

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER The Reserve Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Eagle Landing Blvd Charleston, SC 29410	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42424</p> <p>Based on record review, interview and facility policy, the facility failed to notify Resident (R)1's Resident Representative following R1's elopement from the facility, for 1 of 3 residents reviewed for elopement risks.</p> <p>The findings include:</p> <p>Resident (R) R1 exited the rear exit door of the 200 Hall (COVID quarantine unit) on 1/4/2022 at approximately 4:30 AM. During the time outside the facility (estimated to be 30-45 minutes), R1 walked out the back entrance of the 200 Hall (COVID quarantine unit) on 1/4/2022 around 4:30 AM and was wearing a wander guard that did not alarm with an assortment of clothes with no jacket or shoes. Per an interview with the Laundry Aide (LA), the staff member who found R1, the weather was noted to be in the mid 30s and chilly. R1 was observed in the parking lot of the facility and knocked on the Laundry Aide's driver side door stating I'm cold. R1 was brought back into the facility and was assessed by C.N.A #2 (Certified Nursing Assistant) and Registered Nurse (RN) 1 with no signs or symptoms of harm.</p> <p>Review of facility policy titled Notification of Changes last revised 8/15/21 revealed: the purpose of this policy is to ensure the facility promptly inform the resident, consults the resident's physician; and notifies, consistent with his or her authority, resident representative when there is a change requiring notification.</p> <p>Review of R1's Quarterly Minimum Data Set, dated dated dated on 10/15/21 revealed R1 had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, which indicated she was not cognitively intact.</p> <p>Review of R1's Care Plan dated 11/19/21 revealed she is an elopement risk/wanderer as evidenced by impaired safety awareness. Asses for fall risk, distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, books. Following the elopement, the care plan was updated to include: during late evenings and during nights, staff to be station at exit door area. Wander guard bracelet applied to left ankle.</p> <p>Review of the medical record revealed no documentation that the Resident Representative had been notified of R1's successful elopement.</p> <p>(continued on next page)</p>

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
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A phone interview on 1/6/22 at approximately 11:00 AM with the Resident Representative for R1 stated she had not been informed of her Mother's elopement and became very irate. She further stated that she visited R1 almost daily prior to the COVID outbreak and has had ongoing concerns about the facility and quality of care. An interview on 1/6/22 at approximately 11:45 AM with the Director of Nursing confirmed the facility had not notified the Resident Representative.		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on review of the facility's policy titled, Abuse, Neglect and Exploitation, record review, and interviews, the facility failed to ensure Resident (R)1 was free from abuse and/or neglect. Specifically, facility staff failed to prevent R1 from elopement from the facility on 1/4/22 at 4:30 AM. The facility's failure constituted substandard quality of care.</p> <p>R1 exited the rear exit door of the 200 Hall (COVID quarantine unit) on 1/4/22 at approximately 4:30 AM. During the time outside the facility (estimated to be 30-45 minutes), R1 walked out the back entrance of the 200 Hall (COVID quarantine unit) on 1/4/22 around 4:30 AM and was wearing a wander guard that did not alarm with an assortment of clothes with no jacket or shoes. Per an interview with the Laundry Aide (LA), the staff member who found R1, the weather was noted to be in the mid-30s and chilly. R1 was observed in the parking lot of the facility and knocked on the Laundry Aide's driver side door stating, I'm cold. R1 was brought back into the facility and assessed by Certified Nursing Assistant (CNA)2 and Registered Nurse (RN) 1 with no signs or symptoms of harm.</p> <p>On 1/6/22 at 2:05 PM, the Administrator was notified of Immediate Jeopardy (IJ) at F600: Free from Abuse and Neglect related to the failure to adequately monitor residents with wanderguards, in an effort to prevent elopement The immediate jeopardy at F600 was determined to first exist on 1/4/22 at 4:30 AM, when R1 was observed outside of the facility unsupervised by a staff member. The facility presented a removal plan for IJ at F600 on 1/7/22. The IJ was removed on 1/7/22 at 3:13 PM. The deficient practice remained at F600 at a lower scope and severity of D.</p> <p>The findings include:</p> <p>Review of facility policy titled Abuse, Neglect and Exploitation last reviewed 6/23/21 revealed, it is the policy to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect exploitation and misappropriation of resident property. Neglect means failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>R1 was admitted to the facility on [DATE] and had diagnoses including, but not limited to Parkinson's disease: Chronic, progressive with psychosis, Questionable Lewy body dementia, had been assessed as being a wanderer and was quarantined to the quarantine unit due to contact with a COVID positive roommate. R1 had not tested positive for COVID-19.</p> <p>Review of R1's Quarterly Minimum Data Set, dated dated [DATE] revealed she had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, which indicated she was not cognitively intact.