states: Drugs and biologicals used in the facility are stored in locked compartments . The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Discontinued, outdated or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. Unlocked medication carts are not left unattended.</p> <p>Review of the facility policy titled Security of Medication Cart revised on [DATE] states: The cart must be locked before the nurse enters the resident's room. Medication carts must be securely locked at all times when out of nurses' view. When the medication cart is not being used, it must be locked and parked at the nurses' station or inside the medication room.</p> <p>On [DATE] at approximately 10:15 AM, inspection of the 400 Hall Treatment Cart revealed:</p> <ul style="list-style-type: none"> <li>-two opened and in use tubes of TheraHoney Gel 1.5 oz. (ounce) Sterile Wound Dressing, labeled by the manufacturer Sterile in unopened, undamaged package Single Use Only.</li> <li>-two opened and in use Med Honey Gel 1.5 oz. labeled by manufacturer Tube sterility guaranteed in opened, undamaged package.</li> <li>-one Hydrogen Peroxide Topical Solution, USP (United States Pharmacopoeia) 32 oz. by Swan expired , d+[DATE].</li> <li>-one PVP (povidone iodine) Ready Scrub 7.5% (percent) Solution 4 oz. expired ,d+[DATE].</li> <li>-one Multidex tube by DeRoyal 25 Gm (Gram) expired ,d+[DATE].</li> <li>-one Sterile 0.9% Normal Saline, USP 100 ml (milliliter) opened and approximately half full labeled by Medline Do Not Reuse.</li> </ul> <p>On [DATE] at approximately 10:21 AM these findings were confirmed by RN (Registered Nurse) # 8 and on [DATE] at approximately 10:26 AM these findings were also confirmed by RN # 1 who stated she thought the night nurse was supposed to check the cart.</p> <p>On [DATE] at approximately 10:35 AM, inspection of the 400 Hall Medication Cart 2 revealed:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-one opened, undated in use Fluticasone Propionate and Salmeterol Inhalation Powder, USP 100 mcg. (microgram)/50 mcg. labeled by the manufacturer Discard one month after opening foil packet .</p> <p>On [DATE] at approximately 10:39 AM, this finding was confirmed by Registered Nurse (RN)8.</p> <p>On [DATE] at approximately 10:45 AM, inspection of the 300 Hall Treatment Cart revealed:</p> <p>-one opened container of Sterile Water, USP 110 ml by Medline labeled Contents sterile unless container is opened . located in an unlocked storage container on the left side of the treatment cart.</p> <p>On [DATE] at approximately 10:48 AM, this finding was confirmed by RN2.</p> <p>On [DATE] at approximately 2:56 PM, inspection of the 100 Hall Medication Room revealed:</p> <p>-one unopened bottle of Magnesium Citrate, USP 10 oz. by GoodSense with manufacturer expiration date [DATE] and labeled by facility ,d+[DATE] on the bottle cap.</p> <p>-one unopened bottle of Ibuprofen 200 mg by Geri Care expired ,d+[DATE].</p> <p>-Eighteen packets of ProSource No Carb (carbohydrate) 15 Gm of protein 60 cal (calories) expired [DATE].</p> <p>On [DATE] at approximately 3:16 PM, these findings were confirmed by Licensed Practical Nurse (LPN)3.</p> <p>On [DATE] at approximately 3:28 PM, inspection of the 100 Hall Medication Cart #1 revealed:</p> <p>-one unopened vial of Lantus 100 U (units)/ml by Sanofi dispensed [DATE] and labeled by manufacturer Refrigerate 2 degrees C (Centigrade) to 8 degrees C (36 degrees F (Fahrenheit) to 46 degrees F) until first used.</p> <p>-one bottle of Iron Supplement Liquid (ferrous sulfate) 220 mg/5 ml 16 oz. by GeriCare with brown sticky substance on bottom of storage drawer and in multiple places on the sides and bottom of the bottle.</p> <p>-two packets of ProSource No Carb 15 Gm of protein 60 cal (calories) expired [DATE].</p> <p>-one opened and in-use vial of Lantus 100 U/ml by Sanofi, not dated when opened and stored with eye drops, not with other insulins and labeled Store in-use (opened) vials at room temperature . for up to 28 days.</p> <p>-Eight Timolol Maleate Ophthalmic Solution, USP 0.5 % 0.1 ml labeled by Amring pharmaceuticals Store vials in pouch Use within 1 month after the foil package has been opened.</p> <p>-Four Budesonide Inhalation Suspension 0.5 mg/2 ml single dose vial undated, labeled by Cipla Once the foil envelope is opened, use the ampule within 2 weeks.