STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425288	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Ridgeway	213 Tanglewood Court Ridgeway, SC 29130

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918 Based on review of facility policy, record review, and interview, the facility failed to accurately document Resident (R)211's advance directives, for 1 of 2 residents. Specifically, R 211 had orders and signed documentation requesting Do Not Resuscitate (DNR), however R 211's Care Plan and Face Sheet documented Full Code. Findings include: Review of facility policy titled, Advance Directives: South Carolina with a review date of 11/28/17 revealed This healthcare center recognizes the right of patients/residents to control decisions related to their medical care. Advance Directives relate to the provision of care when the patient/resident lacks the capacity to make healthcare decisions. Advance Directives executed in accordance with state law will be honored by the healthcare center .The healthcare center shall enter in the patient/resident's medical record any change in or termination of the advance directive for health care that becomes known to the healthcare center .3. Should the patient/resident indicate on the Advance Directive Checklist that he/she has issued advanced directives about his/her treatment, the healthcare center will require that copies of such advance directives be given to the healthcare center for inclusion in the patient/resident medical record .A copy of the advance directives shall become a permanent part of the patient/resident's medical record .The Director of Health Services (or designee) will notify the attending physician of advance directives and document such notification in the medical record. Review of R 211's Face Sheet revealed, R 211 was admitted to the facility admitted on [DATE] with diagnoses including but not limited to: dementia, cerebral infarction, cerebellar stroke syndrome, and systolic (congestive) heart failure. Review of R 211's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/14/25, revealed, R 211 had a Brief Interview of Mental Status (BIMS) score of 08 out of 15, indicating moderate cognitive impairment. Review of R 211s electronic medical record (EMR) revealed, a document dated 01/02/25 stating R211 wishes to be DNR and will provide the facility with a copy Review of R 211'sPhysician Orders dated 01/07/25, revealed R 211's code status was DNR. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R 211's Care Plan dated 01/08/25 under the advance directive category, revealed, R 211 was a Full Code, with interventions noted to advise R 211 and/or resident representative to provide copies to the facility of any updated Advance Directives and for all staff to be made aware of R211's wishes. Review of a progress notes dated 12/02/24 by Social Services revealed Quarterly assessment R 211 remain DNR. Review of R 211's EMR revealed her code status on the dashboard of the EMR was marked as a Full Code. During an interview on 01/28/25 at 10:31 AM, Certified Nursing Assistant (CNA) 3 stated, Today is my first day. I am unsure of what the Do Not Resuscitate (DNR). The nurse told me about all the patients. During an interview on 01/28/25 at 11:20 AM Licensed Practical Nurse (LPN) 1 stated, Resident is full code. During an interview on 01/28/25 at 11:29 AM Admission stated, The son did the admission paperwork. R211 is a full code. I would have to look back at the admission paperwork to confirm status. During an interview on 01/28/25 at 11:32 AM, Social Worker (SW) stated, She is a full code. During an interview on 01/28/25 at 11:41 AM, R211's Resident Representative (RP) stated, Let me call my sister to verify. I believe it her code status is a full code. During an interview on 01/28/25 at 12:30 PM, the Director of Nursing (DON) stated, Not right off. The SW will follow up DNR status. We will follow up.

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	425288	A. Building B. Wing	01/28/2025

