

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Rock Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 127 Murrah Dr Rock Hill, SC 29732	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214</p> <p>Based on interviews, record reviews, and review of facility policy, the facility failed to ensure Resident (R)1 was free from verbal abuse by Licensed Practical Nurse (LPN)1.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse, Neglect, Exploitation or Mistreatment last revised in October 2020, states, The facility's leadership prohibits neglect, mental, physical and/or verbal abuse, use of a physical and/or chemical restraint not required to treat a medical condition, involuntary seclusion, corporal punishment and misappropriation of a patient's/resident's property and/or funds.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: generalized anxiety disorder, pressure ulcer of sacral region stage 3, and needs assistance with personal care.</p> <p>Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/05/24, revealed R1 had a Brief Interview of Mental Status (BIMS) score of 14 out of 15, indicating R1 was cognitively intact.</p> <p>During an interview on 05/22/24 at 10:55 AM, Certified Nursing Assistant (CNA)1 revealed she was in the room during the incident between Licensed Practical Nurse (LPN)1 and R1. CNA1 stated that R1 did not want to be changed due to her family arriving but would do so later. CNA1 stated LPN1 got upset at the smell and stated that R1 had s*** up her back and that she shouldn't give the nurses and CNAs a hard time. CNA1 further stated that LPN1 stated to her during lunch time, Did Stinky Eat referring to R1. CNA1 concluded LPN1 later returned to R1 and stated, I know I gave you a hard time earlier and stated she was sorry.</p> <p>During an interview on 05/22/24 at 11:20 AM, LPN1 revealed when she came in to work that morning around 7 AM, she got a report from the night staff that R1 did not want to be changed and that she had s*** up her back to her stomach. LPN1 stated that she told R1 that her roommate had rights and she needed to respect her as well. LPN1 further stated she and another CNA was talking right outside R1's room and that R1 might have heard someone saying something as the room smelled really bad.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/22/24 at approximately 12:08 PM, R1 revealed she was so humiliated during the incident. R1 stated she was on Percocet, and she had become constipated. Therefore, she was on several stool softeners and had an x-large bowel movement that morning. R1 stated LPN1 repeatedly kept saying it smelt just terrible and asked my roommate if she needed a mask. R1 further stated after my family left, LPN1 came back and asked, Was I mean to you earlier? I stated to her Yes.</p> <p>During an interview on 05/22/24 at 12:30 PM, R1's roommate revealed on the day of the incident LPN1 was rude and loud with R1. R1's roommate stated LPN1 said you are uncooperative with nurses and CNAs. R1's roommate further stated LPN1 continued to loudly state how bad the smell was and began to spray the room and hallway, and asked me if I needed a mask. I stated no we all have bowl movements, and they smell. R1's roommate concluded it was rude to be that loud in front of other people regarding the smell.</p> <p>During an interview on 05/22/24 at 12:53 PM, the Social Services Director (SSD) stated that R1 reported to her that LPN1 was stating that she smelled bad and asked R1's roommate if she needed a mask, and then proceeded to go in the hallway and continue loudly talk about her and the smells.</p> <p>During an interview on 05/22/24 at approximately 1:30 PM, the Director of Nursing (DON) and the Administrator revealed they were new and could not provide information regarding the allegation of abuse.</p>		