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>stored outside foil envelope and labeled Store unopened ampules in foil envelope place upright in the carton.</p> <p>On [DATE] at approximately 3:41 PM, this finding were confirmed by LPN3.</p> <p>On [DATE] at approximately 3:46 PM, inspection of the 100 Hall Treatment Cart revealed:</p> <ul style="list-style-type: none"> <li>-one unopened tube of Triple Antibiotic Ointment 1 oz. by [NAME] expired ,d+[DATE].</li> <li>-one Cicloprox 1 % Shampoo 120 ml, dispensed [DATE] expired ,d+[DATE].</li> <li>-one opened and uncapped Hydrocortisone Valerate Cream, USP by LUPIN expired ,d+[DATE].</li> </ul> <p>On [DATE] at approximately 3:54 PM, these findings were confirmed by LPN2.</p> <p>On [DATE] at approximately 8:42 AM, inspection of the Hall 200 Treatment Cart was found unlocked, unmanned and inspection revealed:</p> <ul style="list-style-type: none"> <li>-one opened tube of Mometasone Furoate 45 Gm expired ,d+[DATE].</li> <li>-one tube Nystatin-Triamcinolone Acetonide Cream 2 oz. expired ,d+[DATE].</li> <li>-one bottle Betamethasone Dipropionate cream 0.05 % expired ,d+[DATE].</li> <li>-one jar Triamcinolone Acetonide 0.1 % 454 Gm expired ,d+[DATE].</li> <li>-one tube Triamcinolone cream 2 oz. expired ,d+[DATE].</li> <li>-one package MediHoney Hydrogel expired ,d+[DATE].</li> <li>-one bottle Hydrogen Peroxide 16 oz. expired ,d+[DATE].</li> <li>-one tube Hemorrhoidal Ointment 57 Gm expired ,d+[DATE].</li> </ul> <p>On [DATE] at approximately 8:42 AM, the unlocked and unmanned treatment cart was confirmed by LPN7.</p> <p>On [DATE] at approximately 8:55 AM, the unlocked treatment cart and expired medication findings were confirmed by the Regional Nurse Consultant.</p> <p>On [DATE] at approximately 1:35 PM, inspection of the Hall 200 Medication Room revealed:</p> <ul style="list-style-type: none"> <li>-Thirteen Banatrol Plus 0.38 oz. by Medtrition expired [DATE].</li> <li>-Seventeen Beneprotein 0.25 oz. by Nestle expired [DATE].</li> </ul> <p>On [DATE] at approximately 2:41 PM, LPN8 confirmed these products as expired.</p> <p>On [DATE] at approximately 2:46 PM, inspection of the Hall 200 Medication Cart 1 revealed:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-one opened Lantus Solostar 100 U/ml with no expiration date or date of opening and and labeled Store in-use (opened) vials .at room temperature . for up to 28 days.</p> <p>-one opened Novolog N Flexpen 100 U/ml with no expiration date or date of opening and labeled expiration date In-use (opened) .28 days.</p> <p>On [DATE] at approximately 2:23 PM, these findings were confirmed by LPN8 who stated these items were in use.</p> <p>On [DATE] at approximately 2:49 PM, inspection of the Hall 200 Medication Cart 2 revealed:</p> <p>-one Bisacodyl 5 mg bottle of 100 by GeriCare expired ,d+[DATE].</p> <p>On [DATE] at approximately 2:55 PM, these findings were confirmed by LPN9.</p> <p>On [DATE] at approximately 3:34 PM, inspection of the Hall 300 Medication Cart 2 revealed:</p> <p>-one in use Fluticasone Propionate/Salmeterol Diskus 500 mcg/50 mcg dated as opened [DATE] with manufacturer labeling on the box stating good for one month after opening.</p> <p>On [DATE] at approximately 3:35 PM, this finding was confirmed by LPN10.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42424</p> <p>Based on interview and record review, the facility failed to provide Resident (R)3 with a dinner meal tray for 1 of 8 residents reviewed for food.</p> <p>Findings include:</p> <p>Review of R3's Face Sheet revealed R3 was admitted to the facility on [DATE] with diagnoses including but not limited to: absence of kidney, muscle weakness, epilepsy, and end stage renal disease.</p> <p>Review of R3's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/22/24 revealed R3 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicates that she is cognitively intact.</p> <p>Review of R3's Physician Orders for April 2024 revealed the following order, Regular, Large Portion diet, Regular texture, thin liquids consistency.</p> <p>During an interview on 04/16/24 at 8:40 AM, R3 revealed they did not receive their dinner tray on 04/15/24, when they returned back to the hospital. R3 stated that she got back from the hospital around 4:30 PM or 5:00 PM and does not understand why staff did not bring her a tray because she was back before dinner. R3 concluded that staff brought her 2 sandwiches but that was not enough to fill her for the night because she didn't eat before she left the hospital.