

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MCCORMICK REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>204 HOLIDAY ROAD MC CORMICK, SC 29835</b>	
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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and facility policy review, the facility failed to recognize an injury of unknown origin, and subsequently failed to report the injury of unknown origin to the State Survey Agency as required for one (1) of 38 sampled residents (Resident #33). Cross reference F610. Findings include: The facility policy titled, Abuse Investigations dated August 2019 directed: All reports of alleged resident abuse, neglect, and injuries of unknown source shall be promptly and thoroughly investigated by facility management .12. The Administrator will provide a written report of the results of all alleged abuse investigations and appropriate action taken to the state survey and certification agency the local police department, and others as may be required by local or state laws, within 5 working days of the reported incident. The facility policy titled, Abuse Prevention dated August 2019 directed: 2. Training/Identification/Prevention .2G. Signs and Symptoms of abuse (bruises, injuries of unknown origin) . 5. Protection of the Resident 5D. The Administrator and/or DON (Director of Nursing) will notify state agencies according to their reporting guidelines. Resident #33 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident's Brief Interview for Mental Status (BIMS) score was three (3), indicating severe cognitive impairment. The MDS recorded no indicators of depression, no potential indicators of [MEDICAL CONDITION] and no behaviors. The resident required extensive assistance for bed mobility, transfers, dressing, toileting, eating, personal hygiene, bathing, and was always incontinent of bowel and bladder. No skin conditions were noted on the assessment. Review of Resident #33's Nursing Weekly Skin assessment dated [DATE] showed no skin problems. Review of the Nursing Weekly Skin assessment dated [DATE] indicated, Skin warm and dry. . 2 large bruises noted on posterior aspect of right forearm. Proximal forearm bruise is green and fading, measures 4 x (by) 5 cm (centimeters). Distal forearm bruise is green and fading, measuring 4 x 8 cm. Purple bruise on back of right hand, measuring 1 x cm. Review of the Nursing Progress Note dated 8/14/2020 at 8:20 p.m. revealed the Physician was Notified of bruises found during the weekly body audit. The Nursing Progress Note dated 8/14/2020 at 8:23 p.m. recorded, (Director of Nursing) notified of bruises found during weekly body audit. The Nursing Progress Note dated 8/14/2020 at 8:25 p.m. recorded, Administrator notified of bruises found during weekly body audit. On 9/17/20 at 1:32 p.m., the facility's investigation for the bruises found on 8/14/2020 was requested. No Abuse/Injury of Unknown Origin investigation was provided by the facility. During interview on 9/18/2020 at 1:49 p.m., the Administrator stated s/he spoke to the nurse who did the skin assessment and the nurse said the padding on the side rails of the resident's bed was placed improperly and the resident had been combative The Administrator stated, Depending on the nature of it (bruising) it might raise a flag like 5/22 (Resident #33's investigation for bruising on 5/22/2020) for multiple bruises. I did not believe it was abuse, based on the record and what the nurse told me, but it's not documented. At the time, I didn't think it was reportable. The facility failed to report the incident of injuries of unknown origin within 24-hours to the State Survey Agency after the bruises were discovered. The facility also failed to complete a five (5)-day follow up report and submit the report to the State Survey Agency as required.		
F 0610  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Respond appropriately to all alleged violations.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and facility policy review, the facility failed to recognize an injury of unknown origin, and subsequently failed to report the injury of unknown origin to the State Survey Agency as required for one (1) of 38 sampled residents (Resident #33). Cross reference F610. Findings include: The facility policy titled, Abuse Investigations dated August 2019 directed: All reports of alleged resident abuse, neglect, and injuries of unknown source shall be promptly and thoroughly investigated by facility management .12. The Administrator will provide a written report of the results of all alleged abuse investigations and appropriate action taken to the state survey and certification agency the local police department, and others as may be required by local or state laws, within 5 working days of the reported incident. The facility policy titled, Abuse Prevention dated August 2019 directed: 2. Training/Identification/Prevention .2G. Signs and Symptoms of abuse (bruises, injuries of unknown origin) . 5. Protection of the Resident 5D. The Administrator and/or DON (Director of Nursing) will notify state agencies according to their reporting guidelines. Resident #33 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident's Brief Interview for Mental Status (BIMS) score was three (3), indicating severe cognitive impairment. The MDS recorded no indicators of depression, no potential indicators of [MEDICAL CONDITION] and no behaviors. The resident required extensive assistance for bed mobility, transfers, dressing, toileting, eating, personal hygiene, bathing, and was always incontinent of bowel and bladder. No skin conditions were noted on the assessment. Review of Resident #33's Nursing Weekly Skin assessment dated [DATE] showed no skin problems. Review of the Nursing Weekly Skin assessment dated [DATE] indicated, Skin warm and dry. . 2 large bruises noted on posterior aspect of right forearm. Proximal forearm bruise is green and fading, measures 4 x (by) 5 cm (centimeters). Distal forearm bruise is green and fading, measuring 4 x 8 cm. Purple bruise on back of right hand, measuring 1 x cm. Review of the Nursing Progress Note dated 8/14/2020 at 8:20 p.m. revealed the Physician was Notified of bruises found during the weekly body audit. The Nursing Progress Note dated 8/14/2020 at 8:23 p.m. recorded, (Director of Nursing) notified of bruises found during weekly body audit. The Nursing Progress Note dated 8/14/2020 at 8:25 p.m. recorded, Administrator notified of bruises found during weekly body audit. On 9/17/20 at 1:32 p.m., the facility's investigation for the bruises found on 8/14/2020 was requested. No Abuse/Injury of Unknown Origin investigation was provided by the facility. During interview on 9/18/2020 at 1:49 p.m., the Administrator stated s/he spoke to the nurse who did the skin assessment and the nurse said the padding on the side rails of the resident's bed was placed improperly and the resident had been combative The Administrator stated, Depending on the nature of it (bruising) it might raise a flag like 5/22 (Resident #33's investigation for bruising on 5/22/2020) for multiple bruises. I did not believe it was abuse, based on the record and what the nurse told me, but it's not documented. At the time, I didn't think it was reportable. The facility failed to report the incident of injuries of unknown origin within 24-hours to the State Survey Agency after the bruises were discovered. The facility also failed to complete a five (5)-day follow up report and submit the report to the State Survey Agency as required.		

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.