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on observations, interviews, record review, and review of facility policy, the facility failed to ensure a comfortable and homelike environment was provided for 1 Resident (R)36 of 2 residents reviewed. Specifically, they failed to properly clean R36's room and failed to provide R36 with a clean mattress and linen. Findings Include: Review of facility policy titled, Infection Control-Housekeeping Services last revised 10/16/23, revealed, It is the policy of this facility to ensure housekeeping services will be performed on a routine and consistent basis to ensure an orderly, sanitary, and comfortable environment. Further review revealed, A deep cleaning will be performed for each patient/resident room monthly and at discharge and in patient/resident care areas, cleaning of non-carpeted floors and other horizontal surfaces will be performed daily and more frequently if spillage or visible soiling occurs. Review of an undated facility policy titled, Housekeeping: Discharge and Monthly Deep Cleaning of the Resident Room, revealed, To detail the proper steps for the Discharge & Monthly Deep Cleaning of resident rooms in order to create a sanitary and comfortable environment for the resident This task should be completed for all residents' rooms at a minimum of once per month or as needed. Spray and wipe down horizontal and high touch surfaces (bed, bed frame, bed rails. Mattress). Review of R36's Face Sheet revealed R36 was admitted to the facility on [DATE] with diagnoses including but not limited to: persistent vegetative state, dysphagia, gastroparesis and gastro-esophageal reflux disease. Review of R36's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/30/24 revealed that a Brief Interview for Mental Status (BIMS) was not performed. A review of the deep cleaning schedule for the month of January 2025 revealed that R36's room was scheduled for a deep clean on Wednesday, January 8, 2025. This cleaning was noted as part of the routine schedule, but it is unclear whether the cleaning was completed as planned. During an observation on 01/26/25 at 11:42 AM, R36 was observed lying on her bed in her room. It was noted that the bed did not have any sheets, and the mattress appeared unkempt. The surface of the mattress was visibly soiled, with crumbs scattered across it and a brown, crusty substance observed in multiple areas. Additionally, a noticeable stain, suspected to be blood, was observed on the floor near the bed. During an observation and interview on 01/26/25 at 12:53 PM, Registered Nurse (RN)2 visually confirmed the presence of blood stains on the floor and the unkempt state of the mattress. When shown R36's mattress, RN2 remarked, Yeah, that is filthy. RN2 then added that residents' rooms and mattresses are cleaned by housekeeping. (continued on next page)

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	425288	A. Building B. Wing	01/28/2025

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/26/25 at 12:56 PM, the Housekeeping Supervisor (HS) explained that typically, Certified Nursing Assistants (CNA) are responsible for notifying housekeeping if there are any concerns regarding the condition of residents' rooms. HS further stated that mattresses are scheduled for cleaning once a month, with additional cleanings conducted as needed. HS clarified that housekeeping notifies the nursing staff the day before any scheduled cleaning so that everyone is informed. HS stated R36 may need a new mattress. During an interview on 01/27/25 at 12:13 PM, the Director of Nursing (DON) confirmed that housekeeping follows a deep cleaning schedule and provides prior notice to nursing staff the morning before any scheduled cleanings. DON emphasized that staff could utilize the Equipment Lifecycle System (TELS) to communicate cleaning issues, or they can page housekeeping directly using the walkie talkie. DON reiterated that staff are expected to adhere to policies and procedures when addressing housekeeping concerns. However, DON was unaware of the condition of R36's mattress and room.