

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Rock Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 261 S Herlong Ave Rock Hill, SC 29732	

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 - Minimal harm or potential for actual harm</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>Based on observations, interviews and record review, the facility failed to prevent accidents and hazards for one (1) out of three (3) sampled residents (Resident (R)7).</p> <p>Findings include:</p> <p>Review of R7's electronic medical record revealed a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/16/25, that showed the resident was admitted from the community on 1/27/25. The Brief Interview Mental Status (BIMS) revealed a score of 99, which indicated he/she had been unable to complete the cognitive test. R7 requires partial assistance with ADLs (activities of daily living) when going from sitting to lying, from a chair/bed to another chair, with toileting and sitting to standing transfer.</p> <p>During an observation on 06/10/25 at 9:35 AM, of R7's room, there appeared to be a spill under the bed. The spill under bed was covered with a sheet and there was an extension cord plugged into the wall lying on the floor next to R7's bed. R7 was unable to communicate verbally.</p> <p>In an interview on 06/10/25 at 9:36 AM, the Registered Nurse (RN)/Unit Manager stated they would have housekeeping come into the room to clean up the spill. The RN/Unit Manager stated they did not know why an extension cord was in the resident's room. The RN/Unit Manager stated they assumed it was for the portable DVD player the resident had in bed. The RN/Unit Manager stated extension cords should not be in the resident's room.</p> <p>In an interview on 6/11/25 at 9:30 AM, the Maintenance Director stated they had just pulled the extension cord out of the room two (2) weeks earlier. He/she educated staff on keeping an eye on rooms, making sure no extension cords were used. They followed the National Fire Protection Association (NFPA) guidelines and extension cords were not allowed due to fire and safety hazards.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 425127
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