

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/16/2024
NAME OF PROVIDER OR SUPPLIER  Aiken Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3525 Augustus Road Aiken, SC 29801	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34575</p> <p>Based on interview, record review, and facility policy review, the facility failed to timely report an allegation of abuse to the state agency that involved 2 residents (Resident (R)2 and R3) of 4 sampled residents reviewed for abuse.</p> <p>Findings include:</p> <p>Review of the facility's policy, titled, Abuse Prevention, Intervention, Reporting and Investigation, revised 03/30/2023, indicated, The purpose of this policy is to ensure all resident have the right to be free from abuse, mistreatment, neglect, exploitation, corporal punishment, involuntary seclusion and misappropriation of property. The facility will ensure the prevention, protection, prompt reporting and interventions in response to alleged, suspected, or witnessed abuse, neglect, and exploitation of any resident. The policy specified, 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within the specified timeframe: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegations involve abuse or result in serious bodily injury, or . Not later than 24 hours if the events that cause the allegations do not involve abuse and do not result in serious bodily injury.</p> <p>Review of an Admission Record revealed the facility admitted R2 on 08/10/2023. According to the Admission Record, the resident had a medical history that included diagnoses of but not limited to: hemiplegia and hemiparesis following a cerebral infarction (stroke) affecting the right dominant side, osteoarthritis, aphasia, anxiety disorder, age-related cataract, rheumatoid arthritis, a left elbow contracture, and long-term (current) use of anticoagulants.</p> <p>Review of a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/29/2024, revealed R2 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition.</p> <p>Review of an Admission Record revealed the facility admitted R3 on 10/10/2023. According to the Admission Record, the resident had a medical history that included diagnoses of but not limited to: encephalopathy, cerebral infarction, atrial fibrillation, and atherosclerotic heart disease.</p> <p>Review of a quarterly MDS, with an ARD of 04/17/2024, revealed R3 had a BIMS score of 12 out of 15, which indicated moderate cognitive impairment.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Initial Report, dated 03/15/2024, indicated the state survey agency was notified of the abuse allegation on 03/15/2024 at 3:59 PM.</p> <p>Review of a Resident to Resident Conflict report dated 03/14/2024 at 1:23 PM, revealed Licensed Practical Nurse (LPN)1 documented she heard yelling, entered R2's room, and observed R3 standing over R2 yelling with glasses in hand. According to the report, staff moved R3 to the hallway and evaluated the redness noted of R2's left lower arm. R2 stated R3 grabbed their arm.</p> <p>Review of R2's Progress Note, created by LPN1 with an effective date of 03/14/2024 at 1:30 PM, revealed LPN1 heard yelling coming from the resident's room and multiple staff members entered the room. The resident's roommate was observed standing over R2 yelling with glasses in hand. According to the note, staff moved R3 to the hallway and evaluated redness to the left lower arm. R2 stated the roommate had grabbed their arm.</p> <p>Review of R2's Weekly Skin Check, completed by Unit Manager (UM)2 on 03/15/24 at 3:57 PM, revealed the resident had a bruise to the left lower arm.</p> <p>Review of R2's social services Progress Notes, dated 03/15/2024 at 6:16 PM, revealed Master of Social Work (MSW)3 documented she met with R2 who reported there was a verbal dispute with their roommate that became physical.</p> <p>Review of R3's social services Progress Note, dated 03/15/2024 at 6:36 PM, revealed MSW3 documented she spoke with R3 and the resident reported they had a verbal altercation with their roommate, which accelerated to R3 removing R2's glasses. R3 denied any other physical allegations.</p> <p>During an interview on 06/15/2024 at 5:30 PM, the Administrator stated the verbal altercation occurred on 03/14/2024 between two residents who lived in the same room. The Administrator stated on 03/15/2024 there was a bruise observed on R2's arm which the resident claimed was caused by R3 grabbing their arm during the altercation on 03/14/2024. Per the Administration, at that point the facility submitted a report of abuse and initiated an investigation. The Administrator stated on 03/15/2024 the police were notified of the incident that occurred between R2 and R3 and a case number was assigned.</p>		