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918 Based on record review and interviews, the facility failed to ensure a resident had received a Preadmission Screening and Resident Review (PASRR) prior to admission to the facility for 1 of 1 resident reviewed, Resident (R)101. Findings include: Review of CMS regulation of PASRR guidelines, dated revised September 30, 2005, revealed, Federal statue and regulations require all applicants to a Medicaid-certified nursing facility (NF) to be screened for mental retardation or related conditions (MR), and serious mental illness (MI). Review of admission record revealed the facility admitted Resident (R)101 on 02/16/1959, with a diagnosis that included metabolic encephalopathy, vascular dementia, severe with agitation, dementia in other disease classified elsewhere, severe, with agitation, and other frontotemporal neurocognitive disorder. Review of R101's Medication Administration Record (MAR) dated January 28, 2024, revealed Zyprexa Zydis (olanzapine) 5 mg tablet, disintegrating three times a day for agitation; haloperidol lactate 5 mg/mL syringe stat - Immediately 1 ml, intramuscular, STAT - Immediately for severe agitation; Seroquel (quetiapine) 100 mg tablet twice a day. Review of R101's Care Plan initiated on July 29, 2024, revealed, R101 uses psychotropic medications. The interventions include provide structured activities as a diversional technique, approach in a calm manner, and psychological consultation. Review of Quarterly Minimum Data Set (MDS) dated [DATE], revealed R101 had a Brief Interview of Mental Status (BIMS) score of 00, which indicated that R101 has no or minimal ability to perform activities of daily living. Review of R101's PASARR Level I screening form dated July 29, 2024, revealed a completed form and signature from Social Worker from [NAME] Health [NAME]. During an interview on 01/28/25 at 01:25 PM, Social Worker stated, I usually run a ICD 10 report every month and if warranted they will get screened for a Level II. We go by the federal regulations. The hospital completes the Level I PASAAR prior to admission During an interview on 01/28/25 at 11:53 AM, DON stated, We have a lot of Dementia training throughout the year. Every couple of months or so. During an interview on 01/28/25 at 12:21 PM, DON stated, She is on hospice, so she has had an overall decline. During an interview on 01/28/25 at 01:27 PM, DON stated, 'We do not have a PASARR policy, we go by the federal regulation.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 31846 Based on the facility policy, record reviews and interviews, the facility failed to ensure the Comprehensive Plan of Care was reviewed and revised for Resident (R)29 and R100 with goals and interventions to ensure an ongoing program of activities for each individual resident based on likes/dislikes and preferences for 2 of 4 residents reviewed for activities. Findings include: Review of the facility policy titled, Activities Program, states as the policy statement, The Health Care Center provides an ongoing program of Activities designed to meet the physical, mental and psychosocial well-being of each resident while offering a rich array of activities to the residents of the center. The procedure number 7 states: After reviewing the Activities Assessment and Preferences for Customary Routine & Activities in the EHR (Electronic Medical Record), the IDT (Interdisciplinary Team) designates specific activities for individual residents in the resident's care plan based on their likes/dislikes, preferences, and impairments. The facility admitted R29 on 07/23/2024, with diagnoses including, but not limited to, muscle weakness, bilateral lower limb amputations, hypertension and chronic pain. Review on 01/27/2025 of the Comprehensive Plan of Care dated 10/24/2024 for R29, revealed a problem area which states, Resident prefers activities that identify with prior lifestyle, but has problems with his mobility. The goal states, Resident will express satisfaction with daily routine and leisure activities by participating with one leisure activity weekly for 90 days to improve social leisure skills. The plan of care did not include any interventions, activity preferences, or likes and dislikes. During an interview on 01/26/2025 with R29, when asked about going to activities and the facility providing activities he stated, What is that? R29 went on to say that he had not been invited to any activities and had not received any one to one activities. The facility admitted R100 on 04/06/2024 with diagnoses including, but not limited to, acute pulmonary edema, asthma, schizophrenia and mood disorder. Review on 01/27/2025 of the Comprehensive Plan of Care dated 08/03/2024 for R100, revealed a problem area which states, Resident prefers 1:1 activities and requires encouragement and motivation to participate with activities. (continued on next page)

