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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		STREET ADDRESS, CITY, STATE, ZIP CODE		
Brushy Creek Post Acute		101 Cottage Creek Circle Greer, SC 29650		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.			
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42338			
Residents Affected - Few	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.			
	Findings include:			
	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.			
	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.			
	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 w severely cognitively impaired.			
Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE], with diagnose not limited to: atrial fibrillation, Type 2 Diabetes Mellitus, COPD, Chronic Kidney Disease, duo bleeding, and hypoglycemia.				
	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.			
	11:16 AM, Certified Nursing Assistant oor to provide care but the door was blo et into the room. When the door was o bed. CNA1 further stated that R1 was u	ocked. CNA1 states she went to get pened, both residents were		
	(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

Facility ID: 425004

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 con	tact the nursing home or the state survey a	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	open, she found both residents dist became very upset and said he wa RN1 states that she spoke to R1 af R1 asked him to come into the roor about the incident. RN1 states R2 w being told he could not go back into towards any other resident. During an interview on 05/30/24 at day after the incident. The NP state and she did not want that man to ge R1 asked R2 into her room becaus ambulatory on the unit, so that's wh During an interview on 05/30/24 at more abrasive when trying to talk to the police were called to make a re	11:40 AM, Registered Nurse (RN)1 revolved from the waist down. R2 was ask s not going anywhere, because R1 ask ter R2 left the room and R1 stated that n. RN1 further stated that R1 was upse was sent out to the ER because he bec to the room. RN1 states that R2 did not 1 3:50 PM, the Nurse Practitioner (NP) re- es at first, R1 denied the allegation, but et into trouble because he did not do ar e she wanted to be with someone and hy she chose to invite him into her room 3:55 PM, the Assistant Director of Nurs to about the allegation. R2 kept saying s port, but did not file a report because R 4:50 PM, the Director of Nursing (DON cause the incident was consensual.	ted to leave the room and he and him to come into her room. R2 did not do anything wrong, and et because she was embarrassed ame upset and non-compliant after have a history of inappropriateness evealed that he spoke with R1 the eventually stated, she initiated it, hything wrong. The NP stated that R2 was the only man that was h. sing (ADON) revealed R2 was the invited me in. the ADON states and expressed it was consensual.	

