

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, observation, interview, and record review, the facility failed to ensure Resident (R)74 had a right to a dignified existence in the presence of other residents/peers during a resident council meeting, 1 of 10 reviewed for dignity. Findings include: Review of the facility policy titled, Social Services Policies and Procedures: Patient/Resident Rights, last revised 06/09/23 revealed, The facility employs measures to ensure patient and resident personal dignity, well-being, and self-determination are maintained and will educate patients and residents regarding their rights and responsibilities. The Facility has established the Patient/Resident [NAME] of Rights and responsibilities in accordance with state and federal regulations. The Facility will communicate the Patient/Resident [NAME] of Rights and Responsibilities to the patient and residents in a language or means of communication that ensures patient and resident understanding. The [NAME] of Rights is recognized and supported by all facility staff. Staff document the communication and provision of this information when provided to the patient, resident, and legal representative. Resident Rights: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. During an observation on 07/28/25 at 3:00 PM, during the state agency Resident Council meeting with residents, revealed a resident having a medical emergency. The surveyor conducting the meeting then went to find facility staff to assist the resident in need. When the surveyor returned to the meeting, Maintenance Worker (MW)2 was observed speaking in a loud tone and being disrespectful towards R74, and in the presence of other residents. MW2 was observed telling R74, he has a bad attitude and that's why staff don't like to take care of him. During this observation, R74 and another resident R7 also got into a verbal altercation related to R74's verbal interaction with MW2. Record review of R74's Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses including but not limited to muscle weakness, hypertension, type two diabetes with diabetic neuropathy, and pain. Review of R74's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/20/25 revealed that R74 has a Brief Interview of Mental Status (BIMS) score of 14 out of 15, indicating he is cognitively intact. Record review of a Witness Statement written on behalf of R74 and dated 07/28/25 revealed R74 told writer that employee (MW2) yelled at him and told him he had a bad attitude during a resident council meeting. A follow up interview with R74 on 07/28/25 at 3:15 PM revealed that MW2 had come into the dining room and started speaking disrespectfully towards him while the surveyor was assisting another resident with a medical emergency. R74 stated that he felt embarrassed by how MW2 had spoken to him and was upset because he had no reason to be disrespectful to him. R74 further stated that R7 and him had gotten into a verbal altercation because R7 was attempting to calm him down. Review of R7's Face Sheet revealed R7 was admitted to the facility on [DATE] with diagnoses including but not limited to end stage renal disease, age related nuclear cataract, and chronic pain. Record review of R7's Quarterly MDS with an ARD of 06/09/25 revealed R7 has a BIMS score of 15 out of 15, indicating he is cognitively intact. A follow up interview with R7 on 07/28/25 at 3:27 PM revealed R7 was in better spirits and stated that he has calmed down since the incident. During the interview with R7, he stated MW2 entered the dining room to get something and that's when R47 and MW2 got into an argument. R7 stated that he was unsure of who exactly 'started the argument' but stated that he was frustrated with R47 because he should have let what MW2 said go because it wasn't a big deal. Record review of R21's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to chronic obstructive pulmonary disease, major depressive disorder recurrent, anxiety disorder, and aphasia. Review of R21's Quarterly MDS with an ARD of 07/28/25 revealed that R21 has a BIMS score of 15 out of 15, indicating she is cognitively intact. Record review of R21's Witness Statement dated 07/28/25 revealed Writer asked resident if MW2 came in, R21 stated yes, and he yelled at a resident (she pointed at R74). MW2 stated that R74 had a bad attitude, she also stated that R74 and R7 were arguing with each other. Review of R82's Face Sheet revealed she was admitted to the facility on [DATE] with the diagnosis including but not limited to hemiplegia and hemiparesis following cerebral infarction, hypertension, muscle weakness, and unsteadiness on feet. Record review of R82's admission MDS with an ARD of 07/14/25 revealed that she has a BIMS score of 15 out of 15.