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	03/25/2025

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

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. 31846 Based on review of facility policy, observation and interview, the facility failed to ensure Resident (R)57 was clean, dressed, and free from facial hair, for 1 of 1 resident reviewed for respect and dignity. Findings include: Review of the facility policy titled, Activities of Daily Living, Optimal Function, revised on May 5, 2023, documents, The facility provides care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. The Facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming and hygiene . Procedures: 1. Facility staff recognize and assess an inability to perform ADLs, or a risk for decline in any ability to perform ADLs by reviewing the most current or most recent quarterly assessment. 3. Facility staff develop and implement interventions in accordance with the resident's assessed needs, goals for care, preferences and recognized standards of practice that address the identified limitations in ability to perform ADLs. The facility admitted R57 on 09/03/21, with diagnoses including, but not limited to: congestive heart failure, hypertension, generalized anxiety disorder, rash and urinary tract infection. Review of R57's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/17/25, revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated R57 had mild cognitive impairment. Section D was not scored for moods, section E was not coded for behaviors, and Section GG was not coded for functional abilities. Review of a document titled, Point of Care History revealed R57 bath schedule from 02/25/25 through 03/24/25. Further review revealed there were 11 days that a bath was not documented as given. The document indicated R57 did not receive a bath (any type of bath) on the following days: 02/27/25, 02/28/25, 03/02/25, 03/05/25, 03/08/25, 03/09/25, 03/11/25, 03/15/25, 03/17/25, 03/19/25 and 03/22/25. Further review of this document revealed 3 days, 03/10/25, 03/16/25 and 03/21/25, documented that R57 only received partial bed baths and not a full bath. (continued on next page)

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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R57's Comprehensive Care Plan revealed a problem area titled ADLs Functional Status/Rehabilitation Potential which documented, Resident requires various levels of assistance with ADLs (bathing, dressing, grooming, oral care and etc.) due to weakness and deconditioning. She is offered choice of a bed bath or shower. The goal indicated the resident will participate with her ADLs as much as she is able as evidenced by Certified Nursing Assistant (CNA) documentation. The interventions directed staff to, Encourage resident to do as much as she is able. Assist with what she cannot do for herself. Allow ample time to complete tasks. Inform nurse and therapy of any decline or unwillingness to participate. Monitor for fatigue and pace care as needed. Licensed nurses, CNAs along with therapy stall will assist with ADLs care (bathing, dressing, grooming, oral care, hygiene, toileting) as needed. ADL care will be provided upon awaking, before and after meals, and before going to bed as needed along with throughout the day. Further review of the Comprehensive Care Plan revealed a problem, Continence Status: Resident is incontinent of both bowel and bladder related to weakness and deconditioning. The interventions directed staff to, provide incontinent care after each incontinent episode. During an observation on 03/23/25 at 11:05 AM, R57 was lying in bed, in a hospital gown, an odor was noted and R57 had facial hair on her chin. During an observation on 03/24/25 at 10:50 AM, R57 was lying in bed, in a hospital gown, with a similar odor and had facial hair on her chin. During an observation and interview on 03/25/25 at 1:25 PM, R57 was still wearing a hospital gown, with a similar odor and the facial hair was still on her chin. R57 stated, I usually have them shave it when I get a bath, I guess they are too busy and have a lot to do. During an interview with Licensed Practical Nurse (LPN)2, who was also the Unit Manager, stated, [R57] does not like to get out of bed so she has to have bed baths. LPN2 offered no explanation as to why R57 was in a hospital gown, with an odor and facial hair for 3 days.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on review of facility policy, record review, and interview, the facility failed to refer Resident (R)20 for a Preadmission Screening and Resident Review (PASARR) Level II, after the resident received a new diagnosis of a severe mental illness and/or experienced a significant change in status assessment related to their mental illness, for 1 of 2 residents, (Resident (R)20), reviewed for PASARR. Findings Include: Review of the facility policy titled, PASARR Documentation Policy last revised June 9, 2023, documented under PASARR Care Plan, 6 Any resident with newly evident or possible serious mental disorder, ID or a related condition must be referred, by the facility to the appropriate state-designated mental health or intellectual disability authority for review. Review of R20's PASARR