<ul> <li>not limited to: encephalopathy, hypertension, Type 2 Diabetes Mellitus, GERD, anxiety disorder, suicidideation, depression, and Dementia with behavior disturbances.</li> <li>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 severely cognitively impaired.</li> <li>Review of R2's Face Sheet revealed R2 was admitted to the facility on [DATE], with diagnoses includin not limited to: atrial fibrillation, Type 2 Diabetes Mellitus, COPD, Chronic Kidney Disease, duodenitis with bleeding, and hypoglycemia.</li> <li>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.</li> <li>During an interview on 05/30/24 at 11:40 AM, Registered Nurse (RN)1 revealed, she found both reside disrobed from the waist down. R2 was asked to leave the room and he became very upset and said he not going anywhere, because R1 asked him to come into her room. RN1 states that she spoke to R1 at R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into ther room. RN1 states that she spoke to R1 at R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into the room. RN1 states that R1 states that R2 did not do anything wrong, and R1 asked him to come into the room. RN1 states that R1 states that R2 did not do anything wrong, and R1 asked him to come into the incident. RN1 states R2 sent out to the ER because he became upset and non-compliant after being told he could not go back i the room. RN1 states that R2 did not have a history of inappropriateness towards any other resident.</li> <li>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</li> </ul>		1			
NAME OF PROVIDER OR SUPPLIER Brushy Creek Post Acute         STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cottage Creek Circle Green, 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)         (X4) ID PREFIX TAG           F 0610         Respond appropriately to all alleged violations.         "NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 42338           Based on review of facility policy, record review, interview, and observation, the facility failed to report, state agency, an allegation of sexual abuse involving Resident (R)1's and R2's, for 2 of 2 residents revi for abuse.           Findings include:         Review of the facility policy itled, Abuse, Neglect, Exploitation or Misappropriation-Report and Investig last review of nurview or configures on the investigations are documented and reported. To Resident to resident altercations-Sexual Contack- Required to report inmediately but no later than 2 ho Secual activity or fording where one of the resident's capacity to consent to sexual activity is unformout investigation 3. The individual conducting the investigation as a minimum: a Review the documents and evidence b. Reviews the resident's medical record to determine the resident's physical and cogniti status at the incident and since the incident. I. Documents the investigation completely and thoroughly.           Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses includin not limited to: atrial fibriliaton, Type 2 Diabetes Mellitus, GERD, analey disorder, suicid				COMPLETED	
Brushy Creek Post Acute         111 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 TAC         SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)           F 0610         Respond appropriately to all alleged violations.           Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few         Respond appropriately to all alleged violations.           Based on review of facility policy, record review, interview, and observation, the facility failed to report, state agency, an allegation of sexual abuse involving Resident (R)1's and R2's, for 2 of 2 residents revi for abuse.           Findings include:         Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation- Report and Investig last review of the facility policy titled, abuse, neglect, Exploitation or Misappropriation- Report and Investig and revised in August 2022, revealed, Findings of all investigations are documented and reported. 1, c. Resident to resident attercations-Sexual Contact- Required to report inmediately but no later than 2 ho Sexual activity or fonding where one of the incident. L Documents the investigation completely and investigation completely and investigation completely and horoughly.           Review of R1's Face Sheat revealed R1 was admitted to the facility on [DATE], with diagnoses includin not limited to: arring fibriliaton, Type 2 Diabetes Melitus, GERD, anxiety disorder, suidi ideation, depression, and Dementia with behavior disturbances.           Review of R1's Face Sheat reve		425004	B. Wing	05/30/2024	
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<ul> <li>not limited to: atrial fibrillation, Type 2 Diabetes Mellitus, COPD, Chronic Kidney Disease, duodenitis wibleeding, and hypoglycemia.</li> <li>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.</li> <li>During an interview on 05/30/24 at 11:40 AM, Registered Nurse (RN)1 revealed, she found both reside disrobed from the waist down. R2 was asked to leave the room and he became very upset and said he not going anywhere, because R1 asked him to come into her room. RN1 states that she spoke to R1 at R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into the r RN1 further stated that R1 was upset because she was embarrassed about the incident. RN1 states R1 states that R2 did not have a history of inappropriateness towards any other resident.</li> <li>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</li> </ul>		04/30/24, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, indicating R1 was			
<ul> <li>indicating R2 was cognitively intact.</li> <li>During an interview on 05/30/24 at 11:40 AM, Registered Nurse (RN)1 revealed, she found both reside disrobed from the waist down. R2 was asked to leave the room and he became very upset and said he not going anywhere, because R1 asked him to come into her room. RN1 states that she spoke to R1 at R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into the r RN1 further stated that R1 was upset because she was embarrassed about the incident. RN1 states R1 sent out to the ER because he became upset and non-compliant after being told he could not go back i the room. RN1 states that R2 did not have a history of inappropriateness towards any other resident.</li> <li>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</li> </ul>		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.			
<ul> <li>disrobed from the waist down. R2 was asked to leave the room and he became very upset and said he not going anywhere, because R1 asked him to come into her room. RN1 states that she spoke to R1 at R2 left the room and R1 stated that R2 did not do anything wrong, and R1 asked him to come into the r RN1 further stated that R1 was upset because she was embarrassed about the incident. RN1 states R1 sent out to the ER because he became upset and non-compliant after being told he could not go back i the room. RN1 states that R2 did not have a history of inappropriateness towards any other resident.</li> <li>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</li> </ul>		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.			
more abrasive when trying to talk to about the allegation. R2 kept saying she invited me in. The ADON		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.			
		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.			
(continued on next page)		(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Brushy Creek Post Acute	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425004 ER	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 101 Cottage Creek Circle Greer, SC 29650	(X3) DATE SURVEY COMPLETED 05/30/2024 P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/30/24 at the incident to the state agency bed	4:50 PM, the Director of Nursing (DON cause the incident was consensual.	) revealed that she did not report