

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare - Charleston		STREET ADDRESS, CITY, STATE, ZIP CODE 2230 Ashley Crossing Drive Charleston, SC 29414	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214</p> <p>Based on interviews, record review, and review of facility policy, the facility failed to protect Resident (R)1 from neglect. Specifically, R1 was admitted to a local hospital with severe bruising, multiple infected wounds, and a foul odor. R1 later expired in the hospital on [DATE].</p> <p>On [DATE] at 3:40 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of [DATE]. The IJ was related to 42 CFR 483.25 - Freedom from Abuse, Neglect, and Exploitation.</p> <p>On [DATE], the facility provided an acceptable IJ Removal Plan. On [DATE], the survey team validated the facility's corrective actions and the immediacy of the IJ was removed as of [DATE]. The facility remained out of compliance at F600 at a lower scope and severity of D.</p> <p>An Extended Survey was conducted in conjunction with the Complaint Survey for non-compliance at F600, constituting substandard quality of care.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Patient Protection and Response Policy for Allegations/Incidents of Abuse, Neglect, Misappropriation of Property and Exploitation last revised on [DATE], states, Abuse, Neglect, Misappropriation of Property and Exploitation, as hereafter defined, will not be tolerated by anyone . The patient has the right to be free from Abuse, Neglect, Misappropriation of Property and Exploitation . Neglect: the failure of the facility, its employees, or service providers to provide goods and services necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>Review of the Facility's Policy titled Pressure Ulcer Treatment Protocols and Wound Care Guidelines last revised on [DATE], revealed, Department: Nursing, Objectives, assess status of patients skin integrity, Assessments: . Daily skin observations with ADL's, weekly skin/wound assessments, Care and Treatment . cleanse, cover, protect, skin care.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: history of falling, macular degeneration, depression, irritable bowel syndrome, diplopia, and enterocolitis due to Clostridium difficile.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE], revealed R1 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R1 was cognitively intact. Further review of the MDS revealed R1 did not have any unhealed pressure ulcers or injuries.</p> <p>Review of R1's Physician Orders dated [DATE], revealed the following order, Monitor R LOWER ARM for signs and symptoms of infection and document in nurses notes any abnormalities noted. Notify MD of new findings. If multiple sites document concern in progress note. Twice a day.</p> <p>Review of R1's Physician Orders dated [DATE], revealed the following order, WOUND CARE DOCTOR TO EVAL & TREAT WEEKLY AS NEEDED. MAY PERFORM DEBRIDEMENT IF APPROPRIATE.</p> <p>Review of R1's Electronic Medical Record under the tab Wound Management revealed on [DATE] at 6:25 PM, R1 had a skin tear on her right lower forearm with a documented wound healing status as stable. Further review revealed, on [DATE] at 11:36 AM, R1's right lower forearm skin tear was documented as healed. No additional wounds were documented for R1.</p> <p>Review of R1's Weekly Skin Observation dated [DATE] revealed, R1 had skin tears to the right and left arms and right and left lower legs. No open lesions or wound infections noted. Incontinence care is the only listed skin treatment/intervention provided.</p> <p>Review of an Incident/Investigation Report from the local police department dated [DATE], revealed, upon arrival at [local hospital] it was reported that during routine checks, the staff on duty observed the victim to have abnormal bruising on her entire body. The nurse advised that the victim was covered in skin tears, hematomas, multiple mepilex, out of date dressings, wounds oozing with greenish pus and the victim having a foul smell. The resident was under the care of NHC [NAME].</p> <p>Review of Photographic Evidence submitted by the local police department revealed, 14 images of R1 showing multiple different wounds, severe bruising to the lower back and waist, and greenish drainage on multiple wound beds and dressings.</p> <p>Review of R1's Hospital Medical Records dated [DATE] - [DATE], revealed the following:</p> <ol style="list-style-type: none"> 1. A Physician Note dated [DATE] stated, R1 presented to a local emergency department from NHC with abdominal pain and a fall from bed. R1 appears jaundiced on exam. 2. A nurses note dated [DATE] at 11:36 AM, stating, R1 has large bruising across her lower back and abrasions and tears on her arms and legs covered with mepilex bandages. 