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy the facility failed to act promptly to resolve resident grievances from resident groups/family members. Grievances included but were not limited to quality of care and quality of life concerns with residents in the facility. 10 of 10 interviewed during the state agency resident council meeting; specified unresolved grievances include 2 of 10 residents. Findings include: Review of the facility policy titled, Social Services Policies and Procedures Complaints/Grievances Process last revised 11/06/23, revealed The Facility's Leadership will support the patients/residents right to voice complaints/grievances to the facility or other agencies/entities that hear grievances regarding concerns they have about services and treatment received including but not limited to treatment, care, advance care directives, management of funds, behaviors of other patients/residents, violations of resident rights, behavior of staff, environmental issues. The facility's leadership will accept grievances/complaints from the patient/resident, family member. Facility leadership acts promptly to understand and resolve complaints and grievances completed in a reasonable expected time frame. After receiving a grievance/complaint, the facility's leadership will seek a problem resolution and will keep the patient/resident informed of the progress toward resolution. Grievances both new and outstanding are reviewed in the Interdisciplinary Team (IDT) morning meeting. The Grievance official ensures all sections of the grievances are completed appropriately by the staff completing the investigation and developing the resolution, ensure any supportive documentation related to the grievance is attaches, ensure that all written grievances decisions include the date the grievance was received, the steps taken to investigation, a summary or pertinent finding or conclusions, ensure to include a statement as to whether the grievance was confirmed or not, confirm any action taken or to be taken by the facility and the date the decision was issued. During a Resident Council meeting, conducted by the state agency surveyor on 07/28/25 at 2:03 PM, 10 of 10 residents who regularly attend the facility's Resident Council meetings, revealed by raising their hands/vocally stating that they have concerns with the facility responding to call lights in a timely manner. Residents also revealed concerns with the facility utilizing agency staffing and not adequately training those staff members on the specific needs of residents. Residents stated that agency staff often take up to 30 minutes or more to respond to their call lights, specifically on the weekends and on night shift. Lastly, residents stated that they have addressed their concerns in resident council meeting in the past but have had no true resolution with their efforts. Review of the 02/24/25 Resident Council meeting minutes, started at 2:00 PM and adjourned at 2:40 PM with twelve residents in attendance and seven staff members present revealed, No old business to discuss, this meeting included care and help the resident are receiving: do you get help and care you need without having to wait long periods of time? Does staff respond to your call light timely? What is timely to you? How long on average does it take for staff to answer your call light? .Review of the 03/31/25 Resident Council meeting minutes, started at 2:00 PM and adjourned at 2:25 PM, Resident Council Minutes with ten residents in attendance and three staff members present revealed Old Business - call lights not being answered, missing laundry, respecting residents, shower chair/bed. This month's meeting was about activities; are they happy with activities? Tell your favorite activity? Do activities meet their interests? .Review of the 04/29/25 Resident Council meeting minutes, started at 2:00 PM and adjourned at 2:40 PM Resident Council Minutes with 7 residents in attendance and four staff members present revealed Old Business - call light being answered - Director of Nursing/ Administrator. Review of the 05/27/25 Resident Council meeting minutes, started at 2:00 PM and adjourned at 2:26 PM, Resident Council Meeting with six residents in attendance revealed no old business follow up related to staffing. Follow up included missing/unlabeled laundry, resident council meal choice, and spring/summer schedule. Review of the 06/23/25 Resident Council meeting minutes, started at 2:06 PM and adjourned at 2:58 PM, Resident Council Meeting with six members in attendance and three staff members present revealed List of old business (unresolved) resident choice meal = revised/postponed/ may need to change dates when meals are planned. Changes to facility practices (policies or procedures) or resident right since last meeting): no changes to facility practices, resident rights were read and explained, State survey explained and