

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MOUNT PLEASANT MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>921 BOWMAN ROAD MT PLEASANT, SC 29464</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0600  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interviews and record reviews, it was determined the facility failed to ensure one (Resident #5) of five sampled residents was free from abuse, when a Certified Nursing Assistant (CNA) physically assaulted the resident, resulting in an injury that required surgical intervention. The findings included: Resident #5 had [DIAGNOSES REDACTED]. A Baseline Care Plan, dated 03/08/19, indicated he had behavior problems of cursing and racially inappropriate name calling. Interventions for his behaviors included approaching his care with two employees and re-approaching him as needed. A Discharge Minimum Data Set (MDS), dated [DATE], indicated he was being discharged to an acute hospital. A staff assessment for mental status documented had some difficulty in new situations only. He had verbal behaviors directed at others one to three days of the last seven days. He had other behavioral symptoms not directed toward others one to three days of the last seven days. He required supervision from staff with transfers between surfaces and personal hygiene. He required limited assistance from staff with dressing. He required extensive assistance from staff with toilet use. He did not walk during the last seven days prior to the assessment. He was independent with eating and locomotion on and off the unit. He had received an antidepressant each day of the last seven days. He had received an antipsychotic six days of the last seven days. A Weekly Nursing Summary Body Audit, dated 03/14/19, indicated Resident #5 had no injuries to his face or eyes. A Resident Incident Report, dated 03/15/19 at 7:15 PM, indicated a reportable event involving Resident #5 had been reported by CNA #1 and CNA #2. The report indicated upon learning of the incident Licensed Practical Nurse (LPN) #1 entered the resident's room and found the resident sitting on his bed, his hand over his left eye, and blood coming from his eye and nose. The report indicated the resident had a 1.5 cm. (centimeter) laceration under his left eye. The report indicated the resident refused vital signs and neurological checks but did accept an ice pack. The report indicated the physician was notified at 7:18 PM, the Administrator (ADM) and Director of Nurses (DON) were notified at 7:20 PM, and the resident was taken to the hospital at 8:00 PM. A Mount Pleasant Police Department Report, dated 03/15/19, documented an officer was dispatched to the facility at 8:40 PM. On 03/18/20 at 10:08 AM, Nurse #1 was asked if she could recall this incident. She stated she did not usually work that floor, but that night she happened to be assigned there. She stated she had been traumatized by the event, and in her [AGE] years of working as a nurse had never seen anything like that. She stated she had been sitting at the desk that evening and CNA #2, the little one came to her and stated she did not want to work with Resident #5 because, He hits. Nurse #1 stated she instructed CNA #2 not to go into the resident's room alone, but to take CNA #1 with her when she went into the room. She stated a few minutes later both CNA #1 and CNA #2 returned reporting the resident had fallen. She stated she rushed to the room and found the resident sitting on the side of the bed. His left eye was really swollen, and there was blood everywhere. She stated she thought it had happened many minutes ago because his eye was blue and because of the amount of blood. On entering the room, Resident #5 said, That [***] hit me, referring to CNA #1. Nurse #1 stated she immediately told the two CNAs to go sit in the dayroom, and she called 911, the DON, ADON (Assistant Director of Nursing) and the ADM. On 03/18/20 at 11:10 AM, Detective #1 was interviewed by phone and asked the status of the case. He stated both CNAs had been charged with felonies. He stated after CNA #1 failed a polygraph test, she admitted to hitting the Resident #5. He stated the resident had surgery on his eye on 03/29/19. He stated the Resident had a fracture of his orbit which had resulted in [DIAGNOSES REDACTED] (an increase of pressure in a compartment of the body with increased pain, decreased blood flow and potential nerve damage). He stated, according to the surgeon, that injury was, almost never caused by falling, but is caused by direct force to the eye. On 03/18/20 at 2:15 PM, the ADM was asked when he first received knowledge the courts were going to take action against CNA #1 and CNA #2. He stated, on 03/27/19 at 4:15 PM, the Detective working the case informed him CNA #1 had confessed to hitting the resident in the face. He stated at that time he filed an Addendum to the 5-Day Follow Up Report that had been submitted on 03/22/19 with this update. He stated the Detective had told him that maybe the next day the CNAs were meeting the Detective in Bond Court instead of being arrested