Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39540 Based on interview, record review, and policy review, the facility failed to recognize and thoroughly investigate an injury of unknown origin for one of 28 sampled residents (Resident (R)52). This had the potential to cause residents to be at risk of abuse when injuries of unknown origin were not fully investigated. Findings include: Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, with a revision date of 09/2022, revealed, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, theft, or misappropriation of resident property were reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Review of R52's Admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed an admitted [DATE] with medical diagnoses that included traumatic rupture of other ligament of the left wrist, need for assistance for personal care, and deaf non-speaking. Review of R52's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab and with an Assessment Reference Date (ARD) of 08/15/24, revealed a Brief Interview for Mental Status (BIMS) score of 00 out of 15, indicating R52 was severely cognitively impaired. Review of R52's Progress Notes, under the Prog Notes tab in the EMR and dated 06/30/24 at 2:53 PM, revealed, . lethargic today and became agitated each time staff attempted to provide care and change his brief . Review of R52's Progress Notes, under the Prog Notes tab in the EMR and dated 07/01/24 at 12:12 PM, revealed, . Resident is alert and took morning medications. Resident did not eat breakfast. NP [Nurse Practitioner] was notified. Resident was groaning of pain in right arm when trying to move arm. NP assessed resident and waiting on new orders. Will continue to monitor resident . (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: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R52's Progress Notes, under the Prog Notes tab in the EMR, dated 07/01/24 at 10:43 AM, and written by the NP2 revealed, . increased agitation, altered mental status from baseline. Nursing staff report he is 'not himself the past days'. Is not his usual happy self, he is obtunded, non-interactive with staff, is not eating and only drinking a small amount of fluids. Unable to move [right] arm, grimaces, and moans with pain when touching. Recommendations included x-ray of right shoulder and arm. Review of R52's Progress Notes, under the Prog Notes tab in the EMR and dated 07/02/24 at 3:20 PM, revealed, . [R52] right arm flaccid and very painful. Patient can no longer reposition in bed or sit up in order to transfer to [wheelchair] R52 can no longer feed self-due to right arm flaccid/pain. X-ray of right arm yesterday negative . EMS transferred patient to [hospital name withheld] at approximately l0:00 today for further testing . Review of R52's Progress Notes, under the Prog Notes tab in the EMR, dated 07/02/24 at 9:05 PM, and written by the NP2, revealed, . Today [R52] found lying in bed continues to have acute discomfort with right upper extremity. X-ray results reviewed. Patient appears to be slightly more alert today with eyes open tracking in order to provide a smile to assess for symmetry. Speech continues to be incomprehensible; however, this [was R52's] baseline. Pain in right upper extremity was increasing and more generalized. Previous exam showed more localized discomfort and easily palpable, however today, [R52] complains of pain in his fingertips with any type of tactile stimulus. Radial pulses palpable capillary refill in fingernails tips of fingers is less than 3 seconds, increased swelling from shoulder to arm, not warm or hot to touch skin. it was decided to have patient transported to [hospital name withheld] for an additional high-level evaluation . Review of R52's Progress Notes, under the Prog Notes tab in the EMR and dated 07/03/24 at 4:33 PM, revealed, [R52] returned to [the facility] today at 8:00 AM [R52] diagnosed with [fracture] of right humerus and right clavicle. [R52] receiving Tylenol for pain and new order written for Noro 5/325 every 8 hr. Patient has right arm in sling. [R52] was a total assist with all ADL's (Activities of Daily Living). During an interview on 10/03/24 at 2:15 PM, Registered Nurse (RN)1 explained on the morning of 07/01/24, R52 was crying out in pain when his right arm was touched and was guarding his right arm. RN1 stated NP2 ordered an x-ray and tried to find out what happened that the arm was so painful, but the reason for the pain in the right arm was never determined. RN1 stated no one reported a fall or that R52 was hitting a wall. RN1 stated CNA staff did report when R52 was in a combative mood, he would strike out at staff when attempting to provide care. RN1 stated after the second x-ray, R52 was found to have a fracture and was fitted for a sling for the right arm. During an interview on 10/04/24 at 9:44 AM, the Certified Occupational Therapy Assistant (COTA) 1 explained treatment was started for R52 due to the clavicle fracture. COTA1 stated R52 was treated to decrease the pain for ADLs, like putting an arm through the sleeve of a shirt. COTA1 described R52's fracture as being like what would happen if someone had extended their arm to stop a fall. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/04/24, the Administrator was asked to provide the facility's investigation of the fracture. Review of the facility's investigation revealed the facility began the investigation when R52 had signs and symptoms of pain to the right arm. The investigation revealed the R52 had some combative episodes prior to onset of pain. Staff caring for the resident were interviewed, and no incidents were reported other than the combativeness. The resident's roommate was interviewed and denied knowledge of any incidents. The investigation concluded the pain was from the resident being combative and striking out at staff during cares; however, there was no documentation to show the facility investigated the fracture as an injury of unknown origin after learning of the fracture. During an interview on 10/04/24 at 12:37 PM, the Administrator, who was the facility's Abuse Coordinator, explained when he learned of R52's right arm pain, he began an investigation into the pain. The Administrator stated through the interview process, CNA staff explained that the resident was combative and striking out at staff when attempting to provide care for the resident. He stated R52 was not communicative and could not answer any questions about the reason for the pain in his right arm. The Administrator stated the pain began after 'something occurred' on 06/30/24 and a portable x-ray was obtained on 07/01/24, and the results were negative for fracture. The Administrator stated when the investigation began, he did not consider the pain might be from an injury; therefore, he did not trigger an abuse investigation for injury of unknown origin. During an interview on 10/04/24 at 12:55 PM, the Administrator confirmed that he did not further investigate after the fracture was identified. He stated he had felt the investigation into the pain was all that was needed. The Administrator confirmed the type of investigation done initially was not as in depth as an abuse investigation, and the investigation should have been an investigation for an injury of unknown origin instead of assuming the previous investigation was complete. The Administrator confirmed the facility's physiatrist and the interdisciplinary team were not involved in the investigation and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824 Based on record review, interview, and policy review, the facility failed to ensure eight of nine residents and their representatives (Resident (R) 22, R26, R42, R56, R94, R106, R111, R112 and R113) reviewed for facility initiated emergent hospital transfer from a total sample of 28 were provided with written transfer/discharge notice that stated the reason for transfer, the place of transfer, and other information regarding the transfer. This failure had the potential to affect the residents and their Resident Representative (RR) by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired. Additionally, the Ombudsman was not notified of hospital transfers for R22, R42, R94, R112, and R113. Findings included: Review of the facility policy titled, Transfer or Discharge, Facility-Initiated, dated 2001, revealed, Once admitted to the facility, residents have the right to remain in the facility. Facility-initiated transfers and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation, and documentation as specified in this policy . When residents who are sent emergently to an acute care setting, these scenarios are considered facility-initiated transfers, NOT discharges, because the resident's return is generally expected .Under the following circumstances, the notice is given as soon as it is practicable but before the transfer or discharge: a. The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident . c. An immediate transfer or discharge is required by the resident's urgent medical needs . Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable . Notices are provided in a form and manner that the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments . 1. Review of R22's Admission Record, from the electronic medical record (EMR) Profile tab, showed an admitted [DATE] with a primary medical diagnosis that included metabolic encephalopathy. Review of R22's quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 09/12/24, showed a Brief Interview for Mental Status (BIMS) score of four out of a possible 15, indicative of severe cognitive impairment. Review of R22's Progress Notes tab, dated 01/10/24 at 11:04 AM, revealed that R22 was experiencing a change in mental status, refusing medications for two days, and hallucinating. The resident was taken to the emergency department. Review of R22's Progress Notes tab, dated 01/15/24 at 3:01 PM, revealed that R22 returned to the facility. Review of R22's Progress Notes tab, dated 03/11/24 at 6:45 PM, revealed that R22 had sustained a fall resulting in a wound to the left lower leg. The resident was taken to the emergency department. