STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425138	A. BUILDING _____ B. WING _____	**03/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GREER REHABILITATION AND HEALTHCARE CENTER	**401 CHANDLER RD GREER, SC 29651**

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)
F 0550 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.** Based on observation, interview, and record review the facility failed to protect the dignity of 1 of 1 residents reviewed. Resident #40 was observed exposed during care. The findings included: Observation of Resident #40 on 3/15/2020 at approximately 11:47 AM revealed the resident was visible from the doorway. The curtain had not been drawn for care. The resident's genitals was visible. A staff member was observed entering the room and then shutting the door. Interview with Certified Nursing Aide (CNA) #1 on 3/15/2020 at approximately 11:47 AM confirmed the door had been open when the staff member entered. The staff member denied s/he left the door open and said s/he did not know who did. Review of policy for dignity on 3/17/2020 at approximately 9:54 AM revealed that residents have the right to be treated with dignity and respect in a manner that promotes or enhances quality of life as well as the right to privacy.
F 0607 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement policies and procedures to prevent abuse, neglect, and theft.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, interviews and review of the facility's Abuse, Prohibition Policies and Procedures, the facility failed to follow/implement their abuse policy and procedures by not obtaining a written witness statement from staff who allegedly observed a resident threatening another resident. The findings included: The facility admitted Resident #102 on 2/13/20 with [DIAGNOSES REDACTED]. A review of Resident #102 electronic medical record on 3/16/2020 at approximately 12:43 PM revealed a nurse's note dated 2/22/2020 that indicated a resident was in Resident #102's room by his/her bed with a bottle in his/her hand saying get out of my room. The facility admitted Resident #81 on 1/14/17 with [DIAGNOSES REDACTED]. A review of Resident #81 electronic medical record on 3/16/2020 at approximately 1:06 PM revealed an nurse's note dated 2/22/2020 that indicated Resident #81 was in his/her room with a bottle in his/her hand threatening to hit another resident for being in his/her room. A review of the facility's investigation of the incident revealed no written and signed witness statement from the nurse on duty who observed the resident to resident incident/altercation. An interview on 3/17/2020 at approximately 8:36 AM with the Director of Nursing (DON) revealed s/he did not get a witness statement per policy. The DON further stated s/he has no way of getting in contact with the agency nurse to obtain a statement. An interview on 3/17/2020 at approximately 8:45 AM with the facility Administrator revealed the facility does not have a way of getting Agency staff to complete witness statements. A review of the facility's abuse policy on 3/17/2020 at approximately 9:22 AM revealed under Abuse Prevention #7 investigation The person (s) observing the incident will immediately report and provide a written statement that includes name of resident, date and time incident occurred, where it occurred, staff involved and a description of what occurred. Under Abuse Investigations #4 Witness reports will be obtained in writing. Witnesses will be required to sign and date such reports. There was no written, signed or dated reports available for review by the witness in the facility's investigation.
F 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to carry out physician orders [REDACTED]. Resident #103 was ordered a [MEDICATION NAME] with directions to rotate the site of patch, which was not done. The findings included: The facility admitted Resident #103 on 8/14/2019 with [DIAGNOSES REDACTED]. Review of Resident #103's orders on 3/16/2020 at approximately 11:43 AM revealed the 3/16/2020 order for [MEDICATION NAME] 50 mcg / hr, 1 patch every 72 hours, rotate site. Interview with the Director of Nursing (DON) and review of patch rotation documentation on 3/16/2020 at approximately 12:25 PM revealed the patch site was not rotated as prescribed.
F 0698 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Past noncompliance - remedy proposed** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to maintain communication between the facility and [MEDICAL TREATMENT] center for 1 of 1 resident reviewed for [MEDICAL TREATMENT]. Resident #114 with no ongoing documentation of [MEDICAL TREATMENT] communication between the facility and [MEDICAL TREATMENT] clinic. The findings included: The facility admitted Resident #114 on 5/31/2019 with [DIAGNOSES REDACTED]. A review of the medical record on 3/16/2020 showed a Physician order [REDACTED]. During an interview with Registered Nurse (RN) #1 on 03/17/2020 at 11:36 AM , s/he stated, [MEDICAL TREATMENT] most times does not send paper work back. There is a book that paperwork is kept in but most times transport does not take it and if they do nothing is brought back for the resident. Unable to locate book at this time, but I know there is no documentation for this particular resident. On 03/17/2020 at 02:27 PM, during an interview with Administrator, this is the only company that does not send back documentation. I've been told that that they refuse based on HIPAA. When asked what the facility has in place to ensure communication with the [MEDICAL TREATMENT] center The Administrator said s/he does not know. On 3/17/2020 at 2:00 PM, review of the provided [MEDICAL TREATMENT] book shows the last documented [MEDICAL TREATMENT] communication record as 1/20/2020 for Resident #114, but was not completed by the [MEDICAL TREATMENT] center. Per the medical record, the resident's last documented [MEDICAL TREATMENT] day was 3/16/2020. Review of the facility's contract with the [MEDICAL TREATMENT] center indicated, Center shall maintain reports of all services rendered by Center in accordance with its usual medical records procedures.
F 0732 **Level of harm** - Potential for minimal harm **Residents Affected** - Many	**Post nurse staffing information every day.** Based on observation, interview and record review, the facility failed to post accurate daily staff postings for 90 of 90 days reviewed. The findings included: During a tour of the facility on 3/16/2020 at 11:15 AM, this surveyor noted the Daily Staffing Posting was posted in the main hall with inaccurate information. The posting was completely filled out with computer generated information for shifts that had not yet occurred. During an interview with the Scheduler and Director of Nursing (DON) on 3/17/2020 at 12:02 PM, s/he stated the computer generates the form and they were not aware that it had to be accurate and to show any changes that have occurred. When asked how call-outs reflected or if there are admissions and/or discharges, how is the census change reflected, the response was it is not updated until the next day. Both the Scheduler and DON confirmed the posted postings did not have accurate information. Postings were reviewed from 12/16/2019 to 3/16/2020.
F 0773 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425138	A. BUILDING _____ B. WING _____	**03/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GREER REHABILITATION AND HEALTHCARE CENTER	**401 CHANDLER RD GREER, SC 29651**

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)
F 0773 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to carry out laboratory orders for 1 of 5 residents reviewed for unnecessary medications. Resident #103 was ordered for labs to be done on 2/13/2020 but the labs were not carried out until re-ordered the following month. The findings included: The facility admitted Resident #103 on 8/14/2019 with [DIAGNOSES REDACTED]. Review of Resident #103's orders on 3/16/2020 at approximately 11:43 AM revealed that a complete blood count, complete metabolic panel, magnesium, [MEDICAL CONDITION] stimulating hormone, lipid, [MEDICATION NAME], hemoglobin A1c, and vitamin D was ordered for 2/13/2020. Review of electronic and paper charts showed no results for TSH, lipid, or hemoglobin A1c. Interview with the Director of Nursing (DON) and review of orders on 3/16/2020 at approximately 1:18 PM The DON confirmed that TSH, lipid, and hemoglobin A1c were not done. They were re-ordered by the physician after this was brought the the DON's attention.