informed of location of survey's, reviewed elder abuse, types, signs, etc. and numbers to call. Record review of a Record-Of-In-Service titled, Call lights/Grievances with no specified date or facility staff to review the in-service, revealed 31 staff members with signatures and their titled/department of the facility with no date/specified in-service completed. An interview with Resident (R113 during the state agency Resident</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the facility policy, observations, record reviews, and interviews, the facility failed to ensure Resident 1 (R1) and R26, residents without the capacity to complete his/hers activities of daily living, received the care and services needed for bathing and grooming for 2 of 3 reviewed for activities of daily living. Findings include:</p> <p>Review of the facility policy titled, Activities of Daily Living, Optimal Function, states, Activities of daily living (ADL's), refer to tasks related to personal care including, grooming, dressing, oral hygiene, transfer, bed mobility, eating, bathing and communication system. The Policy, states, The facility provides care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. The facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming and hygiene. Procedures: 1. Facility staff recognize and assess an inability to perform ADLs, or a risk for decline in any ability to perform ADLs by reviewing the most current comprehensive or most recent quarterly assessment. 2. Facility staff to monitor conditions which may cause an unavoidable decline in the resident's ability to perform ADLs: A natural progression of a debilitating disease. B. Onset of an acute episode causing physical or mental disability, C. Resident's or his/her representative's decision to refuse care and treatment offered to restore/maintain functional abilities after the facility has informed and educated about the benefits/risks of the proposal care and treatment. 3. Staff will develop and implement interventions in accordance with the resident's assessed needs, goals for care, preferences and recognized standards of practice that address the identified limitations in ability to perform ADLs.</p> <p>The facility admitted R1 on 04/11/2025 and readmitted him on 05/02/2025 with diagnoses including, but not limited to, cerebrovascular accident with hemiplegia and hemiparesis affecting the right dominant side, benign paroxysmal vertigo, pneumonia, malaise, and severe protein calorie malnutrition. Also, macular degeneration, lack of coordination and muscle weakness.</p> <p>An observation on 07/27/2025 at 10:40 AM of R1 revealed a small male resident with several days of beard growth to his face. During a subsequent interview, he reported that he had not have a brief change since sometime in the night. He stated there is not enough staff to take care of the residents and when he puts on the call light either no one comes or it takes so long for them to come to his room to provide care. He stated that his son in law will come sometimes and help him shave and if not, the staff would most likely get it done when they got time.</p> <p>Review of the Point of Care History, dated 07/01/2025 through 07/28/2025, which includes the question, How did the resident bathe? documented 28 days. Upon review, R1 is only charted as receiving a bed bath on 07/13/2025, all other days are recorded as, did not receive. No documentation could be found in the medical record to ensure R1 was offered or received a bath on any other days of the month provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review on 07/30/2025 of a form submitted by the facility on the last day of the survey, revealed a Shower Schedule. R1 is to receive showers on Mondays and Fridays from 7-3 as his preference. There are 6 days listed and indicates R1 received only 2 showers for the month of July 2025. One was on 07/04/2025 and one on 07/11/2025. He refused showers on 07/07/2025, 07/14/2025, 07/18/2025 and 07/21/2025. It is hand written on the shower form that R1 was given a bed bath after refusing a shower. There is no other documentation to ensure R1 was offered a shower or a bath for July 2025.</p> <p>Review of the Comprehensive Plan of Care dated, 07/29/2025, states, Resident has impaired functional mobility. requires assistance with ADLs due to: Weakness. Resident has a self care deficit and requires assistance from staff for daily activities of living including bathing, dressing, grooming and eating related to right side hemiparesis, right hand contracture, right hand splint as tolerated. Resident will refuse nail care at times, showers and getting out of bed. This problem area was edited by staff at this time.