

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425289	(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING  MAY 29 2018 BUREAU OF CERTIFICATION SC HANAHAN, SC 29406	(X3) DATE SURVEY COMPLETED  04/14/2018
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NAME OF PROVIDER OR SUPPLIER  
**HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA**

STREET ADDRESS, CITY, STATE, ZIP CODE  
BUREAU OF CERTIFICATION  
SC HANAHAN, SC 29406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000

INITIAL COMMENTS

F 000

A Recertification Survey and Complaint Survey # SC00 [redacted] SC000 [redacted] SC00 [redacted] SC00 [redacted] SC000 [redacted] was conducted at Heartland of Hanahan on 04/09/18 - 04/14/18. Based on full and/or limited record reviews, interviews and observations, there were citations related to complaints # SC00 [redacted] (F842, F697, F755), SC00 [redacted] (F580), SC00 [redacted] F550, F561, F584, F725, F880), SC00 [redacted], SC00 [redacted], SC00 [redacted]. The facility was in not in substantial compliance with 42CFR 483.5-483.95-SubpartB-Requirements for Long Term Care Facilities. The census was 93.

The statements made in this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all Federal and State regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.

5-29-18

F 550  
SS=E

Resident Rights/Exercise of Rights  
CFR(s): 483.10(a)(1)(2)(b)(1)(2)

F 550

§483.10(a) Resident Rights.  
The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all

F-550

It is the practice of the center to treat each resident with respect and dignity and in a manner that promotes his or her quality of life

1. Resident # 442 and Resident # 50 no longer reside in the facility. Resident #16, Resident #46, and Resident #8 and Resident # 9 and Resident # 55 have been interviewed regarding being treated with respect and dignity and have voiced no concerns. R#55 has been provided pull ups.

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Administrator</i>	(X6) DATE <i>5-25-18</i>
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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.

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F 550	<p>Continued From page 1 residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of the facility's policy on resident rights, the facility failed to provide care and services in a manner that maintained residents' dignity for 4 of 7 actively participating members in the Resident Council meeting and 3 random observations on 2 of 3 units. Resident #16, #46, and #442 had to wait extended periods of time to be assisted to the bathroom resulting in incontinence and/or wait to be assisted with incontinent care. Resident #50 was observed from the corridor, fully exposed except for a towel across his/her midsection for a period of 15 minutes without staff intervention. Resident #8 was observed from the corridor, exposed from the waist down with a disposable brief visible for a period of 15 minutes without staff intervention. Resident #73 was observed being transported in the corridor on a</p>	F 550	<p>2. A random sample of 20 residents has been completed and no concerns voiced in regards to being treated with respect and dignity</p> <p>3. Non licensed nursing staff will be educated on proper toileting assistance and on providing resident care with respect and dignity by the Director of Nursing or designee</p> <p>4. Don or Designee will conduct random audits for proper toileting and providing resident care with respect and dignity weekly x 4 weeks and then monthly x 2 months. The results of the random audits will be reported to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will reevaluate the need for further monitoring after 3 months. The Administrator is responsible for monitoring and follow-up.</p> <p>Date of Compliance: 5/29/18</p>	

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F 550	<p>Continued From page 2 shower gurney with his/her catheter drainage bag in full view.</p> <p>The findings included: Cross Refer to F725 - Staffing</p> <p>During the Resident Council meeting on 4-11-18 at 2 PM, Residents #16, #46, and #442 stated they had to wait 30 minutes to 3 hours to be assisted to the bathroom, resulting in incontinence. Residents #16, #46, #442, and #55 also stated they had to wait the same amount of time to be assisted with incontinent care. Resident #55 stated s/he did not get pullups when s/he needed them, resulting in remaining wet/soiled for long periods of time. Residents #16 and #46 stated that it was "embarrassing and uncomfortable to be left wet for a long time."</p> <p>Resident #16 stated her/his issue was that s/he doesn't get changed in a timely manner. "They say that they can do it after lunch or dinner. The CNAs (Certified Nursing Assistants) say they cannot change you during breakfast, lunch or dinner. It does not matter what hall you are on. My call light was on for an hour and there was nobody. There was one CNA for the entire floor on the 200 hall on 11-7. This happened on Saturday night, three nights ago. There were two nurses at the nurses station and it was past shift change time." Resident #16 stated s/he had waited so long s/he finally had to struggle to use a transfer board to get out of bed to go to the nurses station her/himself to get help. During an interview on 04/13/18 at 09:45 AM, Resident #16 stated s/he was incontinent due to spinal problems. S/he had multiple fusions, back surgeries. The resident re-stated that it was</p>	F 550		
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F 550

