

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth- North Augusta		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Talisman Drive North Augusta, SC 29841	

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)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on observation and interview, the facility failed to ensure Resident (R)2's call light was within reach and operational for 1 of 5 residents reviewed.</p> <p>Findings include:</p> <p>The facility did not provide a policy regarding Call Lights.</p> <p>Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE], with diagnoses including but not limited to: heart disease, dysphagia, vascular dementia, and diastolic heart failure.</p> <p>Review of R2's Significant Change of Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/25/24, revealed a Brief Interview of Mental Status (BIMS) score of 99 indicating R2 refused to answer questions.</p> <p>During an observation on 04/23/24 at 10:54 AM, R2 was lying in bed with a blanket covering him. R2's call light was not able to be located.</p> <p>During an observation on 04/23/24 at 12:10 PM, R2 was lying in bed covered with a blanket. R2's call light could not be located.</p> <p>During an observation and interview on 04/23/24 at approximately 12:10 PM, a Floor Technician (FT) observed the call light on the back wall behind the head of the bed. Further observation revealed it was a call light cord sticking out of the wall approximately 1 or 2 inches. The FT confirmed it was the call light cord and pulled it out of the wall and stated, This appears like it was cut.</p> <p>During an interview on 04/23/24 at 12:19 PM, Certified Nursing Assistant (CNA)1 confirmed R2 was able to use the call light if he needed to.</p> <p>During and observation and interview on 04/23/24 at 12:22 PM, Respiratory Therapist (RT)1 and RT2 entered R2's room and asked if there was a concern, as the call light was on in the room. They observed the call light and said, It looks like it has been cut.</p> <p>During an interview on 04/23/24 at 2:27 PM, the Maintenance Director (MD) stated, The call cords get stuck if they are wrapped around the bedrails or get caught in the bedframe. They snap off and break.</p> <p>(continued on next page)</p>

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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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/23/24 at 12:50 PM, the Administrator stated, I'm not aware of any call cords that are broken. The company does not have a call light policy. I would expect all call lights to be within reach and working.</p>		