

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2017
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH NORTH AUGUSTA		STREET ADDRESS, CITY, STATE, ZIP 1200 TALISMAN DRIVE NORTH AUGUSTA, SC 29841	
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 0224</p> <p>Level of harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Write and use policies that forbid mistreatment, neglect and abuse of residents and theft of residents' property.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of facility Reportable Incidents and review of the facility's policy Prevention of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property, the facility failed to implement its policies to ensure 1 of 1 resident reviewed for abuse was free from Misappropriation of Property. (Resident #141)</p> <p>The findings included:</p> <p>The facility admitted Resident #141 with [DIAGNOSES REDACTED]. Review of the facility's Reportable Incidents revealed an Initial 24-Hour Report dated 10/3/16 related to Resident #141. The 24-Hour Report indicated that on 10/03/16 the resident and a family member reported unauthorized transactions occurred on the resident's credit and/or debit card.</p> <p>Review of the Five-Day Follow-Up Report dated 10/07/16 indicated the facility notified local law enforcement and filed a report. The investigative report indicated that law enforcement investigated the allegation, and a warrant was issued for Alleged Perpetrator Certified Nurse Aide (CNA) #1.</p> <p>Review of the law enforcement Incident Report revealed that CNA #1 admitted to all of the charges on both credit cards.</p> <p>Review of the facility's policy entitled, Prevention of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property revealed the policy stated, It is the policy of PruittHealth and its affiliated entities to actively preserve each patient's right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, exploitation, mistreatment and misappropriation of patient property. The Organization and its partners should assure that best efforts are made to prevent any occurrences of any form of abuse, neglect, and exploitation.</p> <p>Further review of the policy revealed, 'Misappropriation of Patient Property' means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patient's consent.</p>		
<p>F 0371</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Store, cook, and serve food in a safe and clean way</p> <p>Based on observation and interview, the facility failed to prepare, distribute, and serve food under sanitary conditions for 1 of 1 kitchen reviewed and has the potential to affect 123 of 123 residents with ordered diets as evidenced by failing to do the following: Dispose of expired food items.</p> <p>The findings included:</p> <p>On 6-12-17 at approximately 4:08 PM, an initial tour of the kitchen with the Certified Dietary Manager (CDM) revealed:</p> <p>Walk-in refrigerator:</p> <p>1.) (2) 46 ounce (oz.) cartons of thickened orange juice with use by dates of 4/7/17.</p> <p>2.) (1) 5 pound (lb.) box of grapes that had a green and white substance growing on the grapes.</p> <p>Dry storage:</p> <p>3.) (2) 35 oz. bulk bags of Corn Flakes with an expiration dates of 6/7/17.</p> <p>4.) (5) 46 oz. cartons of nectar like thickened apple juice with use by dates of 11/23/16.</p> <p>5.) (6) 46 oz. cartons of nectar like consistency cranberry cocktail with use by dates of 3/23/17.</p> <p>Following the observations the CDM verified the juices, cereal, and grapes were expired and indicated they should have been removed from food storage.</p>		
<p>F 0431</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Maintain drug records and properly mark/label drugs and other similar products according to accepted professional standards.</p> <p>Based on observations, interview, review of the facility policy, the facility failed to follow a procedure to ensure that expired medications were removed from medication storage in 2 of 3 treatment carts on 2 of 3 units reviewed. Expired medication was in the hall 1 and hall 3 treatment carts after the expiration date.</p> <p>The findings included:</p> <p>On 6/14/17 at 12:01 PM, an observation of the hall 1 and hall 3 treatment carts with Licensed Practical Nurse (LPN) #1 revealed:</p> <p>Hall 1:</p> <p>1.) (1) 30 gram tube of Clobetasol Propionate .05% with an expiration date of December 2015.</p> <p>Hall 3:</p> <p>2.) (1) 7 ounce bottle of anti-dandruff shampoo with a best before date 4-17.</p> <p>3.) (1) 28 gram container of Mentholatum Original ointment with a discard date of 5/24/17.</p> <p>Following the observation LPN #1 verified the Clobetasol Propionate, anti-dandruff shampoo, and Mentholatum Original ointment were expired and indicated the medication should have been removed medication storage.</p> <p>Review of the facility policy, Medication Storage in the Health Care Centers revealed under procedure (13) Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists.</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.