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R22's Progress Notes tab, dated 03/12/24 at 1:45 AM, revealed that R22 returned to the facility at that time with a dressing to the left lower leg and ice pack applied to hematoma to the right mid leg. Review of R22's Progress Notes tab, dated 10/01/24 at 9:56 AM, revealed that R22 was experiencing a change of condition and was sent to the hospital for evaluation. Review of R22's Progress notes tab, dated 10/03/24 at 4:30 PM, revealed that R22 returned to the facility at 4:30 PM. Review of R22's Documents, located under the Miscellaneous tab, did not include written notifications of emergent transfers and discharges to the hospital emergency department for R22 and/or their resident representative. The facility documents titled, Admission/Discharge To/From Report, for January through March 2024 hospital transfers, were not provided to this Surveyor for review. During an interview on 10/04/24 at 10:45 AM, the Social Services Director (SSD) confirmed that the Ombudsman was not notified of R22's hospitalization s on 01/10/24 and 03/11/24 but should have been. 2. Review of R26's Admission Record, from the EMR Profile tab, showed an admitted [DATE] and most recent re-admission on 02/24/24 with a primary medical diagnosis of non-ST elevation (NSTEMI) myocardial infarction (a type of heart attack that happens when a part of the heart does not get enough oxygen). Review of R26's quarterly MDS, with an ARD of 08/16/24, showed a BIMS score of 14 out of a possible 15, indicative of being cognitively intact. Review of R26's Progress Notes tab, dated 02/13/24 at 8:21 AM, revealed that R26 was experiencing low oxygen saturation levels, wheezing, and generalized abdominal pain with nausea and vomiting. The resident was taken to the emergency department. Review of R26's Progress Notes tab, dated 02/24/24 at 5:56 PM, revealed that R26 returned to the facility with diagnoses including angina (chest pain), pulmonary fluid overload, and pneumonia. Review of R26's Documents, located under the Miscellaneous tab, did not include written notification of an emergent transfer and discharge to the hospital emergency department. The facility document titled, Admission/Discharge To/From Report for February 2024 hospital transfers was not provided to this Surveyor for review. 3. Review of R42's Admission Record, from the EMR Profile tab, showed an admitted [DATE] and most recent re-admission on 06/20/24 with a primary medical diagnosis of senile degeneration of the brain. Review of R42's significant change MDS, with an ARD of 06/28/24, showed a BIMS score of three out of a possible 15, indicative of severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R42's Progress Notes tab, dated 06/12/24 at 3:14 PM, revealed that R42 sustained a fall from his wheelchair and sustained a laceration over the right eye. The resident was taken to the emergency department. Review of R42's Progress Notes tab, dated 06/12/24 at 10:58 PM, revealed that R42 returned to the facility status post fall with negative computed tomography (CT) results of the brain. Review of R42's Progress Notes tab, dated 06/19/24 at 8:38 PM, revealed that R42 sustained a fall from his wheelchair and was experiencing blood spewing from the nasal cavity. The resident was taken to the emergency department. Review of R42's Progress Notes tab did not include R42 returning to the facility; however, the Census tab indicated R42 returned to the facility on [DATE]. Review of R42's Progress Notes tab, dated 06/23/24 at 12:33 PM, revealed that R42 sustained a fall from his wheelchair at 5:45 AM and was experiencing nasal bleeding. The resident was taken to the emergency department. Review of R42's Progress Notes tab, dated 06/23/24 at 12:34 PM, revealed that R42 returned to the facility at 10:45 AM with diagnoses including closed head injury and a nose fracture. Review of R42's Documents, located under the Miscellaneous tab, did not include written notifications of the emergent transfers and discharges to the hospital emergency department. Review of the facility document titled, Admission/Discharge To/From Report, dated 07/01/24 and provided by the Social Services Director (SSD), did not include notification to the Ombudsman for R42's hospital transfers on 06/12/24, 06/19/24, and 06/23/34. During an interview on 10/04/24 at 10:53 AM, the SSD stated that when residents are sent to the emergency department and return before midnight, the Ombudsman was not notified of the transfer/discharge, and if residents remain in the hospital past midnight, then the census was to be updated by the business office manager of hospitalization status. The SSD confirmed that the Ombudsman was not notified of R42's June 2024 hospital visits but should have been. 4. Review of R56's Admission Record, from the EMR Profile tab, showed an admitted [DATE] and most recent re-admission on 06/28/24 with a primary medical diagnosis of hypotension. Review of R56's quarterly MDS, with an ARD of 07/26/24, showed a BIMS score of 15 out of a possible 15, indicative of being cognitively intact. Review of R56's Progress Notes tab, dated 02/14/24 at 10:52 PM, revealed that R56 had experienced vomiting with blood clots. The resident was taken to the emergency department. Review of R56's Progress Notes tab, dated 02/16/24 at 10:410 PM, revealed that R56 returned to the facility at that time with diagnoses including gastrointestinal ulcers and hernia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R56's Progress Notes tab, dated 04/23/24 at 4:19 PM, revealed that R56 was sent out to dialysis that morning and was nauseated and unable to follow simple commands. The resident was taken to the emergency department. Review of R56's Progress Notes tab, dated 05/01/24 at 10:48 PM, revealed that R56 returned to the facility at that time. Review of R56's Progress Notes tab, dated 05/10/24 at 12:25 PM, revealed that R56 was experiencing vomiting, lethargy, and an erratic pulse. The resident was taken to the emergency department. Review of R56's Progress Notes tab, dated 05/12/24 at 5:40 PM, revealed that R56 returned to the facility at that time. Review of R56's Documents, located under the Miscellaneous tab, did not include written notification of an emergent transfer and discharge to the hospital