

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  McCormick Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 204 Holiday Road MC Cormick, SC 29835	

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 0624</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214</b></p> <p>Based on review of facility policy, record reviews and interviews, the facility failed to ensure a resident had a safe and orderly discharge from the facility, for 1 of 1 resident. Specifically, Resident (R)1 was discharged from the facility on 04/14/23 to a motel located approximately 50 minutes from facility. Upon arrival to the motel, R1 suffered an emergent event and had to be transported to an emergency room .</p> <p>On 04/09/24 at 3:00 PM, the Director of Nursing and Regional Director of Clinical Services was notified that the failure to ensure a resident had a safe and orderly discharge from the facility constituted Immediate Jeopardy (IJ) at F624.</p> <p>On 04/09/24 at 3:04 PM, the survey team provided the Director of Nursing with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 04/14/23. The IJ was related to 42 CFR 483.15 - Admission, Transfer, and Discharge</p> <p>On 04/16/24, during Quality Assurance (QA) of the survey, the State Agency (SA) determined that further investigation was necessary and the survey team returned to the facility on [DATE].</p> <p>On 04/19/24 at 10:41 AM, the facility provided an acceptable IJ Removal Plan. On 04/19/24 at 10:41 AM, the survey team validated the facility's corrective actions and removed the IJ as of 04/09/24.</p> <p>Findings include:</p> <p>Review of the facility policy titled Discharge Summary and Plan last revised October 2022 states, Every resident is evaluated for his or her discharge needs and has an individualized post-discharge plan and The discharge plan is re-evaluated based on changes in residents' condition or needs prior to discharge.</p> <p>Review of the facility policy titled Discharging a Resident without a Physician's Approval last revised October 2022 states, If a resident wishes to be discharged to a setting that does not appear to meet his or her post-discharge needs, the facility will treat this situation similarly to refusal of care and will: a. discuss with the resident and document the implications and/or risks of being discharged to a location that is not equipped to meet his/her needs . b. determine if a referral to Adult Protective Services or other state entity is necessary.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 425171
		If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  McCormick Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Holiday Road MC Cormick, SC 29835	
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 0624</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses included but not limited to: homelessness, bipolar disorder, anxiety, depression, chronic hypoxemic and hypercapnic respiratory failure, COPD exacerbation, acute encephalopathy, injury of head, long term use of insulin, pressure ulcer to sacral region and type 2 diabetes.</p> <p>Review of R1's 5 Day Entry Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/24/23 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R1 was cognitively intact.</p> <p>Review of R1's Discharge Summary revealed R1 was discharged with a wheelchair, oxygen tank and tubing and various personal items.</p> <p>Review of R1's Post-Discharge Plan of Care with an effective date of 04/13/23, revealed R1 required home health services for nursing needs. The Post-Discharge Plan of Care also indicated that resident/family would provide; personal care, transportation, meals, and housekeeping. R1's Dietary and Nutritional Needs indicated R1's suggested food fluids: CCD [controlled carbohydrate diet] diet, Dysphagia Advanced texture, Thin Liquids consistency. Further review of the Post-Discharge Plan of Care revealed Amount sent with resident (regarding medications) was left blank indicating the medication was not sent with the resident upon discharge. The medications included: Pregabalin Oral Capsule 25 MG, Omeprazole 20 MG, Lucricant Eye Ophthalmic Ointment, Valproic Acid Oral Capsule 250 MG, Insulin Glargine Solution 100 Unit/ML, Losartan Potassium Oral Tablet 50 MG, Fluticasone Propionate Nasal Suspension 50 MCG/ACT, Doxazosin Mesylate Oral Tablet 1 MG, Symbicort Inhalation Aerosol 160-4.2 MCG/ACT, Amitriptyline HCL Oral tablet 50 MG, Trazodone HCL Oral Tablet 50 MG, Montelukast Sodium Oral Tablet 10 MG, Oxycodone-Acetaminophen Oral tablet 5-325 MG, Amlodipine Besylate Oral Tablet 5 MG, Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT, Ziprasidone HCL Oral Capsule 80 MG, and Diazepam Oral Tablet 5 MG. The Post-Discharge Plan of Care also indicated under Wound Care, Treatments, Therapy Procedures you should do 1. Procedure/Purpose/Frequency: Santyl Ointment 250 Unit/GM (Collagenase) Apply to sacrum topically every day shift for wound care cleanse with wound cleanser apply alginate calcium after application of santyl cover with bordered gauze. Lastly, section ii which states, These discharge instructions have been reviewed with me in a language I understand. All questions have been answered to my satisfaction. I have received the medications or written prescriptions as indicated above. The signature and date sections acknowledging section ii, was left blank.</p> <p>Review of R1's Care Plan dated 02/22/24 revealed the following: The resident has limited physical mobility r/t weakness and recent hospitalization . The resident has an ADL self-care performance deficit r/t weakness, impairments in mobility and impairments in overall function. Resident requires assist with ADL's several times daily and prn. Resident is incontinent of bladder/bowel and is at risk for complications. Contributing factors to incontinence are: decreased ability to make self understood, decreased ability to understand others, diabetes. And Resident is at risk for Altered ADLs R/T: Decline in functional ADL activity such as: Bed Mobility (e.g., turning and positioning), Transfer (e.g. getting in or out of bed), Walking, Locomotion, Dressing, Eating, Toileting, and Personal Hygiene &amp; Bathing.</p> <p>Review of R1's Progress Notes dated 04/17/23 at 11:41 AM, revealed Resident D/C from facility on 4/14/23.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  McCormick Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  204 Holiday Road MC Cormick, SC 29835	
