STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425361	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpointe Healthcare and Rehabilitation	35 Southpoint Drive Greenville, SC 29607

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43322 Based on review of facility policy, record review, interviews, and review of video footage, the facility failed to protect Resident (R)1 from mental and verbal abuse for 1 of 3 residents reviewed for abuse. Specifically, 2 (two) Certified Nursing Assistants (CNA)s video recorded their interaction with R1 and posted the video to social media. On 04/12/24 at 12:45 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 04/09/24. The IJ was related to 42 CFR 483. 12 - Freedom from Abuse, Neglect, and Exploitation. On 04/12/24 at 1:19 PM, the facility provided an acceptable IJ Removal Plan. On 04/12/24, the survey team, validated the facility's corrective actions and determined the facility put forth good faith attempts to address the non-compliance. The IJ is considered at Past Non-Compliance as of 04/10/24. An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F600, constituting substandard quality of care. Findings include: Review of the facility policy titled Dress Code/Phone Policy Updates updated on December 2019, documented, Phones/Social Media/Misc: 1) No using personal mobile phones while in patient care/reception areas 3) No pictures of patients/residents other than as part of activity where legal disclosures are signed. 7) No posting of patient information on social media sites. Review of the facility undated Employee Handbook, documented, Telephone Use Taking photographs or recordings of a resident and/or his/her private space without a resident's or designated representative's written consent is a violation of the resident's right to privacy and confidentiality. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpointe Healthcare and Rehabilitation	35 Southpoint Drive Greenville, SC 29607

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the facility policy titled Organizational Ethics Abuse, Neglect, Exploitation, or Mistreatment with an email revision date of 10/23/19, documented, Policy 7. The facility strictly prohibits staff from taking or using photographs or recordings obtained in any manner on any type of device (e.g , camera, smart phone or other electronic device) that would demean or humiliate a patient or resident. Definitions as defined by CMS section 483.5: 1. Instances of abuse of all residents, irrespective of any mental or physical condition, cause harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. 5. Mistreatment means inappropriate treatment or exploitation of a resident. Component IV: Identification 2. Neglect is the failure to provide goods and services or treatment and care necessary to avoid physical harm, mental anguish, or mental illness. Types of abuse include BUT ARE NOT LIMITED TO: B. Mental Abuse: 1) Humiliation 2) Harassment 5) Intentional disrespect or disregard for an individual's right to privacy and dignity as it relates to their person and property. This may include but is not limited to photographing or recording video or audio of a patient/resident or their personal environment or property without consent. D. Verbal abuse includes any use of: 1) Oral language Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: dementia, chronic obstructive pulmonary disease, anxiety disorder, need for assistance with personal care, dysphagia, cognitive communication deficit, and major depressive disorder. Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/08/24, revealed a Brief Interview for Mental Status (BIMS) was not conducted due to R1 being rarely/never understood. Further review of the MDS, under section GG-Functional Abilities and Goals, revealed R1 is dependent on staff (helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) for eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. Review of R1's Care Plan with a problem start date of 08/16/23, documented, [R1] is dependent on staff for meeting emotional, intellectual, physical, and social needs. Further review of the Care Plan revealed a Care Plan with a problem start date of 06/03/22, documented, [R1] requires extensive to total assist with ADL's [activities of daily living] due to confusion and weakness. Another Care Plan with a problem start date of 11/04/21, documented, [R1] is at risk for complications related to impaired communication and cognition. The goal for this Care Plan stated, [R1's] dignity and self-esteem will be preserved and quality of life improved by minimizing risk associated with cognitive and communication impairment . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Southpoint Drive Greenville, SC 29607	

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of video footage provided by the facility, revealed text at the bottom of the video which read, Southpointe Healthcare and Rehabilitation Greenville, SC. The text at the top of the video revealed a name (later identified as CNA2) and the time of 10:29. Further review of the video footage revealed CNA1 and CNA2 (later verified by the Administrator and Director of Nursing) mocking and laughing at R1. CNA1 could be heard stating, we ain't got no wee wee for you. CNA2 begins to laugh out loud at the remark made by CNA1. R1 could be heard yelling and telling the CNAs to get out. R1 continues to yell unintelligibly through the remainder of the video. At one point, the video shows R1, with a linen covering her upper body and head. R1's legs were visible from the bottom of the linen and were kicking as if R1 was in distress. CNA2 continues to laugh out loud. CNA2 stated, I bought you a fresh blanket. CNA1 responded, . if you yell, I'm going to take it back . CNA2 can be seen exiting R1's room. Review of a Witness Statement dated 04/09/24, written by the Director of Nursing (DON), revealed at 10:30 PM, I received a phone call from Social Services Director about a possible video that was made by possible staff members. At 10:45 PM, I received a call from Human Resources that the video was received and I needed to call and suspend the staff involved. At 10:50 PM, I called to the facility and spoke with [CNA2], I asked him who was inside the room with him when he made that footage on the self-deleting app. He stated nobody. I then made him aware that he was suspended pending investigation. He hung up the phone. At 10:56 PM, I called back to facility and spoke with [Licensed Practical Nurse], I asked her who was assigned to [R1] she stated [CNA1]. I asked to speak with her. Once on the phone I asked [CNA1] was she inside of the room with [CNA2] when he made the video on the self-deleting app and she stated yes ma ' am. I then made her aware that I was so disappointed in her and that I would have to suspend her at this time pending investigation. She stated ok. Review of a Witness Statement signed on 04/11/24, by the Administrator, revealed, On 04/09/24, I received a call at 10:52 PM from the DON. She explained that she was notified by the Social Worker there was video that had been posted on social media of two employees and the video showed the employees in a resident room and the resident could be seen . Review of [local police department] County Sheriffs Office Victim/Witness Assistance Program dated 04/10/24, revealed the local police department conducted an investigation related to Abuse Vulnerable Adult. Review of a Suspension Form dated 04/09/24, revealed Certified Nursing Assistant (CNA)1 was suspended Due to an allegation of abuse, employee was heard on a video that was posted on social media, the employee could be heard telling the resident we don't have a wee wee for. Employee could also be heard saying stop yelling. DON [Director of Nursing] notified employee by phone that she was being suspended pending an investigation. Review of a Termination Form dated 04/10/24, revealed CNA1 was terminated from employment due to gross misconduct. Further review revealed CNA1 was terminated for Employee Termed for Resident Abuse. Review of a Suspension Form dated 04/09/24, revealed CNA2 was suspended Due to allegation of abuse. Employee was seen in a video while another CNA was providing care. This video was posted on social media. [CNA2] was heard/seen mocking the resident who has diagnosis of dementia. The video had the facility name shown. The employee was notified by the DON that he was being suspended pending an investigation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Southpoint Drive Greenville, SC 29607	

