STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425175	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Physical Rehabilitation and Wellness Center of Spa	8020 White Avenue Spartanburg, SC 29303

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801 Based on facility policy, record review, and interviews, the facility failed to provide the bed hold policy to Resident (R)1 and/or Resident Representative (RR) in a timely manner for 1 of 1 reviewed for hospitalization . Findings include: Review of the facility policy Leadership Policies and Procedures Section III: Organization Ethics, Subject: Bed Hold Policy, revision dated 10/23/19, revealed Policy: 1. Facility's staff will provide each patient/resident or their qualified legal representative with facility's written bed-hold policy at the time of admission and each time the patient/resident leaves the facility for hospitalization or therapeutic leave. Procedures: 2. Written notice of facility's bed hold is included in the Admission Handbook and is provided to each patient/resident or his/her legal representative at the time of admission. Written notice is also provided at the actual time of transfer for hospitalization or therapeutic leave, and specifies the duration of the bed-hold period. Review of R1's Electronic Medical Record (EMR) revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to: Asymptomatic human immunodeficiency virus infection status, human immunodeficiency virus disease, cognitive communication deficit, difficulty in walking, other lack of coordination, muscle weakness (generalized), and mild cognitive impairment. Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 12/13/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R1 has no cognitive impairment. Review of R1's electronic medical record (EMR) revealed R1 was discharged to the hospital on 12/26/24. There was no documentation of a bed hold notification given to the resident and/or responsible party prior to R1's transfer to the hospital. During an interview on 01/29/25 at 1:10 PM, the Social Services Director who stated the bed holds are usually completed by the Business Office Manager (BOM) and Admissions. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425175	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Physical Rehabilitation and Wellness Center of Spa	8020 White Avenue Spartanburg, SC 29303

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/29/25 at 1:19 PM, the BOM who reported that she obtains the midnight census when arriving at work and before morning meeting. If any residents are noted to have been sent out of the building their name will be added to the spreadsheet for follow up. BOM stated that she does not make contact and thought the admissions department made contact. It was reported that she was new and started about 3 weeks ago but works closely with admissions. During an interview on 01/29/25 at 1:37 PM, the Admissions Director stated that she had never been told to do bed holds and had worked at the facility for three months. She stated that what she does is put the resident out in Matrix Care. She verbalized seeing the bed hold forms and that there was a bed hold policy book at every nurse's station. She reported that R1 was discharged with an expected return and was not on a bed hold and had Humana. Bed holds are only provided when a resident has Medicaid, managed Medicaid, and complex Medicaid. During an interview on 01/29/25 at 6:11 PM, the Admissions Director reviewed the bed hold policy provided to the surveyor. It was confirmed that the policy was not provided on the day of the transfer to the resident or the responsible party. It was confirmed by reading the first paragraph out loud that it should have been given. It was confirmed that the ombudsman was not notified. During an interview on 01/29/25 at 6:20 PM, the Administrator reported that the bed hold policy is reviewed on admission and when residents are leaving for any reason regardless of payor source. The administrator agreed that if there is not a signed document available the task was not completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425175	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Physical Rehabilitation and Wellness Center of Spa	8020 White Avenue Spartanburg, SC 29303

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50850 Based on review of facility policy, observations, interviews, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for a resident with aggressive behaviors for 1 of 2 residents reviewed, Resident (R)02. Findings include: Review of the facility's policy titled, Care Plan Process, Person Centered Care dated 05/2023 revealed, Policy: The facility will develop and implement a baseline and comprehensive care plan for each resident that includes the instructions needed to provide effective and person - centered care of the resident that meet professional standards of quality care. Procedures: Following RAI Guidelines develop and implement a comprehensive person - centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Review of R02's Face Sheet revealed R02 was admitted to the facility on [DATE] with diagnoses including but not limited to; aphasia, hemiplegia and diabetes mellitus. Review of R02's Quarterly Minimum Data Set (MDS) with Assessment Review Date (ARD) date of 12/19/24 revealed a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating R11 was moderately cognitively impaired. Review of R02's Care Plan with a start date of 03/27/24 and target date 04/30/25 documented, focus Receives antidepressant medication to help with appetite dx of adult failure to thrive. Documented goal Will not exhibit signs of drug related sedation, hypotension or anticholinergic symptoms. Documented intervention revealed, Monitor resident's mood and response to medication including weight. Further review of the Care Plan revealed that there was no new psychosocial care plan or new interventions related to the incident that occurred on 11/29/24. Review of the 5-day investigation revealed that the social worker would monitor both residents for psychosocial needs as indicated to prevent any further incidences. Review of R02's Physician Order with a start date of 10/12/23 documented, Behavior Monitoring every shift: Antidepressant drug Remeron (mirtazapine) r/t depression monitor for withdrawn/social isolation/ refusal of food/beverage/poor PO intake Special Instructions: Interventions: A: Physical Needs Met B: Distraction C: Redirection D: Validation E: Activity Program F: Quite Time/Rest G: Increased Observation H: Other I: No Interventions Needed Outcomes: 1. Improved, 2. Unchanged, W, Worsened every shift, Day, Second, Third. During an interview on 01/29/25 at 04:04 PM, the Director of Social Services revealed that her assistant would have put the updated care plan in for this resident after the incident on 11/29/24. The Director of Social Services revealed that the full time MDS nurse quit two weeks ago. She stated that there is a part time MDS nurse, but she was not here today. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425175	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Physical Rehabilitation and Wellness Center of Spa	8020 White Avenue Spartanburg, SC 29303

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/29/25 at 04:10 PM, the Director of Nursing (DON) revealed the care plan should have been updated with behaviors and interventions to reflect the altercation. If social services did not do it, MDS should have done it. During an interview on 01/29/25 at 04:15 PM, the Director of Social Services revealed that she had spoken with her assistant, and her assistant thought that she had updated the care plans for both residents, but she guessed she had not.