

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Presbyterian Home of SC - Foothills		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Bud Nalley Drive Easley, SC 29642	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</b></p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to timely report an allegation of abuse for 1 of 1 residents (R)76, reviewed for abuse. Not reporting timely had the potential to cause further potential abuse.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Reporting Abuse to State Agencies and Other Entities/Individuals recorded under the policy, All suspected violations of abuse will be immediately reported to appropriate state agencies and other entities or individuals as may be required by law. When an incident of resident abuse is suspected or confirmed, the incident must be immediately reported to facility management regardless of the time lapse since the incident occurred.</p> <p>R76 was admitted to the facility on [DATE] with diagnoses that include, but not limited to multiple fractured ribs left side, atrial fibrillation, pleural effusion, congestive heart failure and hypertension.</p> <p>Record review of R76's Minimum Data Set (MDS) assessment dated [DATE] revealed that R76's cognitive status from a Brief Interview Mental Status (BIMS) was scored as 14 of 15, indicating she had no cognitive impairment.</p> <p>Review of the Against Medical Advice (AMA) form with R76 name was completed and signed on 09/03/2024.</p> <p>Review of the Facility Reported Incident (FRI) report date of 09/04/2024 of a 2 hour report revealed the Administrator and Director of Nurses (DON) during a care plan meeting the previous day, a resident's daughter used the word manhandled by a staff member and was afraid to stay another night. A fax confirmation of the 24 report was dated 09/04/2024 at 12:34 PM.</p> <p>An interview with the Administrator on 01/16/2025 at 12:15 PM revealed when discussing the allegation of abuse reporting, she stated, I learned of this on September 4th. The DON and I are the Abuse Coordinators. The reporting time is 2 hours. Staff are to report immediately to us if there is the suspicion or allegation. This was a late reportable with notification. If it was reported to me on the 3rd, I would have reported it on the 3rd.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 01/16/2025 at 1:04 PM revealed, I was not here that day, September 3rd, 2024. The Administrator and I were out on training. I was made aware on the 4th. The Administrator was not made aware until I came to her and reported it to her. After it was reported on the 3rd, it should have been reported. We knew it was late reporting when we reported it.</p>		