</p> <p>During an interview on 04/16/24 at 9:34 AM, the Registered Dietitian (RD) revealed that lunch tickets for dining staff are printed at 3:00 PM each day. If a resident returns or is admitted to the facility after meal tickets have been printed, then nursing staff are responsible for informing the kitchen that a resident needs a meal tray. the RD further stated that it is their expectation that all residents receive 3 meals a day within appropriate time periods, and it is unacceptable for a resident not to be served a meal if they request.</p> <p>During an interview on 04/18/24 at 10:01 AM, the Dietary Manger revealed that they were made aware that the resident did not receive her dinner tray after returning to the facility from the hospital. They agreed that it is unacceptable for a resident to miss a meal and stated that nursing staff are responsible for ensuring that all resident receive meals, meal tickets are printed by 4:00 PM and that is how the dietary staff prepare for the tray line. Any residents that are readmitted to the facility after that time it is up to nursing staff to notify the kitchen that a resident needs a tray.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47812</b></p> <p>FACILITY</p> <p>Dining Observation</p> <p>On 04/14/2024 at 1:23 PM, observed dining in the dining room. Facility staff sanitized their hands and assisted the residents with sanitizing their hands. Staff passed out trays to residents that were able to self feed first. The residents were given the proper eating utensils. Staff asked residents if they wanted clothing protectors and those that had were given them. The residents that required feeding assistance were the last to receive trays. Staff continued to sanitize hands though out the passing of trays and in between assisting the residents with their meals set up.</p> <p>On 04/14/2024 at 12:10 PM, resident #146 stated the food tastes like frozen garbage, and isn't cooked thoroughly.</p> <p>On 04/14/2024 at 1:10 PM, resident # 374 stated the facility food is not good.</p> <p>On 04/14/2024 at 2:45 PM, resident #24 stated the food here is terrible. The presentation of food doesn't look good. The resident spends an extra \$100-130 a month on food from [NAME] because they deliver.</p> <p>On 04/15/24 at 9:25 AM, resident #8 stated, if they don't want something they won't eat it.</p> <p>Kitchen</p> <p>04/14/2024 10:48 AM</p> <p>Upon entry to the facility's kitchen, I was greeted by Sharrone Grant- Cook.</p> <p>The Dietary Manager- [NAME] was not available at the time of entry.</p> <p>Washed hands. Soap and Paper towels were available.</p> <p>The male kitchen staff observed wearing hair nets, but were not wearing beard guards.</p> <p>The floors are tile, and had some wear. An area in front of the oven had a hump and as visibly cracked</p> <p>The ceiling had some visible signs of water damage, peeling/chipping paint and black mold like substance on/around the vent and ceiling.</p> <p>No visible signs of pests in the kitchen.</p> <p>The ice-machine was clean, no dirt or residue inside.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The dry goods storage area was neat and clean with nothing stored on the floor.</p> <p>The refrigerator temperature was 32F. The inside clean and neat, with nothing stored on the floor.</p> <p>The freezers temperature was 10F. The inside clean, and neat, with nothing stored on the floor. All open containers were properly labeled.</p> <p>The dishwasher's wash temperature reached 165F, final rise temperature reached 180F</p> <p>Sanitization level- Test strip used (Hydriion OT/ 40). After testing water, between 200 and 400.</p> <p>Dishwasher was operated by Sharrone Grant-Cook</p> <p>The garbage and debris were being disposed of properly. The walk through of the outside garbage area was clean, with no visible signs of pests or vermin.</p> <p>Chemicals are provided by ECO-LAB and are kept in the janitor's closet.</p> <p>Sanitation buckets are available every day.</p> <p>The janitor's closet was clean, no foul odor. The Eco lab chemicals are stored on a metal rack with other cleaning and sanitizing supplies. closet also stored a mop, broom, dust pan and trashcan.