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	05/27/2026

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 0689 Level of Harm - Minimal harm or potential for 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** Based on review of facility policy, manufacturer manual, record review, and interview, the facility failed to properly secure Resident (R)4 for transfer via hoyer lift. Specifically, the facility used the incorrect size sling to transfer R4, resulting in R4 slipping out of the sling, falling to the floor, and suffering a hematoma to the back of the head.Findings include: Review of the facility policy titled Mechanical Lifts: General Guidelines with a revision date of 05/05/23, documented, Policy: The Facility may employee [sic] the use of mechanical lifts to assist with transfers to ensure the safety of patients, residents, and staff. Procedure: . 3. Prior to initiating use of mechanical list for a patient or resident: B. Validate patient/resident weight is within operating parameters for the mechanical lift and associated equipment. E. Evaluate for appropriate sling size, when used. 1) Slings too large may allow the person to slip out of the sling. F. Choose the correct sling based on manufacturer recommendations and the following criteria: . 3) Size and weight . Review of the Joerns Hoyer Service - Parts Manual under the section Hoyer Clip Style Sling Color/Size Chart - Standard Size section documented, Recommended weight range should only be used as a guideline as other factors can affect sizing. Further review of this section revealed the Comfort Standard Material: Polyester Sling was used in the transfer of R4, as indicated by the Director of Nursing (DON). The recommended weight range for the sling that was used in the transfer of R4 was documented as XL (xtra large), blue in color, and the Recommended Weight Range (lbs) was 275 - 500 lbs. Review of R4's Face Sheet revealed R4 was admitted to the facility on [DATE], with diagnoses including but not limited to; muscular dystrophy, low back pain, age-related physical debility, displaced fracture of second cervical vertebra, need for assistance with personal care, cognitive communication deficit, muscle weakness, severe protein-calorie malnutrition, and paraplegia. Review of R4's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/27/26, revealed R4 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R4 had intact cognition. Further review of the MDS revealed under the Functional Abilities Mobility section (roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, toilet transfer, tub/shower transfer, care transfer, walk 10 feet) that R4 was either Dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, assistance of 2 or more helpers is required for the resident to complete the activity) or the activity was Not attempted due to medical condition or safety concerns. Additionally, the section Functional Abilities Self Care (eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene) was also coded as Dependent. Review of R4's Quarterly MDS with an ARD of 04/29/26, revealed R4 had a BIMS score of 15 out of 15, indicating R4 had intact cognition. Review of the section Functional Abilities Self Care was coded as either Dependent (Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, assistance of 2 or more helpers is required for the resident to complete the activity) or the activity was Not attempted due to medical condition or safety concerns. Further review of the Functional Abilities Mobility section was coded as either Dependent (Helper does ALL of the effort. Resident does none of the (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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	effort to complete the activity. Or, assistance of 2 or more helpers is required for the resident to complete the activity) or the activity was Not attempted due to medical condition or safety concerns except for Roll left and right, which was coded as 02-Substantial/maximal assistance - helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Review of R4's Care Plan with an edited date of 05/06/26, revealed a problem [R4] requires assist with ADL [Activity of Daily Living] Care . The approaches, with a start date of 01/29/26, directed staff to, Bathing: requires assist of 1-2, Bed Mobility: requires assist of 1-2, Toileting: requires assist of 1-2 . Another approach, with a start date of 04/27/26, directed staff to, Hoyer lift wiht [sic] 2 staff for all transfers. Further review of R4's Care Plan revealed another problem with a start date of 01/29/26, [R4] at risk for falling R/T [related to] decreased mobility, weakness, deconditioning, paraplegia. The goal was for R4 to remain free from injury through next review. Review of R4's Progress Note dated 05/27/26 at 3:59 PM, documented, At roughly 1430, CNAs alerted cart nurse and Unit Manager that resident was on the floor. Upon entering resident's room, resident was on the floor, lying on her back, underneath the hoyer lift. CNAs had placed a pillow under her head but had not moved her, her legs still laying over one of the legs of the hoyer lift. CNAs stated leg straps were properly crossed under residents legs, sling hooked up properly to hoyer lift hooks, but resident slid out of the hole at the bottom where her butt sits. She then fell from the sling onto the floor, hit her back and head. Unit Manager assessed resident - PERRLA present, hematoma (slightly larger than a golf ball) forming to the right occipital area of the head, and resident complaints of pain to her back and head. Unit Manager instructed not to move resident due to potential spine, neck, and head injury, asked cart nurse to call EMS for transport and notify provider. CNAs brought vital sign machine - V/S - B/P (111/73), HR (81), Resp (20), Temp (98.3), O2 (96 RA). EMS arrived, assessed resident. EMS attempted to place C-Collar and backboard for spinal injury precautions/safety - resident refused despite EMS encouragement. EMS transferred resident to gurney and departed with resident at 1450. Review of R4's Vitals dated 05/01/26 at 9:12 AM, revealed R4's weight was 120.9 lbs (pounds). According to the Joerns Hoyer Service - Parts Manual the recommended sling based on R4's weight was the Comfort Standard Material: Polyester sling which is red in color with a recommended weight range of 75 - 150 lbs. Further review of R4's vitals revealed the following weights: 04/03/26 - 116.4 lbs, 03/02/26 - 114.8 lbs. Review of R4's Computed Tomography (CT) Scan with a date of study on 05/27/26, revealed a small right posterior scalp hematoma. During an interview on 05/27/26 at 4:10 PM, Unit Manager (UM)1 stated, CNAs gave the resident a shower, utilizing the hoyer lift for transfer. The resident slipped through the crisscross sling. There were 2 CNAs present during the transfer. The crisscross sling was secured properly. The resident complained of back and head pain, we initialed spinal protocol. EMS arrived and the resident refused c collar and backboard. There were no visible signs of injuries except for a hematoma on the back of her head. During an observation and interview on 05/27/26 at an unspecified time, with the Director of Nursing (DON) and UM1, revealed the sling used during the transfer was still in R4's room. Upon entering the room, the sling was on R4's bed, which was confirmed by UM1. Observation of the sling did not reveal a serial number or identifiable marking. Interview with UM1 and DON revealed that slings are color coded based on recommended weight. Observation confirmed that the sling was blue in color. (Joerns Hoyer Service - Parts Manual indicated that a blue comfort standard sling was recommended for residents' weighing 275 - 500 lbs) During an interview on 05/27/26 at 4:29 PM, Certified Nursing Assistant (CNA)1 stated, We was putting her (R4) up in the sling and we had her up and the lady with me had her feet. When we went to move the sling to put her back in the chair, she slipped through the crisscross of the sling. [CNA2] was the other lady. She fit in the sling perfectly, I guess we used the correct sling. She hit the floor and I put some pillows under her while [CNA2] went and got the nurse. I didn't see any injuries, I didn't want to move her too much. At attempted interview with CNA2 on 05/27/26 at 4:33 PM, was unsuccessful. During an interview and observation on 05/27/26 at 5:05 PM, the DON stated, The resident prefers that sling. If I had knowledge about the sling sizes and her preference, I would have (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	verified that she understood the risk of using that sling. In regards to the correct size sling, I will have to check. The DON further revealed that slings are kept in the laundry rooms when not in use. If a resident is using the sling it will stay with that resident until it needs to be washed. During an observation on the laundry rooms on Unit 100, did not reveal a red sling, which was the appropriate size for R4.