</p> <p>Review of the progress notes on 07/30/2025 for June 2025 and July 2025, did not indicate that R1 had refused incontinent care, or baths or showers. On 0516/2025 at 09:57 AM, R1 refused nail care only. During an interview with the Director of Nursing (DON), she acknowledged the findings and did not offer any further comment concerning the ADL care for R1.</p> <p>Review of R26's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to anxiety disorder, hypertension, disorder of pigmentation, and congestive heart failure.</p> <p>Record review of R26's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/16/25 revealed she the Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating she is cognitively intact. Further review of R26's MDS revealed she is dependent on staff for toileting hygiene, requires substantial/maximal assistance with shower/bathing, and is always incontinent of her bowel and bladder.</p> <p>Record review of R26's Physician Orders for July 2025 revealed an order for "Bathing (bath/shower/weekly on Thursdays) once a day on Thursdays."</p> <p>Record review of R26's June Point of Care (POC) History for June 2025, specifically her "Type of Bath ADL documentation" revealed R26 had a shower on 06/12/25, the other dates documented in June were bed baths.</p> <p>Record review of R26's June POC History for June 2025 specifically her Type of Bath revealed the following dates with no ADL documentation: 06/01/2025,06/02/2025,06/04/2025-06/08/2025, 06/11/2025, 06/13/2025-06/14/2025, 06/17/2025-06/18/2025, 06/22/2025, 06/26/2025,06/28/2025-06/29/2025.</p> <p>Record review of R26's July POC History, specifically "Type of Bath" documentation revealed R26 has not received a shower from 07/01/2025 - 07/29/2025.</p> <p>Record review of R26's July POC History specially Type of Bath revealed the following dates with no ADL documentation: 07/03/2025,07/06/2025-07/09/2025, 07/12/2025-07/14/2025, 07/16/2025, 07/18/2025, 07/21/2025-07/27/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of R26's POC History July 2025 "Skin Documentation" revealed the following documentation:</p> <p>-07/04/25- redness on leg</p> <p>-07/04/25- redness on buttock</p> <p>-07/05/25- redness on buttock</p> <p>-07/17/25- redness on buttock</p> <p>-07/28/25- redness on buttock</p> <p>Record review of R26's POC History July 2025 "Skin Documentation" revealed the following dates with no documentation: 07/06/2025, 07/08/2025, 07/12/2025, 07/18/2025, 07/21/2025, 07/23/2025.</p> <p>Record review of R26's POC History June 2025 "Skin Documentation" revealed the following documentation:</p> <p>-06/09/25 - redness on buttock</p> <p>-06/12/25 - redness on buttock</p> <p>-06/18/25 - redness on buttock, leg, and foot/heel</p> <p>-06/19/25 - redness on buttock</p> <p>-06/20/25 - redness on buttock</p> <p>-06/30/25 - redness on buttock</p> <p>Review of R26's Care Plan last revised 07/17/25 revealed, "R26 has impaired functional mobility, requires assistance with ADLs due to weakness. She will refuse care at times and will not go to the shower. Her hair is very matted but will not let anyone do haircare. R26 refuses nailcare from staff she prefers to do own nail trimming and prefers longer nails, she fuse to use a Hoyer lift to get out of bed. Goals include she will be clean, dressed appropriately to weather, participate to preferred activities and stable weight for 90 days. Interventions include resident prefers to wear Prevalon boots at night, resident prefers to have legs elevated with pillows in daytime, resident will refuse to have boots removed at times. Provide with nail clippers and [NAME] board, assist with bathing and dressing, set up for oral care every day and as needed. Administer medications as prescribed, include resident in daily decision-making situation, aske preferences and honor when feasible."</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation and interview on 07/27/25 at 11:32 AM with R26 revealed her hair appeared to be matted. R26 stated that she has to wear head coverings because she is embarrassed of the way her hair looks/the state it&rsquo;s in. Observation of R26 revealed Prevalon boots on her feet at this time, resident stated that she prefers to have her boots removed by 8:00 AM each day (resident has sign in her room stating this preference). R26 stated that she was in need of toileting care and was last provided care around 6:30 AM, before 3rd shift left for the morning. During observation and interview, the surveyor requested resident to use her call light to notify staff that needed assistance. R26 put her call light on at 07/27/25 at 11:26 AM. Certified Nursing Assistant (CNA)3 entered the room quietly, without knocking. R26 became upset and told CNA3 that she could not provide care for her due to not introducing herself prior to entering the resident&rsquo;s room. CNA3 became rude with R26 and stated that she had taken care of the resident before and stated that she is not allowed to provide the resident care alone due to the resident&rsquo;s verbal behaviors and refusals. During this interaction, the surveyor had to de-escalate the argument with facility staff and R26 and encouraged CNA3 to exit the room and to notify their supervisor.