Continued From page 3  
embarrassing when s/he was left wet. "It affects your self image when you cannot get help when you need it."  
  
Resident #9 stated, "There's not enough staff if someone calls in sick. If they get in agency people, they don't know anything. They cannot keep any people."  
  
On 04/14/18 at 10:12 AM, Resident #50 was observed for a period of 15 minutes with his/her room door open. S/he appeared to be bathing him/herself, sitting on the bed, facing the door with only a towel draped across his/her genitals. The curtain was not pulled to afford the resident privacy. Two staff members were standing in the corridor talking at a medication cart without acknowledging the condition of the resident. The resident was visible to any passersby in the hallway.  
  
On 04/12/18 at 08:23 AM, Resident #8 was in the bed nearest the doorway and observed from the corridor with the lower half of his/her body fully exposed from feet to waist. A disposable brief was visible. Two Certified Nursing Assistants (CNAs) were passing out breakfast trays, passing the room multiple times as the tray cart was located between this and the neighboring room in the hallway. Registered Nurse (RN) #2 was also noted in the hall, supervising and assisting with tray delivery. CNA #1 delivered trays to both residents in this room without pulling the privacy curtain, covering the resident or speaking to the resident about the condition. All staff were repeatedly passing the room without addressing this condition for over 15 minutes.  
  
During an interview on 4-13-18 at 3:43 PM, the

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F 550	Continued From page 4 Senior Administrator stated s/he would expect staff to address the exposed residents immediately.  The Patient/Resident Rights section of the employee handbook provided by the Staff Development Coordinator (SDC) states: "All of us have an obligation to respect the rights of our patients/residents. Our Resident Rights statement is a key aspect of our patient/resident care policy. It assures every patient/resident that we will do everything we can to protect the fundamental rights and individual sense of dignity to which every human being is entitled. A copy of our Residents' Rights statement will be reviewed with you during general orientation and inservices." The SDC provided an agency orientation packet that also included resident rights. There was no information provided regarding how the policy related to dignity had been operationalized within the facility.  In a random observation on 04/13/18 at approximately 11:30 AM, Resident #73 was seen being wheeled to a shower room on a shower stretcher with her indwelling Foley catheter bag sitting on top of the blanket in full view of visitors, staff, and surveyors.	F 550			
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8)  §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.	F 561			