3. A Computed Tomography (CT) scan dated [DATE] that revealed R1 had nondisplaced fractures of the posterior left eighth and ninth ribs and numerous additional old and subacute bilateral rib fractures and subcutaneous hematoma in the midline of the lower back. 4. Progress notes stating that R1 was admitted to the hospital from the emergency department on [DATE] with the following diagnoses including but not limited to: Sepsis, Methicillin-Sensitive Staphylococcus aureus (MSSA), left flank hematoma and multiple skin wounds. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of a Hospital Wound Care Consult dated [DATE], states on [DATE], R1 had the following wounds present on admission to the hospital: large skin tear to the left retinal leg, skin tear to the left and right anterior knees, left medial foot wound, skin tear to the right anterior second toe, skin tear to the right radial arm, skin tear to the right and left posterior elbows, skin tear to the left posterior brachial arm, skin tear to the right and left posterior hands, skin tear to the right lower arm and breakdown of the buttocks.</p> <p>During an interview on [DATE] at 8:32 AM, a Detective (DET) from the local police department stated, they were contacted by a local hospital on [DATE] with reports that R1 had severe bruising, wounds that were seeping, and had a foul odor. The DET also states R1 had a staph infection and was septic and was not expected to survive the next 48 hours.</p> <p>During an interview on [DATE] at 12:09 PM, R1's Resident Representative (RR) stated upon admission to NHC [NAME], R1 only had a skin tear on her right arm. RR also reports that upon admission to the hospital on [DATE], R1 was reported to have multiple oozing foul-smelling wounds, severe bruising to her back side and infected wounds covered in old dressings. RR reports that R1 expired on [DATE].</p> <p>During an interview on [DATE] at 12:30 PM, the Wound Care Nurse (WCN) stated, she did not complete R1's admission skin assessment, however, R1 only had a skin tear on her right arm. The WCN further states, R1 did not have any open wounds or pressure ulcers and that her initial skin tear on her right arm had healed. The WCN stated, if a resident were to develop any new wounds it would be reported to her and then to the Nurse Practitioner (NP).</p> <p>During interview on [DATE] at 12:41 PM, Registered Nurse (RN)1 stated, R1 only had skin tears on her arms and her leg and R1 did not have any severe bruising, open wounds or pressures sores.</p> <p>During an interview on [DATE] at 12:52 PM, the Admissions Nurse (AN) stated, she completed R1's admission skin observation and R1 only had a large skin tear to her right arm and had no other wounds.</p> <p>During an interview on [DATE] at 1:37 PM, the Director of Nursing (DON) stated, she was unaware if [R1] was seen by wound care, but that [R1] only had bruising and skin tears. The DON was unaware of any additional wounds on [R1]. Lastly, the DON stated, it is her expectation that the nurses report to the wound care nurses with any new wounds found on residents.</p> <p>On [DATE], the facility provided an acceptable IJ Removal Plan, which included the following:</p> <p>This allegation of non-compliance has the ability to adversely affect all residents.</p> <p>All patients in certified beds had a skin audit performed for any new, known or worsened skin breakdown to include skin tears and pressure injuries. Any newly identified or worsened area were immediately reported to the patient's provider and responsible party. Skin audits completed on [DATE] by nursing management team with no new areas of concerns identified.</p> <p>Education was provided to all licensed nurses on how to perform a skin assessment, proper treatments based on physician orders, and proper documentation. All in-house nursing partners educated on [DATE] by Assistant DON and remaining nurses education will be completed [DATE] by ADON and designee.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Education to all certified nurse aides on how to observe skin while performing ADL care as well as provide skin care and pressure relief. All in-house nursing partners educated on [DATE] by Assistant DON and remaining CNA education will be completed [DATE] by ADON and designee.</p> <p>For ongoing monitoring, the DON or designee will review all patients with skin treatments to review for changes in wound appearances. Any new admission will be included in this monitoring. Changes in skin condition will be reported to the patient's provider. Daily x2 weeks, twice per week for 2 weeks, Weekly for 1 month and Monthly until deemed no concerns by the QA committee.</p> <p>A QAPI meeting was held on [DATE] with the Administrator, DON, Assistant DON, Nurse Manager, Assistant Regional Nurse, Social Worker Director, HIM Director, and Dietary Manager. The alleged events were discussed in detail and processes that need to be completed and implemented to assure resident safety from situations of neglect are followed up on appropriately. The processes will be communicated to all partners through the in-service listed above. Compliance of the above was achieved on [DATE].</p>		