STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425306	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Pickens	163 Love & Care Road Six Mile, SC 29682

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918 Based on observations, interviews, record review, and facility policy review, the facility failed to provide Resident (R)3 with treatment and care according to professional standards of practice, regarding resident transfers for 1 of 3 resident reviewed. Findings included: Review of the facility's procedure titled Two-Person Side-by-Side Transfer with a copyright date of 2019 revealed: Supplies: transfer belt needed. 2. Verify orders . 14. Both nursing assistants should place the hand closest to the resident under the forearm and grasp the resident gently above the wrist. Hold the resident's hand in the other hand with palms facing up . 23. Document procedure per facility policy/protocol . 24. Take appropriate actions for abnormal findings or observations. Review of R3's Face Sheet revealed R3 was admitted to facility on 08/13/19, with diagnoses including but not limited to: unspecified fracture of upper end of left humerus, subsequent encounter for fracture with routine healing, Dementia in other diseases classified elsewhere with agitation, contracture of left and right shoulder, and contracture, unspecified hip. Review of R3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/27/24 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 99, which indicated incomplete. Further review of the MDS revealed R3 was coded as dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) for Tub/shower transfer. Review of R3's Care Plan with a start date of 09/11/24 documented, [R3] is at risk for Falls related to (r/t) diagnosis of dementia with confusion, BIMS score of 99, non-ambulatory. Further review of the Care Plan revealed the following approach, Resident will not experience a fall r/t injury requiring hospitalization times 3 months. Review of R3's Physician Orders dated 11/13/24, revealed, X-ray results received, showed left humerus acute comminuted head and neck fracture, Nurse Practitioner, and Department of Human Services (DHS) aware. Order received to send to Emergency Department (ED). (continued on next page)

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/16/2025 at 2:26 PM, Registered Nurse (RN)1 stated, The Certified Nursing Assistant (CNA) reported she had trouble transferring her into the bed. She did not tell me she almost fell on the floor or nothing like that. The Director of Nursing (DON) called me the next day when I was home to ask questions about the incident. The roommate told the nurses and Emergency Medical Services (EMS) that CNA3 dropped the resident. During an interview on 01/16/25 at 2:37 PM, Licensed Practical Nurse (LPN)1 stated, I was here the next day after the incident. [R3's] roommate stated, You know they dropped her. R3 was being transferred from the shower and the CNA dropped her. I notified the DON. We did an x-ray here and I received orders to send her out. The hospital stated, Why did you send her in? This type of fracture is treated with using a sling. LPN1 stated, [R3's] behaviors or appetite didn't change, but her interventions have changed. The first couple of days she was grimacing. Tylenol has been very effective on her pain. During an interview on 01/16/25 at 3:01, LPN2 stated, I came in that night the CNA was doing her rounds. The CNA stated [R3] had a bruise. I told her after I finished counting, I would come in to assess, but she said it was not a normal bruise. When I assessed [R3's] left arm it looked swollen and bruised. [R3] doesn't communicate. I touched her left arm, and she would cry out. I texted the Nurse Practitioner (NP) and Medical Doctor to report. They told me to send her out. Then, I reported it to the DON. She doesn't walk or get out of the bed so I was unsure how she got could be injured. I was off a couple of days after that. We didn't know she was out of the bed that day. If it is anything I need to let the CNAs know we do a huddle and use the white board to communicate. During an interview on 01/16/25 at 3:07 PM, CNA2 stated, I didn't know it occurred. The day the incident happened [CNA3] asked me to help her. I initially helped on the first transfer to get into the shower. CNA3 used the shower table. [R3] is a 2-man transfer. I am usually on C hall, so I returned to my unit. I assumed she got someone else to help her transfer her back to bed. That night everything was normal. I didn't do any other turns with [CNA3]. After going home, [RN1] called us for information of who we helped that night. [RN1] informed me that one of the night shift CNAs noticed the bruising on [R3's] arm. [CNA3] got sick giving care. She sat out in the parking lot for a while and eventually she went home. CNA3 looked fine with the first transfer. During an interview on 01/16/25 at 3:21 PM, CNA3 stated, I just gave her a shower and attempted to get her back in bed. I called for help, and no one came. I pulled her by her arm and assisted her to the floor. I told [RN1] about it. She now denies I told her anything. The DON started an investigation. She took the nurses word over mine and I got fired. [R3] is a 2-person assist getting back in the bed. Changing her brief and clothes is 1 man assist. That order was verbally told to me. During an interview on 01/16/25 at 3:34 PM, R3's roommate stated, CNA3 was trying to get her back in bed. Then R3 fell . CNA3 looked at me with an awful look. Like, oh no you can't help me. CNA3 got her back in bed by herself. She stood her up and laid her back in the bed. R3 went to the hospital two days after she fell . She fractured her arm. I heard someone say it. When she returned, she didn't act like she fell or nothing. [R3] don't talk. She will holla out, but she doesn't carry on a conversation with you. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/16/25 at 3:40 PM, the DON stated, The nurse called me to let me know the resident had discoloration of her arm. We worked on filling out an incident report, made the Medical Director aware. The Medical Director gave the order to get the X-ray. One of the CNAs stated she was showering her and did not report it when it happened. The CNA couldn't give me a reason why she didn't report it. She did state she didn't think it was no injury. I told her she must report incidences whether it was an injury or not. Especially when someone falls. She fell that day, and the nurse notice she had the bruising and swelling. The staff assessed it on the next shift. The staff should let the other staff know when they need help. They usually work together well. The nurses will also help when they need help. CNA3 was not here for the whole shift. She left early after the incident. She was sick. We do not have an order for 1 or 2 man assist. We discuss that in our meetings and the nurses discuss it in their bundles. We do have a doctor's order for Hoyer lift, but not necessary for ADLs. During an interview on 01/16/25 at 4:00 PM, the Administrator stated, I am not aware of this incident. My first day at PH [NAME] was on November 14, 2024.