

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 06/25/2025
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility's policy, record review, and interviews, the facility neglected to provide care and services for Resident (R)1, resulting in R1 successfully eloping from the facility, for 1 of 3 residents reviewed for neglect.</p> <p>On 06/06/25 at 12:30 PM the Administrator was notified that the failure to prevent a successful elopement from the facility constituted Immediate Jeopardy at F600.</p> <p>On 06/06/25 at 12:30 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 05/12/25. The IJ was related to 42 CFR 483.12 - Freedom from Abuse, Neglect and Exploitation.</p> <p>On 06/06/25 at 3:42 PM, the facility provided an acceptable IJ Removal Plan. On 06/06/25, the survey team, validated the facility's corrective actions and determined that the facility put forth due diligence in addressing the noncompliance. This IJ is considered at Past Non-Compliance as of 05/13/25.</p> <p>An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F600, constituting substandard quality of care.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Abuse, Neglect and Exploitation with a revised date of 02/15/24, documented, the facility shall provide protection for the health, welfare and rights of each resident . Definitions: Neglect means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress . III Prevention of Abuse, Neglect and Exploitation The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, . D. The identification, ongoing assessment, care planning for appropriate interventions, and monitoring of residents with needs and behavior which might lead to conflict or neglect; .</p> <p>Review of R1's Face Sheet located in the resident's electronic medical record (EMR) revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: Alzheimer's Disease, hyperlipidemia, hypertension, atherosclerotic heart disease and angina pectoris. Further review of the Face Sheet indicated R1's advance directives were Do Not Resuscitate (DNR).</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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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of R1's Medication Administration Record for the month of May 2025, revealed R1's Medical Conditions included but was not limited to: senile degeneration of brain, Alzheimers Disease, and insomnia.</p> <p>Review of R1's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/12/25, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating he was severely cognitively impaired.</p> <p>Review of R1's Elopement Risk Assessment, on admission, dated 05/05/25, revealed R1 is mobile with a device, R1 has one or more predisposing diseases, R1 is cognitively impaired (decreased safety awareness, disturbances in judgement, wandering). Further review of the assessment revealed no indications of elopement.</p> <p>Review of R1's Baseline Care Plan completed on 05/06/25, indicated no history of wandering/elopement. However, the Baseline Care Plan did indicate the following: Under the section Falls/Safety/Elopement indicated evaluate for unsteady gait, proper footwear and maintain safe environment.</p> <p>Review of an undated video clip which was taken by a passerby and posted to social media revealed that R1 was outside by himself while it was raining. Further review of the video revealed R1 was in his wheelchair, which was in a grassy area, near the main road.</p> <p>During an interview with Housekeeper (HSK)1 on 06/05/25 at 10:48 AM, HSK1 stated, I was sitting on the porch on a 15 minute break, looking at my telephone, when I noticed [R1] in the ditch. I called for help, which was [Certified Nursing Assistant (CNA)1].</p> <p>Attempted interview with CNA1 on 06/05/25 at 10:53 AM and 1:39 PM, was not successful. This surveyor received a call from CNA1 on 06/09/25 at 9:32 AM, CNA1 stated that she was coming down the hall when [HSK1] yelled, A resident is trying to get away. CNA1 stated that she went outside to help and R1 was heading over the hill towards the road. CNA1 further stated that she and HSK1 turned him around and he was brought back in. CNA1 concluded she didn't know how long he was out there, but he was alone when she got to him.</p> <p>During an interview with the Director of Nursing (DON) on 06/05/25 at 10:55 AM, she stated that she was notified that R1 was outside by the Business Office Manager (BOM) and when she looked outside, staff were bringing him back. The nurse did an assessment, and he was without injuries.</p> <p>During an interview with the Business Office Manager (BOM) on 06/05/25 at 11:05 AM, she stated, I received a call from a passerby stating that a resident was in front of the building, near the road, in a ditch. The BOM stated that she immediately alerted the staff.</p> <p>During an interview with the Administrator on 06/05/25 at 11:09 AM, the Administrator stated that the facility did not know that R1 was outside until the passerby called the facility. The Administrator stated that R1 was being discharged on the day of the elopement, and he was waiting on his family to pick him up.</p> <p>On 06/06/25 at 3:42 PM, the facility provided an acceptable IJ Removal Plan, which included the following: (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome. (Completion Date: 5/12/2025)</p> <p>-</p> <p>The resident directly involved in this alleged deficient practice was assessed with no injuries noted on 5/12/25. Additionally, the resident had a planned discharge in place to occur on 5/12/25. The resident was discharged on 5/12/25 as planned.