Level I Screening Form, dated 11/21/14, revealed the following diagnoses: sepsis, hypertension, seizures and [UE] extremities. R20 had no diagnoses of mental illness nor a history of psychiatric hospitalization in the past two years and no behavioral indicators. R20 received a recommendation of No further evaluation recommended. Review of R20's Face Sheet revealed R20 was admitted to the facility on [DATE]. R20's current diagnoses included but are not limited to: psychotic disorder (09/19/25), delusional disorders (12/06/24), major depressive disorder (12/06/24), dementia without psychotic disturbance (10/09/24), generalized anxiety disorder (12/06/24) and restlessness and agitation (10/18/24). Review of R20's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/08/25, revealed R20 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating moderate cognitive impairment. Further review revealed, R20 had, verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) that occurred daily. Review of a Nursing Progress Note dated 02/07/25, noted, Resident was yelling, cursing at roommate and this writer when I attempted to intervene. Resident stated get him out of my blank room I mean it he better get out of my room explained to resident he is sharing a room with another resident stated I don't care told resident we are reporting him to management due to negative behaviors towards roommates will continue to monitor behaviors. Review of a Progress Noted dated 02/25/25, completed by R20's physician noted, Recent increase in behaviors [DATE]-already on scheduled lorazepam . Previously declined for inpatient management by gen psych institution. Review of R20's Electronic Medical Records (EMR) did not reveal a referral for a Level 2 PASARR. During an interview on 03/23/25 at 3:53 PM, the Social Services Director (SSD) stated, R20 has not been screened and there was no referral for screening. The SSD states the reason for R20 not being screened was, he has not had significant behaviors or treatment in the last two years.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 31846 Based on review of facility policy, observation, and interview, the facility failed to ensure placement of a feeding tube (abdominal) for Resident (R)45, before flushing with water and inserting oral medications into the tube, for 1 of 1 residents observed receiving medications via a feeding tube. Findings include: Review of the undated facility policy titled Enteral Feeding - Administering Medications documented, The licensed nurse will administer medications prescribed by the physician to be given by enteral tube, using the appropriate method according to recognized standards of practice. The licensed nurse will verify correct tube placement on those devices that are not inserted directly into the gut, per clinical standards of practice. The facility admitted R45 on 01/03/25, with diagnoses including, but not limited to: stroke with hemiplegia and hemiparesis, protein calorie malnutrition and vascular dementia along with dysphagia and aphasia. Review of R45's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/09/25, revealed a Brief Interview for Mental Status (BIMS) score of 0 out of 15, indicating severe cognitive deficits. Resident is total care with all activities of daily living. Review of R45's Physician Orders dated 07/09/24, revealed, Enteral Feeding: Placement Verification - Check Residual. If residual is 150 milliliters or less reinsert volume into stomach and continue feeding. If greater than 150 milliliters hold feeding and notify physician. Review of R45's Comprehensive Plan of Care dated 07/20/24, revealed a problem, Resident requires a feeding tube related to poor PO (by mouth) intake and weight loss. The goal revealed, Resident will not exhibit signs of complications from feeding tube or enteral feeding solution. The intervention directed staff to, Check placement and patency of feeding tube before each feeding or medication administration. During an observation on 03/24/25 at 7:48 AM, of medication administration via feeding tube for R45 went as follows: Registered Nurse (RN)1 had previously crushed the medications for R45 and was going into his room to give the medications. RN1 knocked on the resident's room door and entered, then explained the procedure to the resident. RN1 used a piston syringe to check residual, none came out into the syringe. RN1 stated there is no residual. The nurse did not check placement and proceeded to administer the medications via the tube, and they did not go down freely via gravity. RN1 milked the tubing and had difficulty getting the medications to go down the tube. Eventually RN1 used the plunger and placed a small amount of pressure to get the medications to go down the tube. RN1 then flushed the tube and restarted the tube feeding. During an interview on 03/24/25 at 8:15 AM, RN1 confirmed that she did not first confirm placement of the tube before administering the medications.