</p> <p>Menus for the next 4 weeks along with substitutions/alternatives and resident meal substitution log were provided with no issues noted.</p> <p>A review of Food item temperatures check sheet for November 2023 through March 2024. NO concerns with temp logs, and no days were missed. All temperatures are within the normal range.</p> <p>Re-Thermal Temp logs were reviewed with no concerns.</p> <p>Equipment temp logs were reviewed with no concerns.</p> <p>Daily cleaning logs for November 2023 through February 2024 were reviewed with no concerns.</p> <p>On 04/14/2024 at 10:50 AM, Cook Sharrone Grant stated, the male kitchen aide and the cook were not wearing beard guards because the facility was out of them and just did not think about a hair net.</p> <p>On 04/14/2024 at 8:40 AM, observed male kitchen staff without beard guards</p> <p>On 04/15/2024 at 8:45 AM, The Dietary Manager (DM) stated the facility's menu is rotated every four (4) weeks, on Sunday. The DM stated the facility does not have a CDM at this time.</p> <p>On 04/15/2024 at 11:32 AM, the Administrator stated that Regional Dietary Manager ([NAME]) is contracted to the facility. The RDM spends four (4) days a week for a total of 32 hours a week.</p> <p>On 04/15/2024 at 12:02 PM, observation with Lead Cook (Grant) of the food temperatures on the steam table revealed:</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>mashed potatoes-187F</p> <p>broccoli- 200F</p> <p>baked chicken thighs-188F</p> <p>capri vegetables- 195F</p> <p>white rice- 205F</p> <p>Kielbasa sausage- 180F</p> <p>puree capri vegetables-177F</p> <p>puree white rice-170F</p> <p>puree kielbasa sausage -165F</p> <p>chopped kielbasa sausage-112F</p> <p>On 04/15/2024 at 1:15 PM, the Dietary Manager (Stephine [NAME]) provided a test tray which consisted of Kielbasa sausage, white rice, capri vegetables, dinner roll and a baked chocolate chip cookie. The kielbasa sausage was warm, and salty but eatable. The white rice was undercooked, dry and bland. The carpi vegetables were undercooked, bland and tasteless. Overall, the meal was not good. It was not palatable, attractive, or appetizing in temperature.</p> <p>On 04/15/2024 at 3:23 PM, review of A wing's dietary pantry revealed opened container of Chinese food not labeled or dated</p> <p>On 04/15/2024 at 3:31 PM, review of B wing's dietary pantry revealed 1 (one) package of opened bologna dated 1/12/2024, 1 package of opened cheese slices dated 01/12/2024, 1 opened package of freezer burned hot dogs dated 01/29/2024. The refrigerator was dirty, nasty, and sticky from spilled juice and food.</p> <p>On 04/15/2024 at 3:37 PM, review of C wing's dietary pantry revealed 1 (one) cup of opened, freezer burned chocolate ice cream, 1 cup of freezer burned Yoplait strawberry banana yogurt unable to read expiration date.</p> <p>On 04/16/2024 at 9:42 AM, the DM stated the food truck comes every Tuesday and Thursday. The meals are passed according to wings but the dining room is set up and served first. If a resident wished to get an alternative/substitution they would request that through the nursing staff, and the nursing staff would notify the kitchen by submitting a meal change ticket. The wings were given snack for the residents on Mondays, Wednesdays and Fridays. The residents must request a snack and the nursing staff provides them when asked. The DM stated there are no plans to change meal times although they were aware that meals have been served late. The DM stated they had just started and was in the process of addressing/correcting some concerns that the resident council had brought up several of their meetings.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 04/16/2024 at 11:02 AM, the ombudsman stated meal times have been a concern for several months. The residents had been getting served up to an hour late if not more.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47812</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure that kitchen staff wore beard/hair restraints while cooking, preparing, or assembling food. Furthermore, the facility failed to properly store, label/date and discard expired foods for 1 of 1 kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Food Preparation and Service revised on ,d+[DATE], revealed, Policy Statement: Food and nutrition services employees, distribute and serve food in a manner that complies with safe food handling practices. Food and nutrition services staff wear hair restraints (hair net, beard restraint, etc.) so that hair does not contact food.