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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425174	A. Building B. Wing	07/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McCoy Memorial Nursing Center	207 Chappell Drive Bishopville, SC 29010

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on interviews, record review, and review of facility policy the facility failed to protect Resident (R)3) from accident hazards in the resident's environment specifically, Certified Nursing Assistant (CNA)1 failed to engage the wheel locks on a shower chair, causing R3 to sustain a fall with major injuries. Findings Include: Review of a facility policy titled, Fall Prevention Program last revised 09/01/23, states, Each resident . will receive care and services in accordance with their individualized level of risk to minimalize the likelihood of falls. Review of R3's Face Sheet revealed R3 was admitted to the facility on [DATE], with diagnoses including but not limited to: Alzheimer's, dementia, and osteoarthritis. Review of R3's Annual Minimum Data Set (MDS) with an Assessment Reference Date of 05/22/24, revealed R3 had a Brief Interview of Mental Status (BIMS) score of 09 out of 15, indicating R3 was moderately, cognitively impaired. Review of R3's Nursing Progress Note dated 06/04/24 at 1:30 PM, revealed At 1220PM, CNA notified nurse that resident was being assisted with showering and resident fell from the shower chair. Nurse observed resident sitting on her buttocks with the shower chair behind her and the chair leaning forward onto the resident's back. The resident's left arm was wrapped on the arm of the chair in attempt to brace herself. The resident's right leg was extended in front of her and the left leg was bent at the knee. Resident was guarding her knee and complained of pain and states she was unable to extend her leg. Review of a Hospital Report from the local hospital dated 06/05/24, stated, Xray Tibia-Fibula: Comminuted fractures are seen of the proximal tibia fibula, the tibial fracture is severely comminuted. The fibular head fracture is relatively subtle. (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: 425174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER McCoy Memorial Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 207 Chappell Drive Bishopville, SC 29010	

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 07/05/24 at 1:27 PM, CNA1 stated she was assisting R3 with her shower when she leaned over to dry her legs off and the shower chair slipped from up under her. CNA1 then stated that the shower chairs do have locks on the wheels, but R3's locks were not locked that day. CNA1 further stated that shower chairs are normally to be locked while using them. CNA1 repeated this statement twice confirming she did not lock the wheels on the shower chair. During an interview with R3 on 07/05/24 at 2:56 PM, R3 stated she was wet, and the chair was wet, and she fell . She said, I was drying off if I remember right. Then my legs went flying in different directions and I hurt my leg. Now, she cannot stand. During an interview on 07/05/24 at 2:55 PM, the Director of Nursing (DON) stated that staff should lock shower chairs or any chair with wheels while performing ADL care. The DON further stated that that particular shower chair would move anyways even if locked so they had it replaced after R3's fall.