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 0624</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of R1's Progress Notes dated 04/13/23 at 2:19 PM, revealed, Patient seen today for NP discharge visit patient will be discharged from facility by himself to a hotel. He will be discharged with home health services MSA and he will need skilled nurse services, HHA, PT, SN, and OT . Prescription given for oxygen at 4 L/min via nasal cannula continuously for history of COPD. Facility social worker also informed that patient will need oxygen in place at his home setting prior to discharge from facility.</p> <p>Review of R1's Progress Notes dated 04/14/23 at 1:00 AM revealed patient seen today for NP discharge visit patient will be discharged from facility by himself to a hotel. He will be discharged with home health services MSA and he will need skilled nurse services, HHA, PT, SN, and OT. Patient has mobility limitations preventing the patient from completing ADL's. and I am extremely concerned over patient discharge but he is competent to make this decision. He is high risk for repeat hospitalization . Frankly I think he should begin with home health and probably transition to palliative care since his pulmonary disease is end-stage. He is malnourished with a hypermetabolic state. He is aware of the risk. Medications were reviewed and reconciled.</p> <p>During an interview on 04/09/24 at 10:47 AM, the Social Services Director (SSD) stated that R1 was discharged due to him not wanting to be here anymore and R1 had expressed the facility was not getting his money. SSD also states that R1 was discharged to a motel, and that he did not sign an AMA (against medical advice) and during his admission he was not compliant with wearing his oxygen. Lastly the SSD states that they focus on resident rights and choices when discharge planning and if it is a safe place, they will discharge resident.</p> <p>Review of an email from Home Health to the facility dated 04/09/24 at 5:04 PM, revealed, Received referral from [facility representative] for [R1] to be seen on MSA Home Health services on 04/13/23. However Patient could not be admitted to our services due to returning to [hospital] on 4/14/23. Patient not admitted to MSA Home Health.</p> <p>During an interview on 04/09/24 at 11:44 AM, the Director of Nursing (DON) stated that R1 knew where he wanted to go and that all she can remember about his discharge is how ugly he was towards the staff. The DON further stated that upon R1's arrival at the motel, the transportation driver called 911 and he was then taken to the hospital. R1 was not offered an AMA, nor did he sign one.</p> <p>During an interview on 04/09/24 at 1:36 PM, the Transport Driver (TD) stated that during transport of R1 to the motel, he had complained about not being able to breathe but that he was excited to go to the motel. Upon arrival at the motel the owner of the motel stated that R1 could not stay there without someone staying with him due to his condition. The TD then placed a call to 911 as a nurse on the transport van turned up his oxygen and was attending to his needs. The TD could not confirm if R1 had medications with him but could confirm that he had an Oxygen tank, tubing, wheelchair, and various personal items in a bag.</p> <p>During an interview on 04/09/24 at 1:50 PM, the Former Medical Director (FMD) stated that, he had multiple concerns with the facility regarding discharging residents who had issues with funding. The FMD also stated that he had concerns with the discharge of R1 and had noted those concerns in his physician note. The FMD could not remember if an IDT meeting was held prior to R1's discharge, nor could he comment on R1's discharge to the motel.</p> <p>Interview with R1 attempted but unsuccessful due to phone no longer connected.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  McCormick Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 204 Holiday Road MC Cormick, SC 29835	
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 0624</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview with transport nurse attempted but unsuccessful due to phone no longer connected.</p> <p>On 04/19/24 at 10:41 AM, the facility provided an IJ Removal plan, which included the following:</p> <p>Immediate Actions Taken:</p> <ul style="list-style-type: none"> <li>-MD notified of IJ issued.</li> <li>-Re- education provided to SSD and DON by RDCS on 4-9-24 to ensure that all discharges from the facility are safe and that all documentation is in place.</li> <li>-ADHOC QA meeting held (see below)</li> <li>-Resident 1 no longer resides at the facility</li> <li>-Audit of all discharges in last 30 days complete by RDCS on 4-9-24 to ensure all discharges were safe and all documentation present. There were no concerns identified with any other residents.</li> </ul> <p>ADHOC QA Meeting Held 4-9-24</p> <p>Audits of all discharges in last 30 days was reviewed by RDCS on 4-9-24 to ensure all were safe discharges and all documentation in place.</p> <p>All discharges will be reviewed and discussed by IDT team including Administrator prior to to discharge occurring to ensure that all documentation is complete and the discharge is deemed safe.</p> <p>Re-education was provided to SS, DON and Administrator by RDCS on 4-9-24 to ensure all discharges are safe and that all documentation and services needed are in place.</p> <p>Ongoing Monitoring to Continue:</p> <ul style="list-style-type: none"> <li>-All discharges are discussed daily in stand up meeting at facility as well as during IPOC (daily clinical review) and PDPM (review of skilled stay/short term residents).</li> <li>-All discharges are reviewed with MD prior to discharge to ensure all orders and any services needed are ordered and provided.</li> <li>-All discharges with any concerns r/t resident safety or well being will be discussed and APS referrals made as needed.</li> <li>-Ongoing monitoring and discussion of discharges will betaken thru QA meetings to discuss ongoing need for monitoring.</li> <li>-Audits of all discharges will beconducted weekly x 4 weeks and monthly x 2 months then random thereafter and report discussed with QA committee.</li> </ul> <p>The above components have been implemented as of 4-9-24 by 5pm</p>		