</p> <p>Review of R1's Care Plan dated 11/19/21 revealed R1 is an elopement risk/wanderer as evidenced by impaired safety awareness. The goals are to assess for fall risk, distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, books. Following the elopement on 1/4/22, her care plan was updated to include during late evenings and during nights, staff to be stationed at exit door area. Wander guard bracelet applied to left ankle.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview on 1/5/22 at approximately 2:05 PM with the Laundry Aide (LA) revealed that she (Laundry Aide) was in the back parking, having just arrived to start her shift when she saw someone near Hall 400 and thought it was a ghost. As I was getting my wits, there was knocking on my car window. I lowered window and the person stated, I'm cold. At first, I wasn't sure that it was a real person, but I touched her, and it was a woman who was wearing an odd assortment of items but was not wearing shoes or a jacket. It was in the mid-30s, no rain or wind, but very cold and there had been frost on my wind shield. She (the resident) was wearing a wander guard and I took her to the nearby kitchen entrance because I knew the cook would be in there. I entered the code number to get inside, but the wander guard did not trigger an alarm when we entered. The Cook went to the 300/400 Hall and returned with a nurse. The nurse stated R1 was not one of her residents and escorted us to the 200 Hall. At this time, it was noted she was R1 from the 200 Hall (COVID quarantine unit). I took her to the double doors of the 200 Hall where there were 2 CNAs on duty and an Agency Nurse. LA then stated, None of them even knew that R1 was missing. When asked what happened after R1 was returned to the unit, she stated, I think the Agency Nurse took her to her room. R1 did not appear to be hurt, only saying she was cold.</p> <p>An interview on 1/5/22 at approximately 2:25 PM with the Director of Nursing (DON) revealed they notified me about the elopement at home at approximately 6:00 AM and I immediately made an assignment that all exit doors be manned since I didn't know if the alarm system was functioning or not. The DON stated that the electronic monitoring systems are checked daily on wandering residents and later that morning it was determined that the alarm system was working. During a walk through with the Surveyor, the DON showed there is only one Hall 200 exit door to the outside and explained how she thought R1 found her way to the parking lot from the exit door, down a ramp with handrail to the area where the LA encountered R1. Distance was determined to be approximately 75 feet. The DON stated that the Resident Representative frequently visits and always likes to take R1 around the building. The DON then stated, I had asked her not to do this because her mother was an elopement risk. The DON stated, she definitely eloped. The DON stated that CNA1, CNA2 and the Agency Nurse had not returned her phone calls.</p> <p>An interview with the Maintenance Director (MD) on 1/5/22 at approximately 2:40 PM revealed that he had been informed that alarms might not be working by 1st shift staff on 1/4/22 at approximately 7:00 AM. He checked all doors throughout the building and found they were working, as well enunciators near all nursing stations. He checks all door weekly, and Signal Technologies last checked during July 2020, but further checks were put on hold because of the pandemic. The MD stated that the alarm system does not record the time of alarm. The MD and Surveyor toured the 200 Hall (COVID quarantine with closed entrance doors). There was no antenna on exit door to detect a wander guard and the exit door could only be opened by pressing against it for 15 seconds. The MD did so, and the alarm sounded loudly and could be easily heard full length of 200 Hall, as well as down the adjacent open hallway for approximately 75-100 feet. The MD stated that the enunciator sound and blinking light is set up to occur near every nursing station in the building. This was verified to be the case by the Surveyor. The MD walked back to the exit door to turn off the alarm and stated, it cannot be turned off from anywhere else in the building.</p> <p>A phone interview on 1/6/22 at approximately 11:00 AM with the Resident Representative for R1 stated she had not been informed of her mother's elopement and became very irate. She further stated that she visited R1 almost daily prior to the COVID outbreak and has had ongoing concerns about the facility and quality of care but did not elaborate further on her concerns.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 1/6/22 at 11:20 AM, the Maintenance Director stated he checks door alarms monthly, but because of the recent change in ownership he could not access those records and that the new company's record keeping system had just been implemented this month.</p> <p>A phone interview with CNA2 on 1/6/22 at approximately 1:05 PM revealed R1 was outside the building for approximately 30-45 minutes before being discovered in the back parking lot by the LA. CNA 2 stated that she did a quick body audit on the resident then put her back into bed. When asked what the nurse did to assist the R1, CNA2 stated that Agency Nurse 1 did absolutely nothing.</p> <p>Attempts were made to contact Agency Nurse 1 with no success.</p> <p>The facility's removal plan for F600 included the following:</p> <p>1. 