</p> <p>Review of the facility policy titled, Staff Attire revised on ,d+[DATE], revealed, Policy Statement: All employees wear approved attire for the performance of their duties. All staff members will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained.</p> <p>Review of the facility policy titled, Food Storage: Cold Foods revised on ,d+[DATE], revealed, Policy Statement: All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>During an observation on [DATE] at 8:40 AM, male kitchen staff not wearing a beard guard.</p> <p>During an observation [DATE] at 10:48 AM, male kitchen staff wearing hair nets, but were not wearing beard guards.</p> <p>During an interview on [DATE] at 10:50 AM, the Cook stated the male kitchen aide and the other cook were not wearing beard guards because the facility was out of them and just did not think about a hair net.</p> <p>During an observation on [DATE] at 12:02 PM, cook not wearing a beard guard.</p> <p>During an interview on [DATE] at 9:42 AM, the Dietary Manger stated, all male kitchen staff are required to have and wear facial covers (beard guard, masks, hairnets) while in the kitchen/handling any food.</p> <p>During an observation on [DATE] at 3:23 PM, a review of A wing's dietary pantry revealed an opened container of Chinese food not labeled or dated.</p> <p>During an observation on [DATE] at 3:31 PM, a review of B wing's dietary pantry revealed 1 (one) package of opened bologna dated [DATE], 1 package of opened cheese slices dated [DATE], 1 opened package of freezer burned hot dogs dated [DATE]. The refrigerator was dirty and sticky from spilled juice and food.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on [DATE] at 3:37 PM, a review of C wing's dietary pantry revealed 1 (one) cup of opened, freezer burned chocolate ice cream.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</b></p> <p>FACILITY</p> <p>Infection Control</p> <p>04/17/24 at 10:04 AM Ebonie [NAME], RN Regional Nurse. She stated, January 2024 I began here as the Infection Preventionist. IC Training 30 hours dated 6/29/2020. We had a RN who was in this position for a month last year and quit without notice, there were others, but they all quit after Covid, they didn't stay long. She said I am the acting Infection Preventionist here. I come in here 3-4 days a week. I keep the infection control logs. We follow the CDC for all infections. We just initiated the Barrier Precautions.</p> <p>4/17/2024 at 10:20 am laundry Staff member cleaning lint from dryer. Second staff placing clean laundered clothes into dryer. Her scrub jacket is touching the clothes. She went to dirty side. She sanitized her hands, donned gloves. Removed cover off laundry barrel. opened bags of soiled clothes. She did not don a gown. her jacket was touching the dirty barrel. she leaned into the barrel to get laundry, her front touched the top and side of barrel. removed gloves, washed her hands. Confirmed no education for months where the UTI's were high.</p> <p>4/17/24 at 10:20 am [NAME], laundry aid. She said she's been here [AGE] years. I do resident personal laundry. She confirmed she should have put on a gown on the soiled side.</p> <p>10:27 am [NAME] laundry aid, stated, I would wear the gown on the soiled side. We're taught to wear the gown in here.</p> <p>4/17/2024 at 10:28 am An interview with the laundry manager [NAME]. She said when they go from clean to dirty, they need to wear a gown. I will do in-services with them. Staff clothing should not touch the residents laundry, soiled or clean.</p> <p>List of 2023-2024 SC Reportable Conditions.</p> <p>Review of TB Risk Assessment 2024 Completed.</p> <p>Review of IC Book, monthly surveillance [DATE], request to see education for UTI's. 18 UTI's in this month. 10 of 18 Individual Resident Tracking Forms for UTI were recorded.</p> <p>July 2023 only 2 infections were recorded on the mapping for surveillance, however, 20 Individual Tracking Forms were observed.