</p> <p>An observation and interview on 07/27/25 at 11:46 AM with the Unit Manager and CNA4 revealed, CNA4 knocked and entered resident room and attempted to provide toileting care to R26, but she refused. R26 stated that the Unit Manager is not allowed in her room, and she will not allow her to provide her care. CNA4 stated that there is no other staff that would be able to assist the resident at this time, due to staff having to pass out lunch trays.</p> <p>A follow-up interview with CNA4 on 07/27/25 at 12:27 PM revealed that all other staff are assisting other residents with meals at this time and R26 would have to wait until after lunch for toileting care.</p> <p>An observation and interview of a skin-audit on 07/29/25 at 10:30 AM of R26 revealed &ldquo;her skin is intact on heels, back, buttocks, and sacral area. Skin is dirty and in need of a bath, her skin is very moist on her back and buttocks. R26 keeps personal documentation of when staff assist her with toileting care, R26 stated that her last care was provided on 07/28/25 at 11:50 PM, resident brief at this time was heavily saturated with urine. At 1040 this AM staff are outside of room to come in and finally change her soiled brief. The stench is horrific, the chucks has a large dark yellow stain.</p> <p>An interview on 07/30/25 at 10:18 AM with Licensed Practical Nurse (LPN)3 revealed that the resident can be difficult to interact with and often refuses. LPN3 stated that CNA staff should notify them of the resident&rsquo;s refusal and attempt one more time and then document the refusal in the Nursing Notes. LPN3 stated that the Unit Manager instructs all agency nurses and CNAs related to resident preferences and their expectations on entering and greeting the resident.</p> <p>An interview on 07/30/25 at 10:32 AM with CNA5 revealed that R26 expects for staff to knock prior to entering her room and to ask permission to enter, R26 also expects for staff to introduce themselves and state what care they are about to provide. CNA5 stated that if staff don&rsquo;t meet her expectations related to dignity, then the resident will refuse care. CNA5 further stated that when a resident refuses, they should tell the nurse, and they should document the refusal in the Nursing Notes. CNA5 further stated that ADL documentation should be completed for each resident, on each shift.</p> <p>An interview on 07/30/25 at 10:46 AM with CNA6 revealed that staff should complete ADL documentation each day/each shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Unit Manager (UM) on 07/30/25 at 1:45 PM revealed that they are familiar with R26, her preferences, and history of refusals. UM stated if staff don't approach the resident exactly how she would like/ prefers then R26 will refuse ADL care. R26 also has specific staff members that she will only allow to care for her. UM stated that staff are expected to round on residents every two hours, if a resident refuses care, CNA staff are to tell the nursing staff, then nursing staff must make another attempt and document the refusal in the medical record. UM finally stated that they expect for CNAs to provide/offer ADL care to each resident and document it on each shift.</p> <p>An interview with the Director of Nursing (DON) on 07/30/25 at 4:35 PM revealed that they are familiar with R26 and her preferences. DON stated that the resident has a history of refusals and preference on staff that she will allow to provide her care. At times, there are no staff working that the resident prefers and she will refuse all care. DON further stated that their expectation is for staff to offer to provide care three times then document the resident's refusal, and that ADL care should be offered on each shift.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure that appropriate hand hygiene was implemented in 1 of 1 kitchen observed. Additionally, the facility failed to ensure an effective water management program was in place to safeguard and reduce the potential growth and spread of Legionella and other pathogens in the facility water systems. The facility further failed to ensure the proper PPE (Personal Protective Equipment) was used to reposition Resident (R)42, prior to receiving wound care, for 1 of 1 resident reviewed for pressure ulcers. Findings include:</p> <p>Review of the facility policy titled, "Sanitation and Food Safety In Food and Nutrition Services," last reviewed 06/20/23, revealed "Infection Control and sanitation practices are followed to minimize the risk of contamination of food and prevent food borne illness."