1:1 staff implement on 1/4/2022. This 1:1 was discontinued after an assigned staff member was placed at the exit door to eliminate potential elopement risk. This staff member can view the entire hallway and all exit doors on the hall. The care plan for Resident #1 was updated on 1/5/2022 by the Director of Nursing to reflect the addition of a staff member posted at the exit door. Resident #1 will continue to receive psychiatric services. Resident #1 is scheduled to be seen by a Psychiatric Doctor on 1/7/2022 to evaluate the current plan of care related to exit-seeking behaviors. Placement and function of wander guard bracelet on Resident #1 confirmed on 1/4/2022 by the Director of Nursing.</p> <p>2. Residents currently in the facility with a Brief Interview for Mental Status (BIMS) score of 8 or less were assessed by 1/6/2022 using the elopement evaluation. 10 residents currently in the facility have a BIMS score of 4 or less and 4 of those 10 residents were determined to be at potential risk for elopement. The Wander/Elopement Risk book was reviewed by the Director of Nursing on 1/4/2022 to ensure all residents that were assessed as at risk for wandering/elopement were identified in the book. The book was found to be accurate and up to date. Resident with wander guard bracelets will have monitoring of placement daily by a Licensed Nurse and documentation added to an electronic record with a start date of 1/5/2022.</p> <p>3. The Maintenance Director checked 100% of the facility doors on 1/4/2022 and found all doors and alarms function correctly. Staff education on Abuse, Neglect and Exploitation procedures for managing residents with risk for wandering and elopement, notification, process, and response to door alarms and resident safety started on 1/4/2022 and will be continued with staff by 1/7/2022. Any staff members not scheduled between 1/4/2022 and 1/7/2022 will be educated before they return to work. 3 Elopement drills will be conducted weekly for 4 weeks across various shifts, then 2 times per week for 4 weeks, then weekly for 4 weeks, or until substantial compliance is achieved. Facility doors will be checked by the Maintenance Director (Manager on Duty on the weekends) daily for 4 weeks then 3 times per week for 4 weeks then weekly for 4 weeks to ensure all doors within the facility lock/release and alarm appropriately. This task will be conducted weekly, moving forward, by the Maintenance Director. New admission referrals will be screened prior to admission to determine the resident's history of wandering and elopement. New admissions will be assessed at the time of admission using the Wandering/Elopement Evaluation section of the All-Inclusive Admission Evaluation. A resident identified as at-risk will be added to the Elopement/Wandering book, have a wander guard placed if appropriate, and a wandering/elopement care plan with individualized intervention. The facility will install a contract staff orientation process that will include, at minimum</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>a- Incident reporting procedures</p> <p>b- Notification process for resident events</p> <p>c- List of door codes</p> <p>d- Overview of the Emergency Operation Plan</p> <p>e- Location of Elopement Book/How to identify residents that are at risk for wandering/elopement</p> <p>f- Managing residents that are at risk for wandering/elopement- The Director of Nursing will audit any event and interventions taken to prevent further elopements. The administrator will review the results of all audits in QAPI monthly for 3 months or until substantial compliance.</p> <p>Allegation of Compliance: 1/7/2022</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25335</p> <p>Based on review of the medical record and interviews, the facility failed to ensure Resident (R)1 was free from accident hazards related to wandering/elopement. Specifically, facility staff failed to prevent R1 from elopement from the facility on 1/4/22 at 4:30 AM. The facility's failure constituted substandard quality of care.</p> <p>R1 exited the rear exit door of the 200 Hall (COVID quarantine unit) on 1/4/22 at approximately 4:30 AM. During the time outside the facility (estimated to be 30-45 minutes), R1 walked out the back entrance of the 200 Hall (COVID quarantine unit) on 1/4/22 around 4:30 AM and was wearing a wander guard that did not alarm with an assortment of clothes with no jacket or shoes. Per an interview with the Laundry Aide (LA), the staff member who found R1, the weather was noted to be in the mid-30s and chilly. R1 was observed in the parking lot of the facility and knocked on the Laundry Aide's driver side door stating, I'm cold. R1 was brought back into the facility and assessed by Certified Nursing Assistant (CNA)2 and Registered Nurse (RN) 1 with no signs or symptoms of harm.</p> <p>On 1/6/22 at 2:05 PM, the Administrator was notified of Immediate Jeopardy (IJ) at F689: Free of Accident Hazards/Supervision/Devices related to the failure to adequately monitor residents with wanderguards, in an effort to prevent elopement The IJ at F689 was determined to first exist on 1/4/22 at 4:30 AM, when R1 was observed outside of the facility unsupervised by a staff member. The facility presented an acceptable removal plan for the IJ at F689 on 1/7/22. After confirmation of implementation of the removal plan by interview and observations, the IJ was removed on 1/7/22 at 3:13 PM. The deficient practice remained at F689 at a lower scope and severity of D following the removal of the immediate jeopardy.</p> <p>The findings include:</p> <p>R1 was admitted to the facility on [DATE] and had diagnoses including, but not limited to Parkinson's disease: Chronic, progressive with psychosis, Questionable Lewy body dementia, had been assessed as being a wanderer and was quarantined to the quarantine unit due to contact with a COVID positive roommate. R1 had not tested positive for COVID-19.