

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/06/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Brushy Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cottage Creek Circle Greer, SC 29650	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42338</p> <p>Based on review of facility policy, record review, interview, and observation, the facility failed to report, to the state agency, an allegation of sexual abuse involving Resident (R)1's and R2's, for 2 of 2 residents reviewed for abuse.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation- Report and Investigation last revised in August 2022, revealed, All reports of resident abuse . are reported to local, state, and federal agencies . Findings of all investigations are documented and reported. 1. c. Resident to resident altercations-Sexual Contact- Required to report immediately but no later than 2 hours- . Sexual activity or fondling where one of the resident's capacity to consent to sexual activity is unknown.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: encephalopathy, hypertension, Type 2 Diabetes Mellitus, GERD, anxiety disorder, suicidal ideation, depression, and Dementia with behavior disturbances.</p> <p>Review of R1's Quarterly Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 04/30/24, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating R1 was severely cognitively impaired.</p> <p>Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE], with diagnoses including but not limited to: atrial fibrillation, Type 2 Diabetes Mellitus, COPD, Chronic Kidney Disease, duodenitis without bleeding, and hypoglycemia.</p> <p>Review of R2's Quarterly MDS with an ARD of 03/19/24, revealed R2 had a BIMS score of 13 out of 15, indicating R2 was cognitively intact.</p> <p>During an interview on 05/30/24 at 11:16 AM, Certified Nursing Assistant (CNA)1 revealed on the night of the allegation, she knocked on R1's door to provide care but the door was blocked. CNA1 states she went to get the nurse because she could not get into the room. When the door was opened, both residents were disrobed and standing beside the bed. CNA1 further stated that R1 was upset, yelling, and crying, stating she did not mean to do it.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 425004	Facility ID: 425004 If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Brushy Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cottage Creek Circle Greer, SC 29650	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 05/30/24 at 11:40 AM, Registered Nurse (RN)1 revealed that when the door was open, she found both residents disrobed from the waist down. R2 was asked to leave the room and he became very upset and said he was not going anywhere, because R1 asked him to come into her room. RN1 states that she spoke to R1 after R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into the room. RN1 further stated that R1 was upset because she was embarrassed about the incident. RN1 states R2 was sent out to the ER because he became upset and non-compliant after being told he could not go back into the room. RN1 states that R2 did not have a history of inappropriateness towards any other resident.</p> <p>During an interview on 05/30/24 at 3:50 PM, the Nurse Practitioner (NP) revealed that he spoke with R1 the day after the incident. The NP states at first, R1 denied the allegation, but eventually stated, she initiated it, and she did not want that man to get into trouble because he did not do anything wrong. The NP stated that R1 asked R2 into her room because she wanted to be with someone and R2 was the only man that was ambulatory on the unit, so that's why she chose to invite him into her room.</p> <p>During an interview on 05/30/24 at 3:55 PM, the Assistant Director of Nursing (ADON) revealed R2 was more abrasive when trying to talk to about the allegation. R2 kept saying she invited me in. the ADON states the police were called to make a report, but did not file a report because R1 expressed it was consensual.</p> <p>During an interview on 05/30/24 at 4:50 PM, the Director of Nursing (DON) revealed that she did not report the incident to the state agency because the incident was consensual.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Brushy Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cottage Creek Circle Greer, SC 29650	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42338</p> <p>Based on review of facility policy, record review, interview, and observation, the facility failed to report, to the state agency, an allegation of sexual abuse involving Resident (R)1's and R2's, for 2 of 2 residents reviewed for abuse.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation- Report and Investigation last revised in August 2022, revealed, Findings of all investigations are documented and reported. 1. c. Resident to resident altercations-Sexual Contact- Required to report immediately but no later than 2 hours- . Sexual activity or fondling where one of the resident's capacity to consent to sexual activity is unknown. Investigating Allegations 1. All allegations are thoroughly investigated. The administrator initiates investigations . 7. The individual conducting the investigation as a minimum: a. Reviews the documentation and evidence. b. Reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident. I. Documents the investigation completely and thoroughly.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: encephalopathy, hypertension, Type 2 Diabetes Mellitus, GERD, anxiety disorder, suicidal ideation, depression, and Dementia with behavior disturbances.</p> <p>Review of R1's Quarterly Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 04/30/24, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating R1 was severely cognitively impaired.</p> <p>Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE], with diagnoses including but not limited to: atrial fibrillation, Type 2 Diabetes Mellitus, COPD, Chronic Kidney Disease, duodenitis without bleeding, and hypoglycemia.</p> <p>Review of R2's Quarterly MDS with an ARD of 03/19/24, revealed R2 had a BIMS score of 13 out of 15, indicating R2 was cognitively intact.</p> <p>During an interview on 05/30/24 at 11:40 AM, Registered Nurse (RN)1 revealed, she found both residents disrobed from the waist down. R2 was asked to leave the room and he became very upset and said he was not going anywhere, because R1 asked him to come into her room. RN1 states that she spoke to R1 after R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into the room. RN1 further stated that R1 was upset because she was embarrassed about the incident. RN1 states R2 was sent out to the ER because he became upset and non-compliant after being told he could not go back into the room. RN1 states that R2 did not have a history of inappropriateness towards any other resident.</p> <p>During an interview on 05/30/24 at 3:55 PM, the Assistant Director of Nursing (ADON) revealed R2 was more abrasive when trying to talk to about the allegation. R2 kept saying she invited me in. The ADON states the police were called to make a report, but did not file a report because R1 expressed it was consensual.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Brushy Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cottage Creek Circle Greer, SC 29650	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/30/24 at 4:50 PM, the Director of Nursing (DON) revealed that she did not report the incident to the state agency because the incident was consensual.		