

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Summit Hills Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Summit Hills Drive Spartanburg, SC 29307	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43050</b></p> <p>Based on record review and interview, the facility failed to maintain communication with the dialysis center for one of one resident (Resident (R) 127) who attended dialysis three times per week out of a total sample of 16 residents. The failure of the facility to communicate with the dialysis center prior to and after dialysis could affect the care of the resident as well as prevent continuity of care.</p> <p>Findings include:</p> <p>Review of R127's Face Sheet, undated and located under the Face Sheet tab of the electronic medical record (EMR), revealed R127 was admitted on [DATE] with a diagnosis of End Stage Renal Disease (ESRD).</p> <p>Review of R127's EMR Progress Notes tab, and Misc. (Miscellaneous) tab revealed no documentation of communication sent to the dialysis center with R127, regarding R127's physical condition, including vital signs and weights.</p> <p>Review of R127's Care Plan located under the Care Plan tab of the EMR, related to Dialysis revealed the Care Plan did not address what documentation/communication would be sent with R127 or faxed to the dialysis center prior to the resident starting his dialysis treatment and after the dialysis treatment.</p> <p>On 01/21/25 at 10:01 AM, the survey team requested the Dialysis book. At 1:12 PM, the survey team was told by the Director of Nursing (DON) that they did not have dialysis sheets. A request was also made for a policy related to Dialysis and was not received by the time of the exit of the survey.</p> <p>During an interview with the DON on 01/21/25 at 1:12 PM revealed We send the dialysis book with the resident on Monday, Wednesday, and Friday for his dialysis treatment. We never get our information sheets returned and sometimes the book does not return with the resident. When the DON was asked how they know R127's weight before and after treatment or how much fluid was removed, the DON stated, We do not know that, but if there was an issue with the resident, the dialysis center would call us.</p> <p>During an interview on 01/22/25 at 1:24 PM with the Administrator revealed This has been a huge learning experience for us, and we need to hold people accountable for communication and make sure that our resident is properly cared for.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Summit Hills Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Summit Hills Drive Spartanburg, SC 29307	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 01/22/25 at 1:28 PM revealed When residents come into the facility on dialysis, all orders need to be placed and information for care needs to be documented before and after dialysis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Summit Hills Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  110 Summit Hills Drive Spartanburg, SC 29307	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43050</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure all items in the refrigerator, freezer, and dry storage were sealed, labeled, and dated. The facility also failed to ensure that hair coverings were used properly. These failures had the potential to affect all 24 residents in the facility who consumed food from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Receiving and Storage, revealed, .Dry foods that are stored after opening have to be labeled and dated .All foods stored in the refrigerator or freezer are covered, labeled and dated (use-by date).</p> <p>The following observations on 01/20/25 at 9:21 AM in the kitchen were made with and verified by the Dietary Manager (DM) and the Director of Dining (DD).</p> <ol style="list-style-type: none"> <li>1. The walk-in refrigerator contained a tray that had a large amount of dried blood from thawing meat.</li> <li>2. The walk-in freezer contained one bag of processed potatoes and one bag of egg rolls that were not sealed shut.</li> <li>3. The dry storage room contained one box of open grits, and one large bag of rice, not sealed shut. There was also a wrapped package of tortilla shells that were not labeled and dated. One bag of rigatoni was outdated and should have been removed on 01/01/25.</li> <li>4. In the stand-up refrigerator was an individual sized container of yogurt that was open and had partially been eaten from.</li> </ol> <p>During an observation on 01/20/25 at 12:45 PM of the dining room revealed the utility aide (UA) serving food with her ponytail hanging out of her hair covering. When asked why all of her hair was not in the hair covering, she stated I did not know that it had to be up since it was pulled back.</p> <p>During an interview with the Administrator on 01/22/25 at 1:16 PM revealed, My expectation of the kitchen is to adhere to regulations and serve nutritious food to the residents.</p> <p>During an interview with the DD on 01/22/25 at 1:38 PM revealed, I was embarrassed by the findings in the kitchen. My expectation of the kitchen is that all menus and diets are reviewed and that we adhere to facility policies, procedures, and infection control.</p>		