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	425288	A. Building B. Wing	01/28/2025

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The goal states, Resident will not exhibit boredom/isolation as evidenced by participating with at least 1 leisure activity weekly. The one and only intervention reads, Staff will verbally encourage and involve resident with those who have shared interests. During an interview with R100 on 01/26/2025 at approximately 1:30 PM, she stated that she has not gone to any activities and she had had no 1:1 activities at all. According to the Activity Director and the Director of nursing, no documentation could be found to ensure R29 and R100 had received any type of activities since admission.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 31846 Based on the facility policy, record reviews and interviews, the facility failed to ensure an ongoing program of activities designed to meet the physical, mental, and psychosocial well-being based on their preferences and likes and dislikes for Resident (R)29 and R100, for 2 of 4 residents reviewed for activities. Review of the facility policy titled, Activities Program, states as the policy statement, The Health Care Center provides an ongoing program of Activities designed to meet the physical, mental and psychosocial well-being of each resident while offering a rich array of activities to the residents of the center. The procedure states: 1. The center shall designate a staff member responsible for the development of the recreational program to include responsibility for obtaining and maintaining recreational supplies. At least one staff person shall be responsible for providing/coordinating recreational activities for the residents. 2. The center shall off a variety of recreational programs to suit the interests and physical/cognitive capabilities of the residents that choose to participate. The center shall provide recreational activities that provide stimulation, promote or enhance physical, mental, and or party as well as information obtained in the initial assessment.: 3. There shall be at least one different structured recreational activity provided daily each week that shall accommodate resident's needs/interests/capabilities as indicated in the care plan. 4. The facility posts a monthly schedule of planned activities for easy review in the center. This schedule shall include the activities, dates, times, and locations. If the resident has dementia and is unable to choose for him/herself, staff members/volunteers shall encourage participation and assist when necessary. 5. The programming should reflect. . Interests of the resident . Activities scheduled at appropriate and convenient times. . Cultural and ethnic interests of the resident. . Appeals to both men and women residents. . Seasonal and special events. . Includes appropriate activities for those impaired or with physical/cognitive capabilities. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	. Provides stimulation. . Promote or enhance physical and or mental well-being. 8. The activity participation will be recorded by the Activities Director/Assistant or designee in the EHR (Electronic Health Record). Participation will be completed for each resident per each activity. The findings include: The facility admitted R29 on 07/23/2024, with diagnoses including, but not limited to, muscle weakness, bilateral lower limb amputations, hypertension and chronic pain. During an interview on 01/26/2025 with R29, when asked about going to activities and the facility providing activities he stated, What is that? R29 went on to say that he had not been invited to any activities and had not received any one to one activities. The facility admitted R100 on 04/06/2024 with diagnoses including, but not limited to, acute pulmonary edema, asthma, schizophrenia and mood disorder. During an interview with R100, she stated that she has not gone to any activities and she had had no 1:1 activities at all. During an interview with the Activity Director on 01/27/2025 at 09:48 AM, she stated that she is a new employee and will look for the documentation on activity attendance for R29 and R100. According to the Activity Director and the Director of Nursing no documentation could be found to ensure R29 and R100 had received any type of activities since admission.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on observation, interview and record review the facility failed to carry out orders for a splint/palm guard for one (Resident (R)36) of one resident reviewed for range of motion (ROM). This failure had the potential cause further decrease of ROM and/or pain for the resident. Findings Include: The facility Director of Nursing (DON) stated they do not have a policy for splints/devices. Review of R36's Face Sheet revealed R36 was admitted to the facility on [DATE] with diagnoses including but not limited to: persistent vegetative state, stiffness of right shoulder, and contractures of the right elbow, right hand and left hand. Review of R36's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/30/24 revealed that a Brief Interview for Mental Status (BIMS) was not performed. Further review revealed R36 had impairments of both upper and lower extremities and was dependent of others for all aspects of care. Review of R36's Physicians Orders revealed, [Passive Range of Motion] PROM to R [right] and L [left] upper extremities and application of L [left] and R [right] palmar guards daily during the day shift for 8 hours, with a start date of 08/06/2024. Review of a progress note dated 01/09/25 at 3:04 PM, revealed, [Interdisciplinary Team] IDT met and discussed resident. Will continue on restorative program [related to] r/t [Passive Range of Motion] PROM to [Bilateral upper extremities] BUE and palm guard to bilateral palms. Review of R36's Care Plan last reviewed/revised on 12/05/24 revealed, R36 required total assistances with her [Activities of Daily Living] ADL's and restorative nursing as ordered. Interventions included: provide assistive device as ordered and [Passive Range of Motion] PROM to R [right] and L [left] upper extremities and application of L [left] and R [right] palmar guards daily during the day shift for 8 hours. Review of a Facility Assessment titled Quarterly Observation dated 11/30/24, under the Musculoskeletal System: Musculoskeletal History and Physical Observation: revealed, R36 presented with contractures in the following areas: upper right and left extremities, right and left hands and wrist, and extremity weakness in the bilateral upper and lower extremities. During an observation on 01/26/25 at 11:43 AM, R36 was observed with both hands tightly curled inward, and the left hand was positioned near the edge of the mattress. No splints or assistive devices, such as palm guards, were observed on either hand. During an interview on 01/26/25 at 12:53 PM, RN2 explained that R36 did not have any orders for palm guards; however, they usually place rolled towels in her hands for positioning. RN2 also stated that passive range of motion (PROM) exercises should be performed daily for R36. (continued on next page)

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	425288	A. Building B. Wing	01/28/2025