emergency department. Review of the facility document titled, Admission/Discharge To/From Report, dated 06/05/24 and provided by the SSD, did not include notification to the Ombudsman for hospital transfer on 05/10/24. The facility documents titled, Admission/Discharge To/From Report for February and April 2024 hospital transfers were not provided to this Surveyor for review. During an interview on 10/04/24 at 10:49AM, the SSD confirmed that the Ombudsman was not notified of R56's hospitalization s on 02/14/24, 04/23/24, and 05/10/24 but should have been. 5. Review of R94's Admission Record, from the EMR Profile tab, showed an admitted [DATE] with a primary medical diagnosis of peripheral vascular disease. Review of R94's quarterly MDS, with an ARD of 08/26/24, showed a BIMS score of zero out of a possible 15, indicative of severe cognitive impairment. Review of R94's Nursing: Bedhold Confirmation document, provided by the facility and dated 02/14/24, revealed that R94 was transferred to the emergency department. Review of R94's Census tab did not include hospitalization dates for February 2024. Review of R94's Einteract Transfer Form V5 document, provided by the facility and dated 07/12/24, revealed that R94 was transferred to the emergency department. Review of R94's Census tab indicated that R94 returned to the facility on [DATE]. Review of R94's Progress Notes tab, dated 08/15/24 at 12:05 PM, revealed that R94 had experienced behavioral problems, including throwing multiple items in his room. The resident was taken to the emergency department. Review of R94's Progress Notes tab, dated 08/24/24 at 2:14 PM, revealed that R94 returned to the facility at that time with admission to hospice services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility document titled, Admission/Discharge To/From Report for February 2024 hospital transfers was not provided to this Surveyor for review. During an interview on 10/04/24 at 11:21 AM, the SSD confirmed that the Ombudsman was not notified of R94's 02/14/24 hospital visit but should have been. 6. Review of R111's Admission Record, from the EMR Profile tab, showed an original admitted [DATE] and re-admission on 05/01/25 with a primary medical diagnosis of unspecified severe protein -calorie malnutrition. Review of R111's significant change MDS, with an ARD of 08/12/24, showed a BIMS score of 99 out of a possible 15, indicative of severe cognitive impairment. Review of R111's Progress Notes tab, dated 01/23/24 at 1:32 PM, revealed that R111 had experienced abnormal vital signs and altered mental status. The resident was taken to the emergency department. Review of R111's Progress Notes tab, dated 01/23/24 at 6:31 PM, revealed that R111 returned to the facility with no new orders. Review of R111's Progress Notes tab, dated 02/24/24 at 7:46 PM, revealed that R111 had experienced seizure-like activity. The resident was taken to the emergency department. Review of R111's Census tab revealed that R111 returned to the facility on [DATE]. Review of R111's Progress Notes tab, dated 04/30/24 at 10:01 PM, revealed that R111 had experienced a fall. The resident was taken to the emergency department. Review of R111's Progress Notes tab, dated 05/01/24 at 4:30 AM, revealed that R111 returned to the facility. Review of R111's Progress Notes tab, dated 05/18/24 at 12:41 PM, revealed that R111 had experienced a change in condition. The resident was taken to the emergency department. Review of R111's Progress Notes tab, dated 05/18/24 at 5:55 PM, revealed that R111 returned to the facility. Review of R111's Progress Notes tab, dated 07/29/24 at 2:28 PM, revealed that R111 had experienced a change in condition as evidenced by passing out on the commode. The resident was taken to the emergency department. Review of R111's Progress Notes tab dated 07/30/24 at 9:03 PM revealed that R111 returned to the facility at that time with admission to hospice services. Review of R111's Documents, located under the Miscellaneous tab, did not include written notification of an emergent transfer and discharge to the hospital emergency department. During an interview on 10/04/24 at 11:11 AM, the SSD confirmed the resident's representative had not been informed in writing of the reason for the resident's transfer to the hospital. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER: Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. Review of R112's Admission Record, from the EMR Profile tab, showed an original admitted [DATE] and re-admission on 12/22/23 with a primary medical diagnosis of acute osteomyelitis of the right tibia and fibula. Review of R112's quarterly MDS, with an ARD of 08/12/24, showed a BIMS score of 14 out of a possible 15, indicative of being cognitively intact. Review of R112's Progress Notes tab, dated 05/24/24 at 11:50 PM, revealed that R112 had experienced a change in condition as evidenced by nausea and vomiting. The resident was taken to the emergency department. Review of R112's Progress Notes tab, dated 05/25/24 at 6:56 AM, revealed that R112 had returned to the facility with new diagnoses including urinary tract infection. Review of R112's Progress Notes tab, dated 06/22/24 at 9:30 PM, revealed that R112 had experienced a change in condition as evidenced by nausea as the nurse lowered the head of the bed. The resident was taken to the emergency department. Review of R112's Progress Notes tab, dated 06/25/24 at 6:59 PM, revealed that R112 had returned to the facility with new diagnoses including urinary tract infection. The facility document titled, Admission/Discharge To/From Report, dated 06/05/24 and provided by the SSD did not include notification to the Ombudsman for R112's hospital transfers on 05/24/24 and 06/22/24. During an interview on 10/04/24 at 10:52 AM, the SSD confirmed that the Ombudsman was not notified of R112's 05/24/24 and 06/22/24 hospital visits but should have been. During an interview on 10/04/24 at 12:29 PM, R112 stated that he had no know was not provided any paperwork that he was aware of regarding why he went to the hospital or how to appeal the decision if needed. 