</p> <p>Aug/Sept/Oct was missing- about 2 hours later I had to request this information again. None had the individual resident tracking for each resident. noticed August 2023 through January 2024 each had a print date of 4/15/2024. copies requested.</p> <p>November 2023 mapping recorded 1 eye, 14 skin, 2 GI, 16 urinary, 4 lower respiratory, and 11 other. There were no Individual Resident Tracking Forms.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>December 2023 mapping recorded 3 eye, 1 ear, 13 skin, 1 GI, 26 UTI'S, 3 respiratory, and 13 other infections. there was no Individual Resident Tracking Forms.</p> <p>January 2024 A map and Order Listing for ABT's, Anti infectives printed [DATE]. No Individual Tracking Forms were noted. copy</p> <p>11:45 AM Showed [NAME] the IC Book with 3 months of data missing. She said she will look in the office for those.</p> <p>Review of 5 residents for Influenza Vaccine 2023 Season- March 31, 2024</p> <p>[NAME]</p> <p>Covid 19 Vaccine 1st 5/14/2021</p> <p>Covid 19 2nd 6/18/2021</p> <p>Prevnar 13 Refused</p> <p>Moderna Covid 19 12/19/2021</p> <p>Flu= Refused.</p> <p>[NAME] Payne</p> <p>Received Flu vaccine 10/27/2023 MAR review Fluzone Quadrivalent</p> <p>Intramuscular Suspension 0.5 ML</p> <p>(Influenza Virus Vaccine Split</p> <p>Quadrivalent)</p> <p>Inject 0.5 ml intramuscularly one</p> <p>time only for preventative for 1 Day</p> <p>-Start Date10/27/2023 0815</p> <p>PNA Declination dated 3/7/2024</p> <p>Covid 19 5/10/2022, Pfizer 11/29/2022</p> <p>PPD- 9/5/2022</p> <p>[NAME]</p> <p>PNA- received 2/23/2016</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Covid 1/8/2021, 2/5/2021, Moderna 1/14/2022</p> <p>[NAME] Brown</p> <p>Flu refused 2023</p> <p>PNA Declination dated 6/28/2023</p> <p>[NAME]</p> <p>11/1/2023 Flu</p> <p>2/10/2016 Pneumovax</p> <p>3/5/2021 Covid</p> <p>Covid 12/9/2021</p> <p>TB 1/11/2021, 10/11/2022</p> <p>4/17/24 2:20 PM Interview Ebonie [NAME], Regional Nurse She said, We are getting ready to change to electronic module infection control training in PCC, it's scheduled 4/23/2024.</p> <p>Requested Enhanced Barrier Precaution from CDC. Nursing, Therapy training.</p> <p>Ask about why the signage is on the inside of the doors, ask where they are to keep the gowns, equipment?</p> <p>4/17/2024 at 3:07 pm [NAME] Regional Nurse, For the enhanced barrier precautions, we chose to place the signage inside the room door and staff were educated on that. The reason was for dignity, less clutter in the hallway. We educated staff on that too, where the signage was located. I couldn't find any of the trending. The office back there is a mess.</p> <p>Review for February and March 2024 infection mapping, surveillance, individual tracking forms were missing from the IC Book, those months had no information.</p> <p>4/17/2024 at 3:08 PM Ebonie [NAME], RN stated, I couldn't find any of the tracking so I did just print ([DATE]-[DATE]) these 6 months on April 15, 2024 to at least show we were looking at it. Asked where was the February and March IC logs, surveillance, resident line listing reports for each individual infection were located, she stated, those were not done.</p> <p>4/17/2024 at 3:10 PM Administrator [NAME] said we have no covid.</p> <p>Requested 6 months of I.C. copies. All were printed 4/15/2024 asked [NAME] to confirm this 4/17/2024 at 3:12 pm</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, record review, interview and facility policy, the facility failed to provide infection surveillance to include tracking and trending, and monitoring for outbreaks, additionally the facility failed to ensure staff wore Personal Protective Equipment (PPE) when handling clean and soiled resident personal clothing.</p> <p>The findings include;</p> <p>Review of the Infection Control Control Log from June 2023 through January 2024 revealed 6 months of information with a printed Order Listing Report for each month to include ; antibiotics, anti viral, anti fungal, anti-infective agents and antimycobacterial agents. A map of the facility was included with each month. There were no individual resident report of infection that describes signs, symptom's, of infection, with corresponding information regarding the specific anti biotic ordered including duration, and if the signs and symptoms meet the criteria for an infection. The print date for all 6 months was 4/15/2024. February and March 2024 had no information in the corresponding months of the book.