</p> <p>Review of the facility policy titled, "Hand Hygiene/Handwashing," last revised on 05/15/23, revealed, "Method: Hand Hygiene technique .Rinse hands with water and dry thoroughly with a disposable towel."</p> <p>An observation on 07/27/25 at 10:00 AM revealed that disposable towels were not available above the employee handwashing sink in the kitchen.</p> <p>During an interview on 07/30/25 at 10:30 AM, the Certified Dietary Manager revealed that the disposable towels should always be available, and the expectation is staff should coordinate with housekeeping to replace disposable towels once they run out.</p> <p>Review of the facility policy titled, Water Systems, Safety and Management, states as the policy: The facility will implement procedures and safeguards to reduce the potential of growth and spread of Legionella and other opportunistic pathogens in building water systems. Procedures:</p> <ol style="list-style-type: none"> 1. Assessment Phase: <ul style="list-style-type: none"> B. Facility Leadership in conjunction with the Safety Committee and Infection Preventionist will comprise the Water Management Team. 2. Implementation Phase: <ul style="list-style-type: none"> A. Water Management Team to oversee the assessment, implementation and functioning of the Program. B. Develop written descriptions of the building water systems using text and flow diagrams, as specified in CDC's Toolkit. C. Water Management Team (WMT) identifies areas where Legionella could grow or spread. D. Water Management Team determines where control measures need to be applied and how to monitor. E. Establish and document interventions for instances that control limits are not met. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. WMT evaluates program routinely and at least annually, to ensure effectiveness of design and implementation.</p> <p>During an interview on 07/29/2025 at 10:55 AM with the current Maintenance Director, he stated that the facility had not implemented a Water Management Program. He did provide a copy of the CDC (Centers for Disease Control and Prevention) Toolkit that was in his possession. He could not provide any measures taken by the facility to safeguard the residents from potential growth and spread of Legionella via the building water systems.</p> <p>Review of the facility policy titled, Transmission Based/Standard Precautions, and Enhanced Barrier Precautions. under Procedures: states,</p> <p>Enhanced Barrier Precautions (EBP).</p> <p>1. Enhanced Barrier Precautions expand the use of PPE (gowns and gloves) during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.</p> <p>A. EBP will be implemented for All residents with the following:</p> <p>1. Infection or colonization with an MDO when Contact Precautions do not otherwise apply.</p> <p>2. Wounds and/or indwelling medical devices (Central lines, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status.</p> <p>B. EBP will be implemented during the following high-contact resident care activities.</p> <p>1) Dressing</p> <p>2) Bathing/showering</p> <p>3) Transferring</p> <p>4) Providing hygiene</p> <p>5) Changing linens</p> <p>6) Changing briefs or assisting with toilet</p> <p>7) Device care or use: central lines, urinary catheter, feeding tube, tracheostomy/ventilator.</p> <p>The facility admitted R42 with diagnoses including, but not limited to, a sacral pressure ulcer.</p> <p>During an observation of wound care on 07/29/2025 at 08:45 AM, 2 Certified Nursing Assistants (CNAs), went into R42's room, who is currently on EBP (Enhanced Barrier Precautions) for a wound. R42 was going to receive wound care by the wound nurse. The CNAs were going to pull R42 up in bed and and position her for the wound care nurse to change the wound dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Lake City Scranton Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1940 Boyd Road Scranton, SC 29591	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a second observation on 07/29/2025 at 08:47 AM, 2 CNAs, knocked on the door of R42's room and entered. Neither CNA, had cleaned their hands or donned gowns or gloves. Both CNAs proceeded to pull R42 up in bed and position her for wound care using their bare hands.</p> <p>During an interview on 07/29/2025 at 08:51 AM with CNA1, she stated that the CNA assisting her to reposition R42 had taken the soiled gloves and gown out of the room with her when she left. No soiled gowns or gloves were observed leaving the room with either CNA.</p> <p>During a second interview on 07/29/2025 at 09:05 AM with CNA2, she stated, that she could not lie, that neither CNA had worn a gown or gloves to reposition R42 for wound care. She stated they were nervous and failed to clean their hands and to don [put on] the proper PPE for a resident on Enhanced Barrier Precautions prior to repositioning her in bed.</p>