

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2024
NAME OF PROVIDER OR SUPPLIER  Rolling Green Village		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Hoke Smith Boulevard Greenville, SC 29615	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49402</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to report their five-day follow-up to the State Agency (SA) within five (5) days.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Investigating Injuries and Reporting Injuries, with a revision date of December 2016 revealed, A facility shall submit a written report of its investigation of every serious accident and incident to the Department within five (5) days of the serious accident or incident. Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. The facility must take the following actions in response to an alleged violation of abuse, neglect, exploitation or mistreatment:</p> <p>Thoroughly investigate the alleged violation;</p> <p>Prevent further abuse, neglect, exploitation and mistreatment from occurring while the investigation is in progress; and</p> <p>Take appropriate corrective action, as a result of investigation findings.</p> <p>Upon arrival at the facility on 04/10/24, the Assistant Director of Nursing (ADON) presented an investigative file with a report dated 11/30/23, which indicated the date the facility notified the SA.</p> <p>Review of the facility's investigation showed the facility did complete their 24-hour initial report. However, there was no five (5) day report completed.</p> <p>During an interview on 04/10/24 at approximately 3 PM with the ADON and Administrator, it was stated that they only complete a 24-hour report. During their 24-hour report, they convene their Interdisciplinary Team and send all relative information and complete the total investigation then send it under the 24- hour report. If any additional information is found later, they do send that relative information to the SA. However, they did not complete the five (5) day report. The Administrator stated she did not know she needed to complete a five day.</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
---	-------	-----------