</p> <p>49818</p> <p>FACILITY</p> <p>Dining Observation</p> <p>04/17/24 01:17 PM observed CNA pull tray from cart without sanitizing his hands, CNA took tray into room [ROOM NUMBER] for resident ([NAME] Hy (resident was not present in room), CNA came out of room without sanitizing his hands and entered into the room next door 202 per CNA in room's request and proceeded to assist her with repositioning a resident.</p> <p>CNA then entered room [ROOM NUMBER] and set resident plate down and exited the room without sanitizing his hand and went to the kitchen and come back with two cartons of milk and reentered the rm 222 ([NAME] roik [NAME]) and proceeded to open the resident's milk. CNA then exited the room without sanitizing his hands</p> <p>04/17/24 01:29 PM interview</p> <p>CNA [NAME] Veajedor 1st knock dr greet res bringing in tray if feeder put tray back in cart grab tray to feed set up lid tell them what food they have</p> <p>see ticket verify resident's diet is correct</p> <p>sometimes ask res their name and if that is the right diet</p> <p>read diet to verify diet</p> <p>CNA revealed that the tray left in room per resident's room at the request of resident , CNA stated that if they take back to kitchen they throw away</p> <p>CNA revealed that hand sanitizer should be used before grabbing tray and afterwards</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>gave menu last week</p> <p>menu is the same two weeks in</p> <p>allergic to black pepper</p> <p>dislike list completed but keep getting the items</p> <p>for breakfast today I got two boiled eggs no bacon</p> <p>lunch is served around 2 pm</p> <p>dinner is served around 6-7</p> <p>not enough staff to serve meals</p> <p>Infection Control</p> <p>Resident 51 marked in error - no concerns</p> <p>A 102 P [NAME], [NAME] (163</p> <p>04/14/24 12:05 PM catheter bag on floor</p> <p>breathing mach (nebulizer) mask on sink uncovered</p> <p>04/14/24 12:31 PM [NAME] (RN) positioning of catheter requires a privacy bag, we do not put it on floor and it should be anchored properly.</p> <p>check when you at start of shift, cna informs if there are issues and we check it then</p> <p>RN confirmed bag on floor</p> <p>picked up and anchored to bed</p> <p>DAY #3 OBESERVATION</p> <p>04/16/24 08:40 AM heater front back on room smelled of urine</p> <p>04/16/24 08:42 AM Noticed blood in the tubing and catheter bag Resident</p> <p>04/16/24 08:46 AM 308 Graham catheter EBP sign inside door no ppe outside if room nurse notified at nursing station and she stated that's new</p> <p>04/16/24 08:49 AM LPN [NAME] entered room no gown put on gloves touch catheter bag to assess then touched the resident's table to move the table continued to assess resident, asked to pull pants down, she pulled pants down and pressed on stomach and groin area,explaining that she needed to pull down his pants and check his brief, LPN did not pull curtain fully</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>asked if in pain res states just a little sore</p> <p>nurse washed hands and assisted</p> <p>04/16/24 08:55 AM interview with nurse [NAME] lpn</p> <p>on ebp catheter care should have put on ppe, ppe should be outside door, EBP signage should be on the outside of the door to alert staff</p> <p>who is responsible for signage and making sure PPE is available: infection control nurse</p> <p>Have you been trained: yes</p> <p>expectation: PPE should be available outside of door and sign should be outside of door, proper ppe, gloves, gown should be worn when providing catheter care and care/ touching residents</p> <p>[NAME] lpn</p> <p>04/16/24 08:58 AM 304 observed catheter drainage bag hanging off of a trashcan and the drainage spout and bag sitting on the floor</p> <p>04/16/24 08:59 AM room [ROOM NUMBER] observed catheter bag floor attached &amp; propped on trash can, tip of bag touching floor,</p> <p>tube contains cloudy yellow substance in tubing, EBP sign on inside of door, gloves were the only PPE accessible inside of room</p> <p>04/16/24 09:04 AM [NAME] LPN observed entering the room putting on gloves, assisted resident with repositioning in bed and adjusting shirt, gloves pulled off, and hands sanitized and new pair of gloves put on, LPN repositioned bag with only gloves on. LPN states that the catheter