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on review of facility policy, record review, and interview, the facility failed to ensure medication irregularities were identified and reported to the physician for 2 of 5 residents reviewed, Resident (R)28 and R43. Specifically, R28's hydrocodone-acetaminophen (used to treat pain), venlafaxine (an antidepressant) and R43's olanzapine (an antipsychotic) were documented with the incorrect indication of use. Findings Include: Review of the facility policy titled, Medication Management Program last revised 05/05/23, states, The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standards of practice and regulatory requirements . 2. Licensed Independent Practitioners, licensed nurses, consulting pharmacists, and pharmacy service providers collaborate and review medication orders to ensure medical and clinical necessity and appropriateness. The primary mechanism for this validation is an initial and ongoing medication reconciliation process. Review of R28's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including but not limited to: post traumatic stress disorder, major depressive disorder, anxiety disorder, borderline personality disorder, chronic pain, fibromyalgia, and alcohol dependence. Review of R28's Care Plan dated 02/13/25, revealed R28 had a potential for complications related to psychotropic medication use with listed approaches that stated, Pharmacy consultant will review monthly. Review of R28's Physician's Order's revealed the following: 1. Dated 02/10/25 hydrocodone-acetaminophen; 5-325 Milligrams (mg); [DX: Hypothyroidism] Twice A Day (BID); 09:00 AM, 09:00 PM. 2. Dated 02/10/25 venlafaxine 150 mg [Diagnosis] DX: Alcohol dependence Once a Day; 09:00 AM. 3. Dated 03/05/25 venlafaxine 37.5 mg DX: Major depressive disorder Once a Day; 09:00 AM with Special Instructions to give with venlafaxine 150 mg. Review of a document titled [FCOS] Resident Medication Reconciliation Audit revealed the following: 1. Completed by admitting nurse at time of admission, highlighting clinically significant issues identified in the Nurse Comment section below 2. Nurse will attach a copy of the MAR/TAR 3 printed from Matrix, a copy of hospital discharge orders, and a list of medications taken at home. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Nurse will sign Resident Medication Reconciliation Audit, noting clinically significant issues communicated to physician in Nurse Comments. 4. Nurse will document the clarification or new orders received from physician under Follow Up and communicate changes to pharmacy by midnight of next calendar day. Further review revealed a boxed checked stating that R28's Patient Drug Regimen Review was completed upon admission and [NO] clinically significant medication issues were identified. Review of R28's Medication Regime Review dated 03/03/25, did not identify any concerns with venlafaxine or hydrocodone-acetaminophen. Review of R43's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including but not limited to: Neurocognitive disorder with Lewy bodies, vascular dementia, psychotic disorder with hallucinations, anxiety, insomnia, restlessness and agitation. Review of R43's Physician Order revealed an order for Zyprexa (olanzapine) tablet; 5 mg; 1/2 tab (2.5mg); [DX: Restlessness and agitation] Once A Day; 10:00 PM with a start dated of 12/19/24. Review of a document titled Physicians Orders Therapeutic Interchange Program dated 12/19/24, noted the following: Attention Nurse: The following order should be checked and transcribed to the [Medication Administration Record] MAR, Olanzapine 2.5mg 1 Tablet (2. 5mg) one time a day. During an interview on 03/25/25 at 9:08 AM, the Director of Nursing (DON) stated, when residents are admitted to the facility, nursing staff will call the Nurse Practitioner (NP) with any orders that need to be verified, unless the NP is in the building. Unit Managers (UMs) usually transcribe and place the order in the medical records, though floor nurses can also do this. The DON confirmed that R28's and R43's medications did not have accurate indications for use and stated that it may have been an error when transcribing the orders to the Medication Administration Record (MAR), but she would have them updated. During an interview on 03/25/25 at 12:10 PM, the NP stated, upon admission to the facility, medications are reviewed for accuracy. The DON will reach out to her regarding any issues with medication orders, and typically, the UMs are the ones who identify discrepancies in the MAR. The NP also mentioned that the psych provider reviews and adjusts medications and will place the order and then verify it for finalization. The NP acknowledged that the medication orders for R28 and R43 were an oversight.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846 Based on review of facility policy, observation and interview, the facility failed to ensure expired and out dated medications and biological's were removed and not in use with residents' current medications and biological's, from 3 of 3 medication carts and 1 of 2 treatment carts. Findings include: Review of the undated facility policy titled, General Guidelines for Storage of Medication and Biological's revealed, 1) Medications and biological's are stored safely, securely and properly following manufacturer's recommendations or those of the supplier . Procedures: . 5. Medications with manufacturer's expiration date expressed in month and year will expire on the last day of the the month. 