

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Golden Age Operations		STREET ADDRESS, CITY, STATE, ZIP CODE 82 N Main Street 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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>20960</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure medications were timely administered for 1 (Resident (R)6) of 3 sampled residents observed for medication administration.</p> <p>Findings included:</p> <p>An undated facility policy titled, Medication Administration, revealed Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. The policy Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.</p> <p>On 06/10/2024 at 10:15 AM, the surveyor observed Registered Nurse (RN)1 administer R6 their 8:00 AM dose of oxybutynin chloride and sennosides-docusate sodium.</p> <p>R6's Order Summary Report, with active orders as of 06/10/2024, revealed an order dated 04/11/2024 for oxybutynin chloride oral tablet, give 5 milligrams (mg) by mouth four times a day for overactive bladder and sennosides-docusate sodium oral tablet 8.6-50 mg, give one tablet by mouth two times a day for constipation.</p> <p>R6's Medication Administration Record, for June 2024, revealed staff were to administer sennosides-docusate sodium oral tablet at 8:00 AM and 4:00 PM and the oxybutynin chloride oral tablet at 8:00 AM, 12:00 PM, 5:00 PM, and 9:00 PM.</p> <p>In an interview on 06/10/2024 at 11:07 AM, the Director of Nursing (DON) stated the MAR would list the exact time the medications are to be administered based on the frequency and the physician orders. The DON stated if medications were not administered within those time frames, they were late.</p> <p>In an interview on 06/10/2024 at 11:19 AM, RN1 stated she has worked at the facility for about three to four months and because she was still training, she was a bit slower with the administration of resident medication(s). RN1 stated she was not sure how many medications were administered outside of the parameters as most of the medications she administered on the B Hall were frequently late.</p> <p>In a follow-up interview on 06/10/2024 at 2:49 PM, the DON stated she was not aware of medications being late.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Golden Age Operations		STREET ADDRESS, CITY, STATE, ZIP CODE 82 N Main Street 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20960</p> <p>Based on observation, interview, record review, document review, and facility policy review, the facility failed to ensure two staff assisted with a mechanical lift transfer for 1 (Resident (R)4) of 3 sampled residents reviewed for accidents. The failure resulted in R4 sustaining a laceration to the back of their head.</p> <p>Findings included:</p> <p>An undated facility policy titled, Safe Resident Handling/Transfers, with a copyright date of 2023 revealed It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. The policy specified, 10. Two staff members must be utilized when transferring residents with a mechanical lift.</p> <p>An Admission Record revealed the facility admitted R4 on 11/13/2023. According to the Admission Record, the resident had a medical history that included diagnoses of neurocognitive disorder with Lewy bodies, chronic embolism and thrombosis, insomnia, dyspnea, depression, protein calorie malnutrition, hallucinations, hemarthrosis, anemia, and hypotension.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/05/2024, revealed R4 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. The MDS revealed the resident was dependent on staff for chair/bed-to-chair transfers.</p> <p>R4's undated care plan, revealed the resident was at risk for falls related to impaired gait and/or balance, impaired awareness, increased weakness and/or fatigue.</p> <p>R4's Nursing Progress Note, dated 04/29/2024 at 3:31 PM, revealed the resident fell to the floor while attempting to be transferred from the bed to their wheelchair. The Nursing Progress Note revealed the resident hit their head on the floor during the fall and a pool of blood was found under the resident and the Director was noted to have a laceration to the back of their head. According to the Nursing Progress Note, the Director of Nursing (DON) was called the resident's room, the resident remained alert and oriented to person, place, time, and situation, and an ambulance was called to transport the resident to the hospital.</p> <p>The facility Summary Statement, signed by the Administrator and dated 05/02/2024, revealed the resident had a witnessed fall on 04/29/2024. Per the Summary Statement, new interventions included to remind the staff to encourage the resident to properly place the resident's hands on the mechanical lift and for there to be a two-person assist with the use of the mechanical lift.</p> <p>In an interview on 06/10/2024 at 1:13 PM, R4 stated when they cut their head, there was only one staff that transferred them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Golden Age Operations		STREET ADDRESS, CITY, STATE, ZIP CODE 82 N Main Street 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/10/2024 at 1:20 PM, Certified Nurse Aide (CNA)4 stated R4 required two-person assistance for transfers with a mechanical lift. CNA4 acknowledged it was only her that transferred the resident with a mechanical lift when the resident fell on [DATE]. According to CNA4, she should have had assistance of another staff when she transferred to the resident. CNA4 explained that R4 held the bar of the mechanical lift instead of crossing their arms, and then the resident slid out of the mechanical lift onto the floor. Per CNA4, it was a busy morning, the other aides were busy, and she did not wait for assistance. CNA4 stated after the incident, the DON informed her that there had to be two staff to transfer a resident with a mechanical lift.</p> <p>In an interview on 06/10/2024 at 1:51 PM, the MDS Care Plan Coordinator stated two people were to be present when the mechanical lift was used.</p> <p>In an interview on 06/10/2024 at 2:55 PM, the DON stated R4 had a fall when they slid out of the mechanical lift. The DON stated she informed the staff that whenever the mechanical lift was used, two people must be present.</p> <p>In an interview on 06/10/2024 at 4:20 PM, the Administrator stated R4's fall on 04/29/2024 was reported to the state agency because the resident sustained a laceration. The Administrator confirmed there was only one staff that transferred the resident with a mechanical lift and there should have been two.</p>