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of a Termination Form dated 04/10/24, revealed CNA2 was terminated from employment due to gross misconduct. Further review revealed CNA2 was terminated for Employee Termed for Resident Abuse. Multiple attempts were made to contact CNA2, but were unsuccessful. During an interview on 04/12/24 at 11:58 PM, the DON stated, I got a call Tuesday night from Social Service Director and she said there is possibly a video of a staff of ours. But she did not have the actual footage. Somehow she got the footage and notified HR, and HR called me stating they got the footage and to suspend the CNAs. I came on site and saw the video and identified the male CNA. I questioned the male CNA and he said he was alone, I told him he was suspended and he hung up the phone. I talked to the nurse on duty and she verified [CNA1] was the other CNA. [CNA1] stated she was in the room with [CNA2] when he took the video. I informed her she was suspended. I notified everyone. During an interview on 04/12/24 at 12:28 PM, CNA1 stated, unfortunately I cannot talk about it without my attorney present. During an interview on 04/12/24 at 1:18 PM, Social Services (SS) stated, I got a call from a member stating I need to see something. The member wanted to remain anonymous. She facetimed me and showed me the video that was on Snapchat (a social media platform). After I saw the video, I called the DON and HR. I was able to identify who was in the video and I saw the patient. I knew the staff member by face but not by name. I initially thought it was agency, and I knew he was in the building. On 04/12/24 at 1:19 PM, the facility provided a removal plan of the IJ which included: Alleged perpetrators suspended pending investigation immediately upon discovery. Head to toe completed on identified Resident #1 on 4-9-24 with no negative outcomes. Psychosocial evaluation completed on resident by licensed social worker on 4-10-24. Resident #1 was referred to psychiatry and psychology for follow up. A review of the 24 hour report and facility activity report was completed on 4-10-24 by the Director of Nursing beginning 4-9-24 through 4-10-24 to identify possible allegations of abuse or neglect. No concerns identified at this time. The Administrator and Director of Nursing will be re-educated by the Clinical Consultant on Abuse and Neglect policy including: -Identification of abuse or neglect, by observable and objective evidence, witness reports of unusual occurrence or patterns or trends of potential abuse or neglect -Abuse is the willful infliction of injury unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual of goods or services that are necessary to maintain physical, mental and psychosocial wellbeing. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse -Neglect is the failure to provide goods and services or treatment and care necessary to avoid physical harm, mental anguish or mental illness -Immediate identification and removal of the alleged perpetrator (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER: Southpointe Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 35 Southpoint Drive Greenville, SC 29607	

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Identification and assessment of the alleged victim -Reporting immediately to State Survey and Certification agency -Resident dignity -HIPPA -Cellphone usage in the facility and Social Media usage in the facility. This reeducation was completed on 4-10-2024 Facility Staff were re-educated by the Administrator on 4-9-24 Abuse, Neglect and Misappropriation policy including: -Identification of abuse or neglect, by observable and objective evidence, witness reports of unusual occurrence or patterns or trends of potential abuse or neglect -Abuse is the willful infliction of injury unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual of goods or services that are necessary to maintain physical, mental and psychosocial wellbeing. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse -Neglect is the failure to provide goods and services or treatment and care necessary to avoid physical harm, mental anguish or mental illness -Immediate identification and removal of the alleged perpetrator -Identification and assessment of the alleged victim -Reporting immediately to Facility Abuse Coordinator, Director of Nursing, and Social worker regardless of time of day Facility Staff were re-educated by the Administrator on 4-9-24 including -Process of reporting -Resident dignity -HIPPA -Cellphone usage in the facility and Social Media usage in the facility. This reeducation began immediately and will be completed by 4-12-24. Any staff not receiving this information prior to this date will receive prior to next scheduled shift. This education will be presented in New Hire and agency staff orientation. Administrator contacted Regional Ombudsman on 4-10-24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Southpoint Drive Greenville, SC 29607	

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Administrator and Director of Nursing will review incident reports and grievance reports daily for identification of possible allegations of abuse. Members of nursing Management will interview 3 random residents daily for one week, then weekly for three months validating residents feel safe and have no care concerns. The results of this monitoring will be presented to the Quality Assurance/Performance Improvement Committee for a period of three months for review and recommendation. Any identified concerns will be addressed at the time of discovery. Human Resources will interview 3 random employees daily for one week, then weekly for three months for compliance with Abuse, Neglect, Misappropriation, resident dignity, process of reporting, resident dignity, HIPPA, cellphone usage in the facility and Social Media usage. Ad Hoc QAPI was held on 4-10-24. The Medical Director was notified of the Immediate Jeopardy on 4-12-24. Allegation of Compliance- 4-10-24.