8. Review of R113's Admission Record, from the EMR Profile tab, showed an original admitted [DATE] and re-admission on 06/14/24 with a primary medical diagnosis of nontraumatic intracerebral hemorrhage in hemisphere, subcortical. Review of R113's PPS- Part A Discharge MDS, with an ARD of 08/30/24, showed a BIMS score of 10 out of a possible 15, indicative of being moderately cognitively impaired. Review of R113's Progress Notes tab, dated 06/10/24 at 9:22 AM, revealed that the resident was unresponsive and drooling. The resident was taken to the emergency department. Review of R113's Progress Notes tab, dated 06/14/24 at 3:47 PM, revealed that R113 returned to the facility with a new diagnosis of acute ischemic stroke. Review of R113's Progress Notes tab, dated 07/23/24 at 12:19 PM, revealed R113 had changes in behavior and mental status. The resident was taken to the emergency department. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R113's Progress Notes tab, dated 07/23/24 at 10:51 PM, revealed that R113 had returned to the facility with a new diagnosis of Covid and UTI. Review of R113's Progress Notes tab, dated 08/02/24 at 10:45 AM, revealed R113 had sustained a fall and had discoloration to the right eyebrow, right cheek, right shoulder, and right knee. The resident was taken to the emergency department. Review of R113's Progress Notes tab, dated 08/02/24 at 7:18 PM, revealed that R113 had returned to the facility. The facility document titled, Admission/Discharge To/From Report, dated 07/01/24, 08/01/24, and 09/06/24 and provided by the SSD, did not include notification to the Ombudsman for R113's hospital transfers on 06/10/24, 07/23/24, and 08/02/24. During an interview on 10/04/24 at 10:55 AM, the SSD confirmed that the Ombudsman was not notified of R113's 06/10/24 hospital visit but should have been, and hospital visits on 07/23/24 and 08/02/24 were not reported to the Ombudsman due to R113 returning to the facility before midnight on those dates. During an interview on 10/03/24 at 5:40 PM, the Administrator revealed that the facility had documentation for R22, R26, R42, R56, R94, R111, R112, and R113 of bed-hold notifications but did not have transfer notifications that were provided to the resident and/or the residents' representatives. The Administrator stated he felt that the residents and their representatives were well aware of the resident's status upon transfer to the hospital due to the nurses calling the representatives upon transfer to the hospital. The Administrator did not confirm or deny that the facility should have provided a written notification to the resident/representative at the time of transfer to the hospital. During an interview on 10/04/24 at 9:52 AM, Medical Records (MR) stated that when a resident was sent out to the hospital, the Business Office Manager (BOM) updated the Census line in the EMR, and her responsibility was to send out the Bed Hold notification, but she did not send out Transfer Notifications and was not sure whose responsibility that was. During an interview on 10/04/24 at 8:05 PM, the Administrator and Director of Nursing stated a joint expectation that written notices of transfer and discharge would be provided (to the Resident and/or Representative) at the time of transfer or as reasonably practicable in the case of an emergent transfer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154 Based on record review, staff interview, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure one of one resident (Resident (R) 13) out of 28 sampled residents had an accurate Minimum Data Set (MDS) assessment. Failure to code the MDS correctly could potentially lead to inaccurate assessment, planning for resident care, and potentially affect post facility care of the resident. Findings include: Review of the October 2023 Resident Assessment Instrument (RAI) Manual, page J-36 revealed, Planning for Care -Identification of residents who are at high risk of falling is a top priority for care planning. -Falls indicate functional decline and other serious conditions such as delirium, adverse drug reactions, dehydration, and infections. -External risk factors include medication side effects, use of appliances and restraints, and environmental conditions. -A fall should stimulate evaluation of the resident's need for rehabilitation or ambulation aids and of the need for monitoring or modification of the physical environment. -It is important to ensure the accuracy of the level of injury resulting from a fall. Since injuries can present themselves later than the time of the fall, the assessor may need to look beyond the ARD to obtain the accurate information for the complete picture of the fall that occurs in the look back of the MDS. On page J-37: Steps for Assessment . 2. If this is not the first assessment . the review period is from the day after the ARD of the last MDS assessment to the ARD of the current assessment. 3. Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment. All relevant records received from acute and post-acute facilities where the resident was admitted during the look-back period should be reviewed for evidence of one or more falls. 4. Review nursing home incident reports and medical record (physician, nursing, therapy, and nursing assistant notes) for falls and level of injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Ask the resident, staff, and family about falls during the look-back period. Resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record. 6. Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results), and ensure that this information is used to code the assessment. Review of R13's Admission Record, from the electronic medical record (EMR) Profile tab, showed a facility admitted [DATE] with medical diagnoses that included type II diabetes, dementia with agitation, degenerative disease of the nervous system, polyneuropathy, osteoporosis, anxiety disorder, and insomnia. Review of R13's EMR Evaluations tab showed post fall reviews completed on 03/17/24, 07/28/24 and 09/09/24. Review of R13's quarterly MDS, with an Assessment Reference Date (ARD) of 05/27/24, showed a coding of one fall with minor injury since admission or last assessment. Review of R13's annual MDS, with an ARD of 08/20/24, showed R13 had no falls since admission or the last assessment. Review of R13's EMR Progress Notes from the Progress Notes and dated 07/28/24 at 7:30 AM, revealed, . upon assessment, resident was noted on the floor laying on her left side on the fall mat. the bed was in the lowest position with the call bell still attached . the resident wasn't able to tell the writer how she ended up on the floor r/t [related to] her cognition impairment . During an interview on 10/04/24 at 2:00 PM, the MDS Coordinator (MDSC) reviewed the Post Fall Reviews in the EMR Evaluations tab and commented, There was one dated 07/28. The MDSC reviewed the EMR Progress Notes and stated, There is a nurse's note that she fell on ,d+[DATE]. She then reviewed the annual MDS with an ARD of 08/20/24 and stated, There were no falls coded, and that was coded incorrectly. At 2:15 PM, The MDSC confirmed that the facility uses the Resident Assessment Instrument (RAI) Manual as the facility's policy related to MDS accuracy. During an interview on 10/04/24 at 4:25 PM the Administrator stated an expectation that MDS assessments would be accurately coded.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28154 Based on observation, interview, record review and policy review, the facility failed to ensure the care plan regarding resuscitation was updated for one of one resident (Resident (R) 111) out of 28 residents reviewed. The failure to keep a care plan current could affect the appropriateness of care provided in the case of a respiratory or cardiac arrest. Findings include: Review of the facility policy titled, Care Plans, Comprehensive Person-Centered, dated 2001, revealed, . The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident . describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including (1) services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; . 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition; b. when the desired outcome is not met; c. when the resident has been readmitted to the facility from a hospital stay; and d. at least quarterly, in conjunction with the required quarterly MDS assessment. Review of R111's electronic medical record (EMR) header bar on all pages showed a DNR [Do Not Resuscitate] status which meant R111 had chosen to not have chest compressions and rescue breathing performed on her behalf in the case of a respiratory failure or heart attack. Review of R111's EMR Miscellaneous tab showed a DNR order signed by her Representative on [DATE]. Review of R111's EMR Orders tab showed a physician order for DNR status dated [DATE]. Review of R111's Care Plan from the EMR Care Plan tab showed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Full Code Resident has made an informed decision or given authority to the person(s) acting on their behalf that if their heart stops beating and/or breathing stops that they do want cardiopulmonary resuscitation (CPR) Date Initiated: [DATE] -To restart heart/ breathing Date Initiated: [DATE] Revision on: [DATE] Target Date: [DATE] -Consent form is read and signed by the resident or authorized representative and placed in the residents' chart Date Initiated: [DATE] -FULL CODE Date Initiated: [DATE] -If found without heartbeat and/or respiration the code status will be confirmed by looking at the chart then notifying or having another person notify 911 while CPR [cardiopulmonary resuscitation] is started and continued until EMS [Emergency Medical Services] arrives and intervenes Date Initiated: [DATE] -The residents' choice to have CPR in the event that the heart and/or breathing stops is obtained during the admissions process Date Initiated: [DATE] Review of R111's significant change of status assessment Minimum Data Set (MDS), with an assessment reference date (ARD) of [DATE], showed she was coded as having a terminal diagnosis and was receiving hospice services. In an interview on [DATE] at 11:10 AM, the Director of Nursing (DON) viewed the EMR DNR status on the header bar of the screen, the DNR Physician's order, and the care plan showing full code and stated, The care plan should have been updated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER: Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE: 3647 Maybank Highway Johns Island, SC 29455	

