

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>48835</p> <p>Based on review of the facility policy, report review and interview, the facility failed to complete and submit 2 of 3 resident Minimum Data Sheet (MDS) assessments timely.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Resident Assessment Using the Minimum Data Set (MDS), revealed under the policy, Every resident will be assessed using the MDS according to guidelines set forth in the Resident Assessment Instrument (RAI) manual. The facility will conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>Review of the MDS 3.0 Missing OBRA Assessment Report dated 01/09/2025 revealed the facility had 3 resident assessments that were not submitted to CMS.</p> <p>Review of the MDS 3.0 Nursing Home Validation Report dated 01/14/2025 at 11:12 AM revealed the same 3 residents that were missing were submitted after the Missing OBRA Assessment Report was given to the Administrator.</p> <p>An interview with the MDS Nurse on 01/14/2025 at 3:25 PM revealed that the 3 resident assessment were not submitted and that 1 was completed. She stated, I unlocked it and set it for submission. I transmitted it today. She confirmed and stated, 2 of the 3 assessments was not completed at all. I completed it this morning after I received the report. It is now submitted. I just missed it. We follow the RAI. We have 14 days to close the admission assessment.</p> <p>On 01/16/2025 at 1:04 PM, an interview with the Director of Nursing (DON) revealed, I'm not an MDS nurse. When the residents admitm an Assessment Reference Date (ARD) is set, determined on multiple things. We should not miss or skip an MDS.</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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