</p> <p>Review of R1's Quarterly Minimum Data Set, dated dated dated [DATE] revealed she had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, which indicated she was not cognitively intact.</p> <p>Review of R1's Care Plan dated 11/19/21 revealed R1 is an elopement risk/wanderer as evidenced by impaired safety awareness. The goals are to assess for fall risk, distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, books. Following the elopement on 1/4/22, her care plan was updated to include during late evenings and during nights, staff to be stationed at exit door area. Wander guard bracelet applied to left ankle.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 1/6/22 at 11:20 AM, the Maintenance Director stated he checks door alarms monthly, but because of the recent change in ownership he could not access those records and that the new company's record keeping system had just been implemented this month.</p> <p>A phone interview with CNA2 on 1/6/22 at approximately 1:05 PM revealed R1 was outside the building for approximately 30-45 minutes before being discovered in the back parking lot by the LA. CNA 2 stated that she did a quick body audit on the resident then put her back into bed. When asked what the nurse did to assist the R1, CNA2 stated that Agency Nurse 1 did absolutely nothing.</p> <p>Attempts were made to contact Agency Nurse 1 with no success.</p> <p>The removal plan included for F689 included:</p> <ol style="list-style-type: none"> 1:1 staff was implemented on 1/4/2022. This 1:1 was discontinued after an assigned staff member was placed at the exit door to eliminate potential elopement risk. This staff member can view the entire hallway and exit doors on the hall. The care plan for resident #10073 was updated on 1/5/2022 by the Director of Nursing to reflect the addition of a staff member posted at the exit door. Resident #10073 will continue to receive psychiatric services. Resident is scheduled to be seen by the Physician on 1/7/2022 to evaluate the current plan of care related to exit seeking behaviors. Placement and function of wander guard bracelet on Resident #10073 confirmed on 1/4/2022 by the Director of Nursing. Residents currently in the facility with a BIMS score of 8 or less were assessed by 1/6/2022 using the elopement evaluation. 10 residents currently in the facility have a BIMS score of 4 or less and 4 of these 10 residents were determined to be at potential risk for elopement. The Wander/Elopement Risk book was reviewed by the Director of Nursing on 1/4/2022 to ensure all residents that were assessed as at risk for wandering/elopement were identified in the book. The book was found to be accurate and up to date. Residents with wanderguard bracelets will have monitoring of placement daily by a Licensed Nurse and documentation added to electronic record with a start date of 1/5/2022. The Maintenance Director checked 100% of the facility doors on 1/4/2022 and found all doors and alarms functioning correctly. Staff education on procedures for managing residents at risk for wandering and elopement, notification, process and response to door alarms and resident safety started on 1/4/2022 and will be completed by staff by 1/7/2022. Any staff members not scheduled between 1/4/2022 and 1/7/2022 will be educated before they return to work. 3 elopement drills will be conducted weekly for 4 weeks across various shifts then 2 times per week for 4 weeks then weekly for 4 weeks or until substantial compliance is achieved. Facility doors will be checked by the Maintenance Director (Manager on Duty on the weekends) daily for 4 weeks then 3 times per week for 4 weeks then weekly for 4 weeks to ensure all doors within the facility lock/release and alarm appropriately. This task will be conducted weekly, moving forward, by the Maintenance Director. New admission referrals will be screened prior to admission to determine resident's history for wandering and elopement. New admissions will be assessed at the time of admission using the Wandering/Elopement Evaluation section of the All-Inclusive Admission Evaluation. Residents identified at risk will be added to the Elopement/Wandering book, have a wanderguard placed if appropriate and a wandering/elopement care plan with individualized interventions. The facility will install a contract staff orientation process that will include, at a minimum: <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2022
NAME OF PROVIDER OR SUPPLIER The Reserve Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Eagle Landing Blvd Charleston, SC 29410	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>a. Incident reporting procedures</p> <p>b. Notification reporting procedures</p> <p>c. List of door codes</p> <p>d. Overview of the emergency operations plan</p> <p>e. Location of Elopement Book/ How to identify residents that are at risk for wandering/elopement</p> <p>f. Managing residents that are at risk for wandering/elopement</p> <p>The Director of Nursing will audit any event requiring an incident report daily x 4 weeks, then weekly x 8 weeks to ensure notification to family and physician occurs timely.</p> <p>5. Ad hoc QAPI meeting held on 1/6/2022 to discuss the event and interventions taken to prevent further elopements.</p> <p>Administrator will review the results of all audits in QAPI monthly x 3 months or until substantial compliance is achieved.</p> <p>Allegation of Compliance: 1/7/2022</p> <p>42424</p>		