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824 Based on interview, record review, and facility policy review, the facility failed to provide restorative nursing services to one of one resident (Resident (R) 112) reviewed for restorative nursing services out of a total sample of 28. This had the potential for increased contractures and a decrease in mobility. Findings include: Review of the policy titled, Activities of Daily Living (ADL), Supporting, revised 03/2018 revealed, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs) . Residents will be provided with care, treatment and services to ensure that their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate that diminishing ADLs are unavoidable . Care and services to prevent and/or minimize functional decline . Interventions to improve or minimize a resident's functional abilities will be in accordance with the resident's assessed needs, preferences, stated goals and recognized standards of practice . The facility did not have a policy for Restorative Nursing. Review of R112's Admission Record, from the EMR Profile tab, showed an original admitted [DATE] and re-admission on 12/22/23 with a primary medical diagnosis of acute osteomyelitis of the right tibia and fibula. Comorbidities included generalized muscle weakness, abnormal posture, need for assistance with personal care, pain due to internal orthopedic prosthetic devices, contracture to right shoulder, contracture of muscle (multiple sites), paraplegia, osteoarthritis, fracture of neck, anterior cord syndrome at C7 level of cervical spinal cord, fracture of fourth lumbar vertebra, fracture of fifth lumbar vertebra, fracture of sacrum, and fracture of lower end of right radius. Review of R112's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/12/24, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of a possible 15, indicative of being cognitively intact; functional limitation in range of motion to one side of upper extremity; and bilateral impairment to lower extremities. Review of R112's Clinical Physician Orders, located in the electronic medical record (EMR) under the Orders tab, revealed no orders for range of motion assistance. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R112's Care Plan, located in the EMR under the Care Plan tab and revised 05/10/24, revealed R112 had actual ADL [activities of daily living]/mobility decline and requires assistance related to s/p [status post] hospitalization for MVC [motor vehicle collision] with cervical spine fracture, right radius fx [fracture], sacral fx, quadriplegia . spasticity, bedbound. I admitted with no movement bilateral lower extremities, RUE [right upper extremity]. Minimal movement. I c/o [complain of] pain and refuse passive range of motion [PROM] to wrist and hand . [NAME] back brace wear while up out of bed as tolerated . The resident has an alteration in musculoskeletal status due to MVA [motor vehicle accident] resulted in contractures abd [sic] impaired mobility, he has dx [diagnosis] of contracture, right shoulder, contracture of muscle, multiple sites, contracture, right shoulder, contracture of muscle, multiple sites, contracture, right hand, cramp and spasm [sic] He is at risk for further complications . Interventions included dependence of two staff for bed mobility and transfers, offloading heels with offloading boots and/or pillows as tolerated, pressure reduction cushion, anticipate and meet needs, and educate on joint conservation techniques. Review of R112's undated Visual/Bedside Kardex Report, provided by the facility, included [NAME] back brace - wear while up out of bed as tolerated, anticipate and meet needs, be sure call light is within reach and respond promptly to all requests for assistance, offload heels with pressure offloading boots and/or pillows as tolerated, and dependence on two staff members for bed mobility, turning, and repositioning. Review of R112's PT [Physical Therapy] Discharge Summary, dated 05/22/24 and provided by the facility, included long-term goals including improvement of PROM for left knee extension to 25 degrees in order to improve range of motion (ROM) and prevent further risk of joint contractures. Comments included, Nsging [nursing]/CNAs [Certified Nursing Aides] to be independent with PROM and prolong stretches in all available planes in order to improve ROM and prevent further risk of joint contractures. Training to caregivers included, PROM/prolong stretches to LEs [lower extremities] and knee extension splint for left LE. Review of R112's OT [Occupational Therapy] Summary, dated 05/22/24 and provided by the facility, included long-term goals to include increasing PROM right shoulder flexion to 25 degrees in order to increase independence with ADLs/IADLs (instrumental ADLs which are activities that support daily life and interactions with environment). Comments included, Nursing staff to be independent with PROM to R (right) UE (upper extremity) in all available planes in order to improve ROM and prevent further risk of joint contractures. Training included instructing nursing caregivers in PROM techniques to RUE (right upper extremity) in all functional planes in order to prevent decline from current level of skill performance with 100% carryover demonstrated. Patient response was, Patient responded positively to passive techniques to stimulate functional performance and enhance safety to prevent further decline. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johns Island Post Acute	3647 Maybank Highway Johns Island, SC 29455