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 01/27/25 at 10:46 AM, R36 was again observed without palm guards on either her left or right hand. RN1 confirmed that R36 had orders for palm guards and was enrolled in a restorative nursing program that included the use of palm guards for both hands. RN1 then searched for and placed palm guards on R36's hands. RN1 further clarified that, to her knowledge, it is the responsibility of the nursing staff to ensure the placement of palm guards. During an interview on 01/27/25 at 12:13 PM, the Director of Nursing (DON) stated that either Certified Nursing Assistants (CNA) or nurses can place the palm guards on residents. DON also noted that both CNAs and nurses have access to the residents' care plans and orders through the charting system, ensuring that all necessary interventions are documented and available for reference.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on observations, interviews, record review, and review of facility policy, the facility failed to ensure Resident (R)36, 1 of 3 residents reviewed for enteral tube feedings received the appropriate treatment and services to prevent complications. R36 had two contradicting orders for enteral tube feedings. Findings Include: Review of the facility policy titled, Enteral Nutrition (Tube Feeding) with a review date of 09/12/2024 revealed, The goal is to provide enteral nutrition to the patient/resident in order to achieve and maintain optimal nutritional status. Further review revealed, the physician will write orders prescribing the formula, rate route of administration and flush orders for the individual patient/resident. Review of the facility policy titled, Physician Orders last revised 03/01/24 revealed, Procedures: 3. Any dose or order that appears to be inappropriate due to patient/resident's age, condition, or diagnosis should be verified with the attending physician and Medical Director if necessary. Review of R36's Face Sheet revealed R36 was admitted to the facility on [DATE] with diagnoses including but not limited to: persistent vegetative state, dysphagia, gastroparesis and gastro-esophageal reflux disease. Review of R36's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/30/24 revealed that a Brief Interview for Mental Status (BIMS) was not performed. Further review revealed R36 received 51% or more of total calories through tube feeding. Review of R36's Physicians Orders revealed the following orders: Check residual daily before restarting tube feeding at 10:00 am and record results with a start date of 09/25/23. Jevity 1.5 at 65 Milliliters (ml)/hour(hr.) for 18 hours per day with a 50ml/hr. water flush for 18 hours with special instruction to turn off from midnight to 6:00 am with a start date of 01/16/2025. During an observation on 01/26/25 at 11:40 AM, R36's tube feed was observed labeled and dated with a start time noted for 10:00 AM. (continued on next page)

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	425288	A. Building B. Wing	01/28/2025

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 01/27/25 at 10:53 AM, R36's tube feed was again observed. This time, the feed was labeled and dated with a start time of 6:30 AM. RN1 confirmed that R36's tube feed is scheduled to start at 10:00 AM. When asked about the multiple tube feed orders for R36, RN1 stated she was unaware of these variations, but after confirming them, she stated she would discontinue the outdated order. RN1 further noted that, as a Unit Manager (UM), efforts are made to reconcile orders on a weekly basis, but she would need to consult her supervisor for clarification on facility policies regarding order management. During an interview on 01/27/25 at 12:13 PM, the Director of Nursing (DON) explained that both she and the UM attempt to review orders on a daily or weekly basis. DON emphasized that nursing staff are expected to contact the provider to clarify any discrepancies or necessary adjustments to orders. DON was unaware of R36's multiple orders. During an interview on 01/27/25 at 1:02 PM, the Dietary Manager (DM) stated that either the dietitian or the provider typically initiates changes to a resident ' s tube feed order. During an interview on 01/28/25 at 2:18 PM, the Dietitian confirmed that R36's current tube feed order is Jevity 1.5 at 65 ml/hr for 18 hours, with feeds off at midnight and restarted at 6:00 AM. The dietitian further clarified that on January 16, 2025, she increased R36's feed rate from 55 ml/hr to 65 ml/hr while maintaining the same duration. She noted that the order to begin feeds at 10:00 AM had been placed in 2023, and the dietitian was uncertain when the feeding schedule had shifted from 10:00 AM to 6:00 AM.

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	425288	A. Building B. Wing	01/28/2025

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Pruitthealth- Ridgeway	213 Tanglewood Court Ridgeway, SC 29130