should be on side of bed &amp; off floor LPN states that it's an infection control issue with it being on floor</p> <p>infection control preventionist interview</p> <p>[NAME] (PACS) Regional preventionist here in building 3-4 days wk</p> <p>expectations for folly bags to be stored: position should not be on floor they should be attached on bed or chair (wheelchair or geri chair) and unkinked</p> <p>everyone is responsible for making sure bags are in the proper position</p> <p>staff is being trained checking education</p> <p>ebp training started new not sure if complete</p> <p>residents with catheters: what ppe should be worn: gown and gloves</p> <p>sign should be on outside of the door</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>ppe with ebp should be in room or outside room when staff is providing care they should have gown on</p> <p>04/16/24 01:55 PM [NAME] (102) nebulizer has been removed resident stated that staff inquired if she was still using it and she told staff she doesn't use it any more</p> <p>04/16/24 01:57 PM nebulizer mask in drawer of night stand but still uncovered empty tube on top of night stand</p> <p>04/16/24 01:58 PM interview with lpn [NAME], masks for nebulizers and oxygen should be stored plastic bag joy's has been discontinued and I will be removing it later</p> <p>NOTES on CATHETHERS 4/16/24</p> <p>A review of [NAME]'s Admission Record revealed the facility the resident on 04/11/2024 with diagnoses of retention of urine, presence of urogenital implants, and edema.</p> <p>A review of the Order Summary Report' for the month of April 2024, revealed an order, dated 04/01/2024, for foley catheter: 16 french 10 cc bulb, and change as needed.</p> <p>A review of the Care plan revised on 04/01/24, revealed the resident was at risk for complication with urinary system related to indwelling catheter. Interventions initiated on 03/30/24 revealed to provide catheter care and empty catheter every shift and as needed. Use catheter anchor to secure catheter. Notify Nurse of foul-smelling urine, blood, or discharge.Keep catheter anchored for security and to prevent trauma.</p> <p>A review of the admission MDS with an ARD of 04/04/24 revealed the resident had BIMS of 15 indicated the resident was cognitively intact. The resident required set up assistance with eating, and oral hygiene. The resident had an indwelling catheter.</p> <p>R Graham</p> <p>A review of an Admission record revealed the facility originally admitted the r on 11/16/23 with diagnoses that included other obstructive and reflux uropathy and encounter for fitting and adjustment of urinary devices</p> <p>Review of orders reveled Foley Catheter: __16__French catheter with __10__cc bulb. Change Q month on the (specific date) and prn (include diagnosi</p> <p>Review of the Care plan Bladder: At risk for complications with urinary system related to indwelling catheter, urinary tract infection, Change foley catheter per facility policy and physician order. Date Initiated: 11/30/2023</p> <p>The 5 day MDS ARD 02/13/24 revealed R had a BIMS of 15. And had indwelling catheter</p> <p>Bolchoz</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Admission Record revealed 04/17/2023 with diagnoses that included encounter for surgical aftercare following surgery on the genitourinary system, and phobic anxiety disorders</p> <p>Review of the Physician orders</p> <p>Suprapubic Care Daily French Size: 16F Diagnosis should be included: NEUROMUSCULAR DYSFUNCTION OF BLADDER, UNSPECIFIED</p> <p>every shift related to NEUROMUSCULAR DYSFUNCT</p> <p>Review of the annual MDS ARD 1/16/24 revealed R had a BIMS of 14. The resident required substantial assistance with toilet hygiene, lower and upper body dressing, and personal hygiene. R had indwelling catheter.</p> <p>Care Plan</p> <p>I have suprapubic catheter r/t Dx obstructive and reflux uropathy, calculus of kidney, benign prostatic hyperplasia with lower urinary tract symptoms, personal history of UTIs re Plan revealed Change Catheter once a month on the 1st on evening shift, 16 FR</p> <p>I have a h/o placing my catheter bag in the trash can</p> <p>Educate resident on appropriate infection control protocols. Date Initiated: 09/06/2022 LPN RN Redirect resident when resident is noted placing catheter bag in the trash can. Date Initiated: 09/06/2022</p>		