

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 12/03/2025
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)
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. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and interviews, the facility failed to maintain resident safety from potential harm for 1 of 1 residents reviewed. Specifically, a staff member did not follow facility policy regarding a Hoyer lift transfer, resulting in Resident (R)9 falling to the floor. Findings Include: A review of the facility policy titled Clinical Procedure: Transfers with Mechanical Lift, with no revision date, revealed At least two staff members are needed to operate a mechanical lift. Raise the lift until it can safely go over the person. Position the lift over the person. Open the spreader bar so the legs are in the widest position. Lock the wheels on the legs. Lower the lift until it is just over the person. Attach the straps on the sling to the lift with the hook facing away from the person. Cross the person's arms. Raise the lift high enough that the person and sling are no longer touching the surface. One person moves the lift while the other person supports the individual's legs. Position the lift so the person's back is toward the back of the receiving chair or wheelchair. One person lowers the individual slowly into the chair while the other person guides the individual into the chair for proper body alignment. Unhook the sling from the lift. Raise the lift and remove it from the area. Remove the sling from under the person. After the procedure: Document the procedure and results per your organization's policy. Notify the provider of any abnormal findings. A review of R9's Face Sheet revealed that R9 was admitted to the facility on [DATE] at 02:40 PM with diagnoses to include, but not limited to, cerebrovascular disease, muscle weakness, restless legs syndrome, edema and other lack of coordination. A review of R9's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/06/2025, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating she was cognitively intact. Further review of R9's MDS showed that she is dependent for transfers, including chair/bed-to-chair and tub/shower transfers. A review of R9's Care Plan revealed Resident at risk for falls related to impaired mobility and side effect of medication - needs full body lift for transfer. 9/5/25- fall. Goal: R9 will not sustain an injury related to falling through the next review. Approach: Assist for transfers using full-body mechanical lift once sufficient staff is obtained. Start Date: 02/04/2024A review of R9's Progress note dated 09/06/2025 at 01:58 AM states: Resident resting at present, no distress or complaints related to post fall. Neurological status at resident's baseline. Denies pain or discomfort. A review of R9's Progress note dated 09/08/2025 08:25 AM states, 09/05/25, 1015 - During AM med pass, writer entered room. Observed resident on floor within Hoyer lift net sling, slings attached to Hoyer lift, and wheelchair adjacent to resident. Assigned nurse aide stated the brakes on the wheelchair failed to engage, and caused the lift to lose balance. Nurse assessed pt, no change in ROM observed, no change in orientation noted, resident able to track finger, verbally responsive to commands. Assigned nurse aide denied head involvement upon observation of fall. Resident reported mild pain to buttocks, administered PRN Acetaminophen. No new affected skin areas observed from fall. Neuro checks in progress, no change in baseline. Resident socializing with other residents in activity room. Writer attempted to reach RP sister, no answer. Provider made aware. Plan of care ongoing. A review of R9's post-fall observation report dated 09/06/2025 revealed, Witnessed fall, during transfer to chair. Resident location prior to fall- in bed. Potential factors could have contributed to the fall, not using a 2-person transfer. Measures to be taken to prevent further falls- Staff education. Due to positive COVID-19 status, observation and interview was unable to be conducted with R9 on 12/03/2025. Attempts were made to contact R9's Responsible Party (RP) via phone on 12/03/2025 at 1:00 and 1:19 PM- Unsuccessful both times, and a detailed message was left for a return call. An interview with Certified Nursing Aide (CNA)1 on 12/03/25 at 12:45 PM via phone revealed that on Friday, September 5th, she was doing rounds and making her way to Rooms 117 A & B. She stated she provided a brief change to R9's roommate first because she knew R9 would take longer. CNA1 stated that R9 requires a Hoyer lift for transfers, which requires two people to assist. She reported that although there were other CNAs working on the floor, none were available to help her transfer R9 from the bed to the chair. CNA1 stated she cleaned R9, got her dressed, and was on her way to grab the lift. When she was in the process of using the lift, she noticed that a wheel on the lift got stuck and that R9's arm was out of the sling. CNA1 stated that the Hoyer lift was approximately at her stomach/hip level from what she could recall. She stated that as soon as she noticed the issue, she stopped to reposition everything, and that is when R9 dropped to the ground, landing on her bottom. CNA1 stated that R9 did not hit her head and did not have any injuries that she could recall. She stated that other staff heard a loud noise and came into the room to assist her and R9. CNA1 reported that</p>		