STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425326	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hallmark Healthcare Center	255 Midland Parkway Summerville, SC 29485

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48835 Based on review of facility policy, record review, and interview, the facility failed to ensure Resident (R)1, while having an acute neurological change, was free from continued falls and injuries, for 1 of 3 residents reviewed. Findings include: Review of the facility policy, dated May 5, 2023, titled, Fall Management revealed under policy, qualified staff evaluates resident and determines contributing causes, addresses risk factors for the fall such as the residents medical condition and determines interventions to prevent future falls. Review of R1's Face Sheet revealed the facility admitted R1 on 07/25/23 with diagnoses including but not limited to: Schizoaffective Disorder, heart disease, metabolic encephalopathy, unsteadiness of feet, dementia, history of falling, type 2 diabetes, hypertension, and essential hypertension. Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/31/24, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating R1 had moderately impaired cognition. Review of R1's Quarterly MDS with an ARD of 04/30/24, revealed R1's BIMS score was documented, acute onset mental change, behavior continuously. There was no score as it could not be ascertained. Review of R1's Care Plan with a start date of 11/14/23, revealed, [R1] is at risk for falls r/t incontinence episodes and other medical diagnoses listed in the H&P No absolute prevention from falls Actual falls: 4/8/24, 4/13/24, 4/16/24, 4/17/24 (5), 4/19/24. The goal for this Care Plan documented, [R1] will have no serious injuries from falls . Review of R1's Electronic Medical Record (EMR) and Situation Background Assessment Recommendation (SBAR) Communication Form revealed R1 suffered a fall on the following days: On 04/13/2024 at 1:30 PM, R1 was found on the floor by the therapist beside her bed. Her blood pressure (B/P) was 90/48, indicating it was low. It further recorded a change in mental status and increased confusion. She was sent to the hospital and was diagnosed with a new hematoma to front and back of right scalp area. Imaging at the hospital revealed new left rib fractures. (continued on next page)

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/16/24 at 1:30 PM, R1 was observed on the floor near the door of her room. Change in mental status was recorded. On 04/17/24 at 11:30 AM, R1's blood pressure recorded as 91/42, indicating it was low. She was described as confused, disoriented with change in mental status. On 04/17/24 at 1:35 PM, R1 was found on the floor in her room, without vital signs recorded. She was described as having increased confusion. No injury recorded. On 04/17/24 at 1:50 PM, R1 was found on the floor in her room, no vital signs were recorded. A change in mental status was recorded. No injury recorded. On 04/17/24 at 2:15 PM, R1 was found on the floor in her room, her pulse was 113, normal is 60-100 beats per minute. Her B/P was recorded 98/54, indicating a low B/P. No injury recorded. On 04/17/24 at 2:30 PM, R1 was found on the floor in her room, her pulse was 113 and her B/P was 98/54, same as previous vital signs. On 04/17/24 at 10:15 PM, R1 was found on the floor with no apparent injury. On 04/19/24 at 2:20 PM, R1 was found on the floor. She complained of pain on her bottom. No injury was recorded. On 04/21/24 at an unspecified time, R1 became hypotensive with B/P 73/45, not verbally responsive and she was sent to the hospital. On same date, facility called for an update and was informed R1 was diagnosed with subdural hemtoma. She returned from the hospital on 04/25/24. During an interview on 06/10/24 at 3:35 PM, Licensed Practical Nurse (LPN)1 revealed, for a low blood pressure (B/P), we would notify the Nurse Practitioner (NP), she was in the building the day she [R1] fell all those times. During an interview on 06/10/24 at 5:14 PM, the Director of Nurses (DON) stated, for each of [R1's] falls, the NP was notified, I cannot say if she was notified specifically on the low B/P's. During an interview on 06/12/24 at 12:12 PM, the LPN Unit Manager stated, I help my nurses when they need it, that day [R1] had a lot of falls. In April, her B/P was running a lot lower. I helped with the incident reports, but I may not have had the vitals and the nurse will put them in. The low B/P could have contributed to [R1's] falls. Some nurses will tell me if the B/P's are low, but others will tell the NP. I like to recheck them. In April, [R1] was a different person, more confused, easily agitated and more impulsive. During an interview on 06/12/24 at 1:40 PM, the Nurse Practitioner (NP) stated, They were monitoring her neuro checks. I was not aware of the low B/P's or I would have sent [R1] to the emergency room , or I would have tried some things, and held her B/P medication. She may have had the subdural hematoma, but it didn't show on imaging until 04/21/24, when she was hospitalized .