

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenwood		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Parkway Drive Greenwood, SC 29646	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, record review, and interviews, the facility failed to ensure appropriate post-fall interventions were developed and implemented through care plan revision for 1 of 3 residents reviewed for falls Resident (R)2. This failure had the potential to place the resident at risk for additional falls and injury. Findings include:Review of the facility's policy titled, Care Plan Process, Person Centered Care with a revision date of 05/05/23 revealed, Policy: The facility will develop and implement a baseline and comprehensive care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards and quality care. The facility will coordinate the development of the person-centered care plan within the required timeframes. Procedures: 9. Thru ongoing assessment, the facility will initiate person-centered care plans when the resident's clinical status or change of condition dictates the need such as but not limited to falls and pressure ulcer development.Review of R2's Electronic Medical Record (EMR) Face sheet revealed R2 was admitted to the facility on [DATE] with diagnoses including, but not limited to, fracture of the neck of the right femur, encephalopathy, other disorders of bone density and structure, rhabdomyolysis, dysphagia and cognitive communication deficit. Review of R2's significant change Minimum Data Set (MDS) dated [DATE] revealed R2 has severe cognitive impairment and scored a 06 on the Brief Interview for Mental Status (BIMS) assessment, indicating R2 was not cognitively intact.Review of the facility's incident documentation indicated that R2 experienced a fall on 08/27/25 at approximately 06:00 PM in his room. Post-fall documentation indicated that the resident was assessed, and no serious injury was identified.Review of R2's EMR comprehensive Care Plan revealed the care plan was not updated to include new or revised interventions related to the fall, identification of causative or contributing factors, enhanced supervision or environmental modifications, or any evidence of individualized fall-prevention strategies implemented following the resident's fall with fracture on 08/27/25. During an interview on 12/30/25 at 11:26 AM with the Registered Nurse (RN)/MDS Coordinator, revealed, The resident has had two fractures. We may have resolved the one for August. Let me look. The MDS Coordinator revealed,I ran the history from 09/01/25 until today,12/30/25, but I don't see the care plan for the fracture in August 2025. There is nothing in August because he went out to the hospital on [DATE] and returned on 09/02/25. We did a significant change on 09/07/25. That should have alerted us to update the care plan, but I do not see any care plan updates for August or September 2025.During an interview on 12/30/25 at 12:20 PM with the Director of Nursing revealed, My expectation is that the care plans are updated with a significant change in a resident. Upon readmission to the facility from the hospital, the care plan should be updated.</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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<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>(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review, and staff interviews, the facility failed to ensure that Resident (R)1 was adequately supervised to prevent elopement. R1 was noted to have eloped on 12/13/2025. R1 was last seen by facility staff in the facility at approximately 5:30 PM. Facility was made aware that R1 was found outside the facility at 6:06 PM by first responders. According to weather.com, the weather in [NAME], SC on 12/13/25 was a high of 65 degrees Fahrenheit (F) and a low of 49F with sunset at 5:19 PM.As a result of Complaint #2697173, on 12/30/2025 at 2:40 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations could cause psychosocial harm.On 12/30/2025 at 3:08 PM, the survey team provided the Administrator with a copy of the Centers for Medicare and Medicaid Services (CMS) Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of 12/13/2025. The IJ was related to F689 Free of Accident Hazards/Supervision/Devices.On 12/30/25 at 6:20 PM, the facility provided an acceptable IJ Removal Plan. On 12/30/25 at 6:35 PM, the survey team validated the facility's corrective actions and determined the facility put forth due diligence in correcting their deficiencies, determining the IJ to exist at Past noncompliance with a completion date of 12/14/25. The survey team validated completion as of 12/14/25An extended survey was conducted in conjunction with the Complaint Survey for non-compliance at F689, constituting substandard quality of care.Findings include:Review of the facility policy titled, Elopement, revealed it is the facilities goal to, safely and timely redirect patients/residents to a safe environment. Review of R1's face sheet revealed documented diagnoses indicate a history that includes but is not limited to: Wandering, psychosis not due to a substance or known physiological condition, anxiety disorder, paranoid schizophrenia, schizoaffective disorder (bipolar type), and epilepsy.Review of R1's care plan reveals resident was care planned for elopement risk on 05/30/2021. Interventions include, Approach: R1 has a wander guard, Approach: When R1 begins to wander, provide comfort measures for basic needs (e.g., pain, hunger, toileting, too hot/cold, etc.). Approach: Maintain a calm environment and approach to the R1. Approach: Approach from the front. Walk in step with R1 first before redirecting. Approach: Avoid over-stimulation (e.g., noise, crowding, other physically aggressive residents). Review of R1's Annual Minimum Data Set (MDS) completed on 12/4/2025 indicates R1 has a Brief Interview for Mental Status (BIMS) score of 9, consistent with some cognitive impairment. The MDS section E0900 (Wandering - Presence and Frequency) reflects a score of 3, indicating wandering behavior occurs daily. Review of R1's orders identified R1 as being at risk for falls, elopement, and wandering since 7/16/2020. Further review of R1's physician orders reveal an active order for a wander guard bracelet applied to the right wrist. Review of R1's Treatment Administration Record (TAR), for 12/13/25 revealed R1 was identified to have a fully functioning wander guard during time of elopement. Review of nursing progress note by Licensed Practical Nurse (LPN)1 dated 12/13/2025 at reveals, This nurse was notified by the Aide on 12/13/25 that the 911 officer called the facility and spoke to other staff nurse inquiring about a missing resident. This resident was unaccounted for. Code white procedure initiated, and facility administration notified. During the external search by staff, it was verified that resident was located and with EMS/Police in attendance. The Administrator/Director of Nursing (DON) arrived on premises and to notify MD/RP. 1048pm, call received from SRHC ER and reported that the resident with no injuries and would be returning to facility when transport available.Review of nursing progress note by DON dated 12/13/2025 reveals, 12/13/2025 at 621pm-Received pc from Administrator that resident had left the facility without staff supervision. During transit to facility, received call from Administrator, at 627pm that resident had been located and was safe. Upon arrival at facility, at 645pm, ADM present and report received from staff that the CODE WHITE process had been initiated. Resident had been transported by EMS to SRHC ER for eval and treatment. Attempted to notify RP with no answer and could not leave VM r/t had not been set up per automated response. Medical Doctor (MD)1 notified of events.Review of Nurse Practitioner progress note 12/15/25 revealed, Chief Complaint / Nature of Presenting Problem:Seen today for exit seeking .Staff reports patient exited the facility last night, was found quickly.Patient is seen today walking around the unit, redirected him back to his room for exam. He is alert, confused at his baseline per staff. Patient has wander guard bracelet on right wrist. Discussed exit seeking with staff, recommend increased rounding on patient and monitor closely. Continue wander guard. VSS. No other concerns expressed by patient or nursing staff at this time. MAR reviewed. Review of social service progress note on 12/18/2025 reveals. RESIDENT ELOPED FROM ROOM DURING ON</p>		