STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425303	A. Building B. Wing	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Emory Post Acute Care	59 Blackstock Road Inman, SC 29349

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 46258 Based on interview, record review, facility document review, and facility policy review, the facility failed to timely report a resident-to-resident abuse allegation to the State Agency for 1 (Resident (R)3) of 3 residents reviewed for abuse. Findings include: An undated facility policy titled, Abuse, Neglect, Exploitation, or Mistreatment, specified, 1. The facility's Leadership prohibits neglect, mental, physical and/or verbal abuse, use of a physical and/or chemical restraint not required to treat a medical condition, involuntary seclusion, corporal punishment, and misappropriation of a patient's/resident's property and/or funds and ensures that alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, and [sic] are reported immediately. 2. The Facility shall report immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not result in serious bodily injury to the administrator of the facility and to other officials (including to the StateSurvey [sic] Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. A Resident Face Sheet indicated the facility admitted R2 on 06/28/2019. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of encephalopathy, moderate vascular dementia with psychotic disturbance, personal history of mental and behavioral disorders, major depressive disorder, and bipolar type schizoaffective disorder. A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/14/2025, revealed R2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated R2 had verbal behavioral symptoms directed towards others and other behavioral symptoms not directed toward others for four to six days during the assessment's lookback period. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Care Plan, included a problem statement revised 03/07/2025, that indicated the resident was at risk for alteration of psychosocial wellbeing due to recent resident-to-resident abuse; R2 was the aggressor. Approaches directed staff to provide inpatient psychiatric referral (initiated 03/03/2025), medication review by providers (initiated 03/07/2025), and social service visits for three days (initiated 03/03/2025). A Resident Face Sheet indicated the facility admitted R3 on 09/13/2022. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of vascular dementia with mood disturbances, severe vascular dementia with psychotic disturbances, and major depressive disorder. A quarterly MDS, with an ARD of 03/25/2025, revealed R3 had a BIMS score of 5, which indicated the resident had severe cognitive impairment. The MDS indicated R3 had no behavioral symptoms during the assessment's lookback period. R3's Care Plan, included a problem statement revised 03/07/2025, that indicated the resident was at risk for alteration of psychosocial wellbeing due to recent resident-to-resident abuse; R3 was the victim. Approaches (initiated 03/03/2025) directed staff to complete a room change for the resident, complete body audits for three days, and provide social service visits for three days. R2's Resident Progress Notes, revealed a note dated 03/02/2025 at 2:16 PM, by Licensed Practical Nurse (LPN)3 that indicated R2's roommate (R3) had family visiting and R2 began cursing at R3's family when the family took R3 to the room to lay down for a nap. Per the Resident Progress Notes, R2 stated, This is my [expletive] room. I do not want [R3] in here. [R3] can go to the couch to sleep and watch tv [television]. All [R3] does is piss up my bed and I'm sick of [R3]. Your [family member] is nasty, and I do not want [R3] here. You both can leave my room now. Per the Resident Progress Notes, R3's family member approached staff visibly upset and afraid for the safety of [R3]. The Resident Progress Notes indicated a grievance was filed, the DON was notified, and instructions were given to move R3 to another room. An Initial Report, dated 03/03/2025, revealed a two-hour initial report was completed for mental abuse of R3. Per the Initial Report, R2 was listed as the alleged perpetrator. The Initial Report indicated the date and time of the reportable incident was 03/03/2025 at 10:30 AM. The Initial Report indicated the Social Service Director (SSD) brought a grievance that was under her door that revealed the roommate of R3 was being mentally abusive to them. A Complaint/Grievance Report, dated 03/02/2025, revealed Responsible Party (RP)5, R3's RP, was very concerned how the resident's roommate (R2) was treating R3. The Complaint/Grievance Report indicated, I'm very concerned how [R2] is treating [R3] kicking [the resident] out of [their] room, mentally abusing [the resident]. The Complaint/Grievance Report revealed a section titled Documentation of Investigation that indicated the staff member assigned responsibility for the investigation was the DON and it was assigned on 03/02/2025; the report revealed the DON signed that the section was completed on 03/03/2025. The Complaint/Grievance Report indicated the plan to resolve the grievance was to move the resident to another room. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 04/10/2025 at 4:31 PM, RP5 stated they were visiting with R3 and when they took R3 back to their room, R2 started yelling at R3. Per RP5, R2 stated R3 was not allowed to watch television, and that the resident urinated and defecated everywhere. RP5 stated they reported what occurred to the nurse. RP5 stated they filled out a complaint form and the facility immediately moved R3 to another room. RP5 stated they had observed no negative outcomes from the incident, and they did not think R3 remembered the incident. During a telephone interview on 04/10/2025 at 4:20 PM, LPN3 stated R3's family approached her and said they did not like the way R3's roommate (R2) was talking to them. According to LPN3, R2 was yelling, and she reported the incident to the DON. LPN3 said they moved R3 out of the room and once the family visit was completed, the family wished to file a grievance. LPN3 stated she assisted R3's family member in completing the grievance form and walked with the family member to the SSDs office where the family member placed the form under the door of the SSDs office. LPN3 said they moved R3 to a new room immediately. LPN3 stated she did not see the grievance form and said R3's family member did not say abuse, so she did not think anything about the incident. During an interview on 04/11/2025 at 1:06 PM, the Administrator stated the incident should have been reported on 03/02/2025 when the incident occurred, even if R3's family member did not say the word abuse.