6. Once any medication or biological package is opened, the facility should follow manufacturer/supplier guidelines in respect to expiration dates of opened medications . 12. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the Pharmacy, if replacements are needed. Review of the Sweetgrass Unit Treatment Cart on [DATE] at 8:49 AM, revealed the following: One bottle of Curad Plain Packing Strips with Lot #6051907022, ,d+[DATE] inch x 5 yards, was open and stored on the cart and no longer sterile. One Suture Removal Tray, manufactured by Medline with Lot #(10) 21KBK230 was expired on [DATE]. One package of Maxorb II, Alginate wound dressing with antibacterial silver, manufacture by Medline, 4 x 5 sterile dressing with Lot #(10) 83624057803 was open and stored on the cart and no longer sterile. One package of Tegaderm 3M transparent film dressing, 4 inches x 4 ,d+[DATE] inches, was expired on [DATE]. One package of Maxorb, Alginate wound dressing, manufactured by Medline with Lot #83624068030 was open and stored on the treatment cart and no longer sterile. Two Sofsorb pads, manufactured by De Royal with Ref #,d+[DATE] was expired on [DATE]. During an interview on [DATE] at 9:00 AM, Licensed Practical Nurse (LPN)1 confirmed the expired, outdated biological's, and the opened sterile dressings that were no longer sterile and removed them from the treatment cart. Review on [DATE] at 11:10 AM, of the Palmetto Medication Cart (front) revealed the following: (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Furosemide 40 milligram (mgs), 7 tablets with Lot #FUB223055G, with RX #1846487 were expired on [DATE]. Albuterol Sulfate 2.5 mgs/3 milliliters (mls), NDC[DATE] with Lot #23B68, 13 vials were expired on , d+[DATE]. Furosemide 40 mgs, manufactured by Rising with Lot #FUB223008G, 14 tabs were expired on [DATE]. During an interview on [DATE] at 11:20 AM, Registered Nurse (RN)1 confirmed the expired and outdated medications and removed them from storage. Review on [DATE] at 11:55 AM, of the Palmetto Medication Cart (back) revealed the following: Two packages of Nestle, orange Arginaid Powder with Lot #3215T176A[DATE] were expired on [DATE]. Sureprep protective wipes manufactured by Medline with Lot #61220220077, 50 wipes were expired on , d+[DATE]. During an interview on [DATE] at 12:05 PM, LPN3 confirmed the above expired medication and biological's and removed them from storage.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 48214 Based on a review of facility policy, observation, and interview, the facility failed to adhere to infection control guidelines. Specifically, clean linens were improperly stored in the soiled linen room and the laundry room was unclean, increasing the risk of cross-contamination. Findings Include: Review of the facility policy titled, Laundry dated 03/2006, states, All Linens . 1. Linens are to be handled in a safe manner to prevent contamination of the linen, the personnel and the environment . 6. Clean and soiled linen never comes in contact with each other . Housekeeping of Laundry facility: 1. The laundry facilities is to be kept clean and debris free. During an observation and interview on 03/24/25 at 11:15 AM, clean laundry (pillows, containers of clothes and other clean items) were being stored in the soiled room. The Laundry Director (LD) stated there should not be clean items in here and that they have a shed outside that we can keep the extra clean items. During an interview on 03/24/25 at 11:45 AM, the Facility Administrator (FA) stated, There should not be clean laundry in the soiled room . they have to move those items.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. 48214 Based on review of facility policy, observation, and interview, the facility failed to maintain equipment in safe operating condition. Specifically, 1 of the 2 washing machines in the laundry room was leaking water and chemicals from the rear of the machine. Findings Include: Review of the facility policy titled, Clinical Equipment Management last revised December 12, 2016, states, Inspections and maintenance will comply with all governing agencies and equipment manufacturer's recommendations in order to maintain safe operating conditions . prior to the use of all machines in the department, it will be the responsibility of the operator or provider of service to be certain that the machine is in good operational condition. During an observation and interview, in the laundry room, on 03/24/25 at 11:10 AM, Washing Machine 1 was observed squirting water from the back of the machine onto the wall and floor surrounding the machine. The Laundry Director (LD) stated, We have a drain back there, and I did not notice the water shooting out of the back of the machine before. I will have to call RYA [Contracted Servicer]. During an interview on 03/24/25 at 11:45 AM, the Facility Administrator (FA) stated she was unaware of the malfunctioning washer and said they would contact RYA to fix it. During a follow-up observation on 03/24/25 at 1:22 PM, approximately three minutes into a wash cycle, Washing Machine 1, was profusely leaking chemicals and water from the back of the machine. A notable amount of soap suds was leaking from the back of Washing Machine 1 and onto the floor.