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. 31846 Based on the facility policy, record reviews and interviews, the facility failed to ensure accuracy of staffing posted daily to include the total staff as worked with the census and hours to ensure the resident care and visitors were aware of staffing for each shift as well as each 24 hour period for 10 days from 11/26/2024 through 01/26/2025. Findings include: Review of the facility policy titled, State Minimum Staffing for Healthcare Centers, states as the Policy Statement: The facility will maintain a minimum staffing hours in accordance with federal law and the respective state's rules and regulations. Staffing shall be sufficient to meet the healthcare needs of each patient/resident as identified in the patient/resident's plan of care. Daily nursing hours will be posted at each facility in accordance with federal regulations. 1. Each facility will complete the Daily Nursing Hours for Healthcare Centers Form. Information on the form will include: a. The facility name. b. The current date. c. Resident census. d. The total number of each category directly responsible for resident care per shift. (Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants). e. The actual working hours for each partner in each category per shift. f. The total number hours worked for each category per shift. 2. The facility will post the nurse staffing data on a daily basis by the beginning of each shift. 3. The form must be clean and readable and be posted in a prominent place accessible to residents and visitors. Review on 01/27/2025 at 08:32 AM of the staffing as posted from 11/26/2024 through 01/26/2025 revealed: On 12/5/2024 the actual number of staff worked on the 3-11 shift is 45 with no total hours worked and on the 11-7 shift 45 CNAs was documented as the actual number of staff worked with no total hours. (continued on next page)