publicly. He stated his understanding of the reporting process is that DHEC (Department of Health and Environmental Control) would report the CNAs to the Nurse Aide Registry. He stated in the addendum he requested to be informed if he needed to take further action regarding contacting the Nurse Aide Registry. On 03/18/20 at 2:16 PM, it was confirmed with DHEC that the ADM followed the correct reporting process, and, as DHEC had licensing authority and a contract with the Nurse Aide Registry, DHEC did the reporting to the Nurse Aide Registry. The DON provided documentation that both CNA #1 and CNA #2 had cleared all reference, background, and certification checks prior to being hired at the facility. She provided documentation that both CNA #1 and CNA #2 had completed abuse training and signed a facility code of conduct and compliance policy. On 03/18/20 at 1:38 PM, the DON stated an investigation had been immediately started including interviewing staff members. Those documents were provided, and there were no concerns. The DON was asked what facility-wide measures had been implemented after the allegation of abuse was known. She stated body audits of residents were immediately started and were completed on 100% of the residents. She stated body audits were first completed on the unit Resident #5 lived on, the Green Wing. She stated, once the facility learned the allegation had been substantiated, body audits were completed on all the remaining residents in the facility. She provided this documentation. She stated residents in the entire building were interviewed. Interviewable residents were interviewed by the social worker or nursing. She stated families of non-interviewable residents were interviewed, sometimes by phone, by the social worker. She provided this documentation. Staff in-services were immediately started. She stated 100% of staff were re-trained on abuse, and no one could work until they had been trained. She provided documentation of this staff training, including dated and timed in-service attendance, along with in-service content and the instructor. There were no concerns identified with the documentation. She stated the Performance Improvement Project (PIP) was started on 03/16/19, and by 04/11/19, they were in compliance. Monitoring and auditing of the PIPs continued for one month. Documentation of the monitoring was provided, and there were no concerns. The DON provided documentation ongoing monitoring had occurred on 03/21/19, 03/27/19, 04/04/19 and 04/11/19 and had been completed. On 03/18/20 at 10:30 AM, interviews were conducted with one Registered Nurse (RN), two LPNs, three CNAs, and the Activities Director. All staff members interviewed were familiar with the abuse protocol. All staff members confirmed ongoing abuse education. There were no concerns. A facility policy titled, Abuse Prohibition/Investigative Policy, documented: The facility will prohibit abuse. Abuse, is the willful infliction of injury. Anyone who witnesses an incident of suspected abuse is to tell the abuser to stop immediately and to report it to the nursing supervisor immediately. Upon learning of the incident, the facility immediately put measures in place to keep residents safe, and conducted a thorough investigation of the incident. The facility was in compliance at the time of the complaint survey. Therefore, this deficiency was cited as Past Non-Compliance. The non-compliance began 03/15/19, and the facility alleged compliance on 04/11/19. WRITTEN PLAN OF ACTION: The facility provided documentation of an appropriate</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 0600  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1) plan of correction. A facility Performance Improvement Plan, dated 03/16/19, documented: Topic/Opportunity: Potential staff to resident abuse has been reported. Current Target: All residents will be free from abuse. Action Plan: - Staff will be educated on abuse prevention and reporting including recognizing when signs and symptoms of stress builds and how to respond to potential aggression. Person Responsible: ADM, DON. Start 03/16/19. - All residents will have a body audit conducted to ensure no new areas of concerns are present. Person Responsible: DON, ADON, Licensed Nurses. Complete 03/24/19. - All residents will be interviewed to determine if mistreatment has ever occurred or if they feel scared or afraid. Person responsible: DON, ADON, Director of Social Services. Green Wing complete 03/18/19. Blue Wing complete 04/1/19. Gold Wing complete 04/1/19. - Five residents per week will be interviewed to determine if they feel safe, if mistreatment has occurred, and if they feel safe. Audit will continue for four weeks to ensure continued compliance. Person responsible: DON, ADON, Director of Social Services. Complete 04/11/19. - Information will be submitted to QAPI (Quality Assurance and Performance Improvement) Committee to determine compliance. Person responsible: DON, ADON. QAPI determines compliance 04/11/19. . (handwritten at the bottom of the document) substantiated on 03/27/19.</p>		