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 10/02/24 at 8:42 AM, R112 stated that he was in a motorcycle accident and was hospitalized for a month and a half prior to coming to the facility for rehabilitation services. R112 stated that his legs were paralyzed, he had limitation of movement to his right arm, and his left arm had slight impairment but had improved since admission. He reported that his left leg had less range of motion than the right, and the right knee had slight movement. He stated he was unable to move BLE. When asked if staff turned and repositioned him or provided range of motion exercises, he stated that only happened when they did wound care which required movement of his BLE. R112 stated when staff transferred him to his geriatric chair, they had to reposition him. R112 denied refusal of care and stated that staff do not offer him active ROM assistance. During the observation, R112 demonstrated to this surveyor that he could slightly move his right knee, was able to move BUE with limitations, and was wearing soft padded boots for pressure reduction. During an interview on 10/03/24 at 2:51 PM, the Director of Rehabilitation (DOR) reported that R112 received occupational and physical therapy services from 05/15/24-05/22/24, and PT was doing ROM with the resident's left knee to increase the degree of extension and PROM stretching to prevent further risk of joint contractures, OT was working on upper and lower body exercises to reduce contractures, and R112 was reported to have self-limiting behaviors due to pain. The DOR stated she spoke with R112 last week, and he said he would like to come back on therapy services. The DOR stated the facility did not have a restorative nursing program, but when a resident completed therapy, their staff provided training/in-services to all nursing staff on the first and second shifts so that they were able to provide AROM/PROM as appropriate. The DOR contacted Physical Therapist (PT) 1 by phone during the interview. PT1 stated that she had provided training to some of the nursing staff but had not documented it and did not have any signature sheets available. When this surveyor asked about orders for AROM/PROM related to therapy recommendations, the DOR stated they do not put in any orders and was not sure who was responsible for that. The DOR stated her recommendation would be for R112 to receive PROM once daily. During an interview on 10/03/24 at 4:09 PM, Registered Nurse (RN) 2 stated that the facility did not have a restorative nursing program but that the CNAs were responsible for providing AROM. She stated she was not aware of any residents that had orders for AROM, but if the residents ask for it, they receive it. During an interview on 10/04/24 at 11:44 AM, Certified Nursing Assistant (CNA) 2 stated that the facility did not have a restorative nursing program and R112 was not receiving AROM/PROM by the CNAs. CNA2 reported the CNAs only do stretches (PROM) if there was an order for it and was included on the resident's POC (Plan of Care located in the EMR). During an interview on 10/04/24 at 11:54 AM, CNA3 stated that R112 used to receive therapy services. CNA3 stated that when residents complete therapy, if they are to receive AROM/PROM, the therapy department would provide in-services to the staff. CNA3 stated that R112's legs were stiff and that when he allowed it, she would help him to stretch his legs. During an observation and interview on 10/04/24 at 12:20PM with R112, the resident was in bed with soft boots in place for pressure reduction to heels. R112 stated that staff were not offering PROM, and he could only do AROM with his BUE. R112 stated that he felt his joints were stiffer due to them not being moved around since his therapy was completed in May 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Johns Island Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3647 Maybank Highway Johns Island, SC 29455	

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/04/24 at 2:25 PM, Licensed Practical Nurse (LPN1) confirmed that R112 was not receiving restorative nursing services or preventive stretching because therapy would have had to enter an order for the resident to receive this type of care from the nursing department. During an interview on 10/04/24 at 7:48 PM, the Director of Nursing (DON) stated that the nursing department had not received documentation or recommendations from the therapy department for R112 to receive AROM. She stated she felt it was an internal problem due to the facility not having a restorative nursing program. She stated if the aides or nurses were to provide AROM/PROM, they would have to be trained/in-serviced by the therapy team. The DON stated that she had checked with the Director of Staff Development (DSD) who reported they were unable to locate any staff training/in-services provided by the therapy department. Additionally, the DSD did not have any training or in-services related to R112. The DON stated that in order for R112 to receive AROM/PROM, there would be an order that would then generate a task for the CNAs. The DON confirmed that R112 did not have any orders in place for AROM/PROM but should have based off of discharge therapy recommendations.