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/28/2024, a Saturday, no Registered Nurses (RNs) are documented as in the facility for 8 consecutive hours. On 01/08/2025, the number of actual RNs and LPNs working on the 7 to 3 shift is blank and the total hours worked is also blank. On 01/18/2025, there is no actual number of staff worked and no total hours for each discipline on the posting. On 01/19/2025, there are no CNAs listed on the posting and no actual staff worked and no total hours for each discipline. On 01/20/2025, 01/21/2025, 01/22/2025, and 01/23/2025 there is no actual number of staff worked and no total hours worked on the posting for each discipline. On 01/26/2025 there are no actual number of staff worked on the 11 to 7 shift and no total hours worked at all for the day based on the posting. During an interview on 01/27/2025 at 10:50 AM with the Receptionist, who is responsible for the posting stated, that she asked for the information multiple times and had not received it. During the interview the Receptionist was diligently working to add the information to the form.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 49918 Based on the facility policy, and the insulin pen instructions from The Institute of Family Health, observations and interviews, the facility failed to ensure a medication administration error rate less than 5 percent. Specifically, the insulin flex pens for Resident (R)108 and R99 were not primed correctly prior to administration for 3 of 30 opportunities for error. The medication administration error rate was 10 percent. Findings include; Review of the facility policy titled, Medication Administration: Insulin Injections, reviewed and revised on 07/18/2024, states as the Policy Statement: : It is the policy of this facility that the procedures outline in this policy must be followed to aid oxidation and utilization of blood sugar by the tissues and to control the blood sugar levels in residents/patients with diabetes mellitus through the correct administration of insulin. For Insulin Pens, page 4. 1. Remove the cover from the pen and swab with an alcohol swab. Screw on a new needle and remove cap. 2. Prime the pen by dialing 2 units on the pen and pressing the button on the end of the pen. Repeat priming procedure until insulin secretes from the needle. Review of the Insulin Pen Instructions, from The Institute of Family Health. Part C 1. Remove the paper tab from pen needle. 2. Screw pen needle firmly onto pen. 3. Take big cap off of pen needle. 4. Take little cap off of pen needle. Throw out little cap. Part D 1. Dial up 2 units on pen (each click is 1 unit). 2. Point pen needle up towards ceiling and tap on it gently. 3. Press button on bottom all the way. 4. I necessary, repeat steps 1-3 until you see a drop of insulin come out. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Part E 1. Dial pen to your insulin dose. During an observation on 01/27/2025 at 04:55 PM, RN1 was preparing to give R108 an insulin injection using a Novolin 70/30 Kwik Pen. The RN rolled the insulin pen to ensure it was mixed then wiped the hub with an alcohol wipe and screwed on a needle. Holding the insulin pen horizontal with the cap on the needle she dialed the dose indicator to 2 units to prime the pen. Still holding the insulin pen horizontal, and the cap still applied she pressed the dose plunger to prime the pen. Then the RN proceeded to dial up the ordered dose of insulin and went into R108's room to administer the insulin. During a second observation on 01/27/2025 at 05:25 PM, RN1 was preparing to give R99 two insulin injections. One injection was Lantus 15 units and the second injection was Humalog 4 units subcutaneous via a sliding scale for a blood sugar of 260. The RN then took the Lantus pen and wiped the hub with alcohol and screwed on a needle. With the still capped again she dialed up the 2 units to prime the pen and held the pen horizontal with the needle capped and primed the pen. This surveyor then asked, is that the way you were taught to prime the pen. The nurse stated you are now making me nervous. This surveyor stated, I'm just asking, is that the way you were instructed to prime the pen. Do you hold the pen horizontal with cap on the needle and prime it? The RN then removed the cap and held the pen with the needle pointed toward the floor. RN 1 then primed the Humalog pen in the same manner with the cap on the needle and holding the pen horizontal and proceeded to give the 2 insulin injections to R99. RN1 confirmed that she had primed the 3 insulin pens with the cap on the needle and holding them horizontally.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846 Based on the facility policy, observations, interviews, and The 2017 FDA Food Code, the facility failed to ensure food was served under sanitary conditions during the 200 Hall meal service on 01/26/2025 for 1 of 3 halls observed during meal service. Findings include: Review of the facility policy titled, Meal Delivery, states as the policy statement: It is the policy of this facility that all food be transported under safe and sanitary conditions to prevent foodborne illness. Review of, The 2017 FDA Food Code, states: The 2017 FDA Food Code discourages bare hand contact with RTE food (i.e., food that is eaten without further washing or cooking) and requires the use of suitable utensils such as scoops, spoons, forks, spatulas, tongs, deli tissue, single-use gloves, or dispensing equipment when handling these food items. Bare hand contact with a RTE (ready to eat) food, such as sandwiches and salads, can result in contamination of food and contribute to foodborne illness outbreaks. Therefore, food employees should always use suitable utensils when handling RTE foods. During an observation on 01/26/2025 at 01:00 PM during the lunch meal service on the 200 Hall revealed, Certified Nursing Assistant (CNA)2 setting up a meal tray for the resident in room [ROOM NUMBER]A. CNA2 cleaned her hands with hand sanitizer and then picked up the resident's meal tray and brought it into the room and sat it on the over bed table. She elevated the over bed table with her bare hands, then took the bed control in her hand and elevated the head of the bed. CNA2 then took the cover from the plate and proceeded to remove the silver ware that was wrapped in a napkin, opened the straw and placed in the resident's glass of tea, and then opened a small plastic bag containing a roll and reached into the plastic bag with her bare hands and removed the roll and placed it on the meal tray for the resident to eat. A second observation on 01/26/2025, after pushing the meal cart down the hall to room [ROOM NUMBER]A, CNA2 cleaned her hands with hand sanitizer, took the meal tray into room [ROOM NUMBER] for the resident in the A bed. His lunch consisted of a sandwich. CNA 1 placed the tray on the over bed table and pushed the table up closer to the resident and raised the head of the bed, then removed the plate cover. She removed the silverware from the napkin, placed the straw into his beverage, asked the resident if he wanted mayonnaise on his sandwich. CNA2 took the top piece of bread from the sandwich with her bare hands, layed it onto the palm of her left hand and proceeded to spread the mayonnaise onto the bread, and then picked the piece of bread up with there right hand and placed it onto the sandwich for the resident to eat. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 01/26/2025 at 01:05 PM, during the lunch meal service on the 200 Hall, CNA1 was observed removing a dirty tray from a resident and placing it on the clean food cart. CNA1 then proceeded to grab a clean food tray and serve it to the resident without sanitizing or cleaning their hands. Additionally, the food tray cart was left open during the service. During an interview on 01/26/2025 at 01:10 PM with CNA1 and Registered Nurse (RN)2, RN2 stated that facility policy specifies that dirty trays should not be placed on the food cart. She explained that there is a designated kitchen area for dirty trays, but this procedure is not consistently followed. RN2 acknowledged that staff occasionally struggle with adhering to the policy and, at times, allow it to happen. CNA1 also confirmed that, while the policy prohibits placing dirty trays on the food cart, staff sometimes face situations where the policy is not followed. She mentioned that while staff attempt to redirect this behavior, they sometimes face challenges in enforcing the policy effectively. During an interview on 01/26/2025 at 01:10 PM, CNA2 confirmed that she had touched food on resident's meal trays with her bare hands. She also stated that she was not aware that she should not touch the food, that she had not been told that she could not touch the food with her bare hands.