</p> <p>-</p> <p>The DON and/or designee re-evaluated residents at risk for wandering/elopement utilizing a midnight census report checklist to indicate that residents had been re assessed and were accounted for. No new residents were identified as being at risk at for elopement. All residents were accounted for in the facility.</p> <p>-</p> <p>All doors with an outside exit were checked to ensure proper function. No issues were identified.</p> <p>-</p> <p>All nursing staff on all shifts received education on wandering, elopement, and resident safety from the DON or designee. Any staff not in attendance received re education on their next scheduled workday.</p> <p>2.</p> <p>Actions to Prevent Occurrence/Recurrence: Elopement and wandering residents' policy was reviewed. No revisions were necessary.</p> <p>-</p> <p>An elopement drill was conducted on 5/14/25 with no issues noted during the drill.</p> <p>-</p> <p>Newly admitted residents will continue to be assessed for elopement by the DON or designee and ensure that appropriate interventions are in place.</p> <p>-</p> <p>The DON or designee will ensure care plans are updated to ref ect any identified elopement risk.</p> <p>-</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A Quality Assurance Performance Improvement (QAPI) Performance Improvement Project was implemented to review and interpret all audit findings. All findings will be discussed at the monthly QAA meeting for a minimum of three months or until a pattern of compliance is maintained.</p> <p>Date Facility Asserts Likelihood of Serious Harm No Longer Exists: 05/13/25</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** Based on review of the facility's policy, record review, and interviews, the facility failed to provide adequate supervision for 1 out of 3 residents reviewed for accidents.</p> <p>On 06/06/25 at 12:30 PM, the Administrator was notified that the failure to prevent a successful elopement from the facility constituted Immediate Jeopardy at F689.</p> <p>On 06/06/25 at 12:30 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 05/12/25. The IJ was related to 42 CFR 483.25 - Quality of Care.</p> <p>On 06/25/25, the facility provided an acceptable IJ Removal Plan. On 06/25/25, the survey team, validated the facility's corrective actions and and determined that the facility put forth due diligence in addressing the noncompliance. This IJ is considered at Past Non-Compliance as of 05/13/25.</p> <p>An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F689, constituting substandard quality of care.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Elopement and Wandering Residents revealed, The facility shall ensure that residents who exhibit wandering behavior and/or at risk for elopement receive adequate supervision to prevent accidents .</p> <p>Review of an undated video clip which was taken by a passerby and posted to social media revealed that R1 was outside by himself while it was raining. Further review of the video revealed R1 was in his wheelchair, which was in a grassy area, near the main road.</p> <p>Review of R1's Face Sheet located in the resident's electronic medical record (EMR) revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: Alzheimer's Disease, hyperlipidemia, hypertension, atherosclerotic heart disease and angina pectoris. Further review of the Face Sheet indicated R1's advance directives were Do Not Resuscitate (DNR).</p> <p>Review of R1's Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/12/25, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating he was severely cognitively impaired.</p> <p>Review of R1's Elopement Risk Assessment, on admission, dated 05/05/25, revealed R1 is mobile with a device, R1 has one or more predisposing diseases, R1 is cognitively impaired (decreased safety awareness, disturbances in judgement, wandering). Further review of the assessment revealed no indications of elopement.</p> <p>Review of R1's Baseline Care Plan completed on 05/06/25, indicated no history of wandering/elopement. However, the Baseline Care Plan did indicate the following: Under the section Falls/Safety/Elopement indicated evaluate for unsteady gait, proper footwear and maintain safe environment.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>All nursing staff on all shifts received education on wandering, elopement, supervision, and rounding to observe residents, and resident safety from the DON or designee. Any staff not in attendance received re-education on their next scheduled workday.</p> <p>Actions to Prevent Occurrence/Recurrence: Elopement and wandering residents' policy was reviewed. No revisions were necessary.</p> <p>-</p> <p>An elopement drill was conducted on 5/14/25 with no issues noted during the drill.</p> <p>-</p> <p>Elopement drills will occur monthly, at a minimum to ensure, residents are supervised and staff respond appropriately.</p> <p>-</p> <p>Newly admitted residents will continue to be assessed for elopement by the DON or designee and ensure that appropriate interventions are in place.</p> <p>-</p> <p>The DON or designee will ensure care plans are updated to reflect any identified elopement risk.</p> <p>-</p> <p>A Quality Assurance Performance Improvement (QAPI) Performance Improvement Project was implemented to review and interpret all audit findings. All findings will be discussed at the monthly QAA meeting for a minimum of three months or until a pattern of compliance is maintained.</p> <p>Date Facility Asserts Likelihood for Serious Harm No Longer Exists: 5/13/2025</p>		