Printed: 11/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425102	A. Building B. Wing	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Village Post Acute	8 North Texas Avenue Greenville, SC 29611

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12679 Based on review of facility policy, record review, and interviews, the facility failed to ensure 1 Resident (R)59 of 8 residents reviewed for abuse was free from abuse. This deficient practice resulted in physical harm to R59 when R274 entered R59's room, while the resident was in bed, and punched her in the face. R59 sustained fractures of the zygomatic arch (cheekbone) and orbital area (eye socket). Findings include: Review of the facility policy titled Abuse a Neglect - Clinical Protocol, dated 03/18 indicated .Residents have the right to be free from abuse, neglect. misappropriation of resident property and exploitation. This includes but is not limited to freedom from.physical abuse.Protect residents from abuse. neglect. exploitation or misappropriation of property by anyone including, but not necessarily limited to .other residents. 1. Review of R59's electronic medical record (EMR) titled Admission Record, located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of cognitive communication deficient. Review of R59's quarterly Minimum Data Set (MDS) in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 07/26/22 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, which revealed the resident was severely cognitively impaired. This assessment revealed the resident was ambulatory and had no behaviors, such as physical aggression towards others during this assessment period. Review of R59's EMR Care Plan located under the Care Plan tab indicated the resident had cognitive impairment due to her diagnosis of dementia. 2. Review of R274's EMR titled Admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease. Review of R274's admission MDS with an ARD of 07/19/22 indicated the resident had a BIMS score of 1 out of 15, which revealed the resident was severely cognitively impaired. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425102	A. Building B. Wing	10/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Village Post Acute	8 North Texas Avenue Greenville, SC 29611

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 0600 Level of Harm - Actual harm Residents Affected - Few	Review of R274's EMR Care Plan, located under the Care Plan tab dated 07/25/22 indicated the resident had cognitive impairment related to Alzheimer's disease. The care plan revealed the resident had a history of a resident-to-resident altercations prior to his admission. The goal was to not permit the resident from wandering and no more than one altercation of a resident-to-resident by the next care plan review. Review of documents provided by the facility, referred to as the facility's investigation, revealed on 08/18/22, a Certified Nursing Assistant (CNA) heard yelling and went to R59's room and found R274 next to R59's bed. CNA overheard R59 saying don't hit me. The CNA was able to redirect R274 back to his room. The police were notified. The residents' representatives were notified. The medical provider was notified and ordered R274 to be sent to the emergency room for evaluation and treatment. R274 did not return to the facility. R59 was sent to the hospital for evaluation and treatment. The facility investigation revealed R59 was returned back to the facility after being identified with facial injuries. Review of documents provided by the facility titled CT [computed tomography] Head without Contrast dated 08/18/22 indicated the resident was punched in the face and as a result the resident sustained a mildly depressed right zygomatic arch fracture. The resident also sustained a left medial blowout fracture of the orbital wall. During an interview on 10/12/22 at 1:06 PM, the Director of Social Services (DSS) stated she defined abuse as anything that was perceived as unwanted. The DSS stated there were no prior issues with R274 while he was living at the facility. During an interview on 10/13/22 at 10:30 AM, the Administrator confirmed the resident-to-resident with R274 and R59 was abuse. The Administrator stated R274 was not brought back to the facility since he was a danger to himself and to others. This deficiency was cited based on complaint intake #SC00052806 and SC0052780.