| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 425294 | A. Building<br>B. Wing | 07/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Promedica Skilled Nursing and Reh- Greenville West | 600 Sulphur Springs Road<br>Greenville, SC 29611 |

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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>Based on review of the facility policy, record review, and interview, the facility failed to report to the State Survey Agency an allegation of abuse that occurred on 03/21/26. Specifically, Resident (R)1 alleged she was physically abused and neglected by a staff member on 03/21/26, for 1 of 3 residents reviewed for abuse.Findings include:Review of the facility policy titled Abuse and Neglect - Clinical Protocol with a revision date of March 2018, states: Treatment/Management 2. The management and staff, with physician support, will address situations of suspected or identified abuse and report them in a timely manner to appropriate agencies, consistent with applicable laws and regulations. Review of the facility's March 2026 Grievance Log revealed a grievance filed by R1 on 03/22/26, stating, Nurse grabbed her arm and hurt her. During an interview with the Director of Nursing (DON) on 07/01/26 at 10:40 AM, the DON stated she has been in her position for approximately 3 years. The DON revealed that there was no reportable created for the incident because the resident did not have any bruises. The DON stated that when an allegation is made, she creates a soft file and if she doesn't report the incident she gives her information to social services and that she does not keep any information she doesn't report. During a follow up interview with the DON and the Acting Administrator on 07/01/2026 at 1:30 PM, the DON stated that when there is an allegation of abuse made she has two (2) hours to investigate the allegation to determine if it is reportable. The DON continues to explain that allegations are reported if during her investigation she sees that there is an issue, and the allegation is not reported if she doesn't find the allegation to be an issue. The Acting Administrator reiterated that if within two hours the allegation is determined not to be substantiated it is not reported. |

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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