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F 561	<p>Continued From page 5</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of the facility's smoking policy, staff failed to ensure that 2 of 2 residents attending Resident Council who smoked had the opportunity to exercise his or her choices to participate in this activity that was important to them. The facility failed to support and accommodate Residents #16 and #47 with their smoking choices/preferences.</p> <p>The findings included:</p> <p>During the Resident Council meeting on 4-11-18 at 2 PM, Residents #16 identified her/himself as a smoker and stated that facility staff did not adhere to established smoking times. "They do not take us out to smoke when they are supposed to."</p>	F 561	<p>F-561</p> <p>It is the practice of the facility to provide the resident the right to self determination</p> <ol style="list-style-type: none"> <li>Resident #16 and #47 were escorted by staff to the smoking area during survey.</li> <li>A Smoking scheduled with staff assignments for providing assistance has been created by Administrator. Residents who have been identified as wanting to smoke have been educated on the smoking guidelines and the new smoking schedule.</li> <li>Nursing staff and department leadership have been educated on the Smoking Guidelines, the smoking schedule, and the resident right to self determination.</li> <li>Random audits for assisting the resident with smoking per the smoking schedule and the resident right to self determination will be completed by Administrator or Designee weekly for 4 weeks and then monthly for 2 months. The results of the random audits will be reported to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee</li> </ol>	5-29-18
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F 561	Continued From page 6 Resident #47 shook his/her head obviously in agreement. When asked about the designated times, Resident #16 stated, "10 AM for 15 minutes, 2 PM for 15 min and 7 PM for 15 minutes." When asked how often they did not get to go on time, Resident #16 responded s/he almost always had to go find someone to take them out. "There's no lighting out there and there's no covered area for the smokers, so staff don't want to take us out at all when it's dark or raining."  Resident #39, who was not a smoker, agreed the staff did not follow the policy. S/he stated, "When you go to look for people to take them out to smoke, the staff response is " I am too busy." S/he stated that the units rotated responsibility but "they should probably just assign someone to take the smokers out." Resident #16 said, "I always go and get someone when I want to smoke and I am going to keep on doing that until I leave here."  During an observation on 4-12-18 from 10-10:25 AM, no residents or staff were observed in the smoking area. Resident #47 was observed in the front lobby in a wheelchair. Later, Resident #47 was observed seated in the front lobby in a wheelchair prior to 2 PM. Resident #16 returned from an appointment and came into the lobby at 2:10 PM. At 2:15 PM, the Receptionist stated, "I have been trying to call the unit to take (Resident #47) to smoke but no one is answering. At 2:18 PM, staff arrived to assist the residents to the smoking area. During the survey, no other residents were observed in the smoking area.	F 561	will reevaluate the need for further monitoring after 3 months. The Administrator is responsible for monitoring and follow-up.  Date of Compliance: 5/29/18		
F 580	Notify of Changes (Injury/Decline/Room, etc.)	F 580	F 580  It is the practice of the facility to provide Notification with change in condition  1. An IDT meeting was held with Resident #19's Representative on 5/3 and the RP was updated to resident plan of care. Resident #11's Representative was notified regarding the Scoop Mattress. Resident #11's physician and RP are being notified of med refusals. Resident # 63's representative was notified of the resident's condition and continued med refusals. The physician was notified regarding continued med refusals for Resident #63. The continued medication refusals for R #63 have been incorporated in to the	5-29-18	

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F 580 SS=E	Continued From page 7 CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident	F 580	resident care plan. The physician and Resident representative for Resident #63 was notified regarding the discoloration on arm and allegation of rough handling. Resident #487 no longer resides in the facility.  2. Other residents/RP and resident physician are provided notification with change in condition as appropriate. Residents/RP are provided prompt notification when there is a room or room mate change.  3 Licensed Nursing staff will be educated on proper notification of room and roommate change and proper notification with resident change in condition.  4. Don or designee will complete random audits weekly x 4 and then monthly x 2 for Notification of Changes in condition and notification with a room or roommate change. The results of the random audits will be reported to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will reevaluate the need for further monitoring after 3 months. The Administrator is responsible for monitoring and follow-up.	



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F 580	<p>Continued From page 8 representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide written notification of room change of Resident #19 and receiving roommate. Furthermore, the facility failed to notify the families of Residents #63, #487 and #11 of changes in condition and new medication orders for 4 of 5 residents reviewed for notification of changes.</p> <p>The findings included:</p> <p>Resident #19 was admitted to the facility with diagnoses including, but not limited to Major Depressive Disorder, Muscle Weakness, Dementia, Congestive Heart Failure and Age-Related Osteoporosis. Record review on 04/14/18 at 10:45 a.m. revealed the resident had changed rooms on 04/10/18 from the 400-wing to the 300-wing. No evidence of this transfer was noted to be documented in the resident's medical record nor could written notification be provided.</p> <p>Review of the facility's policy, entitled, Resident Rights on 04/14/18 at 2:54 p.m. revealed on line item 4, 3rd bullet, "The resident has the right to receive written notice, including the reason for the</p>	F 580			

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F 580

Continued From page 9

change, before the resident's room or roommate in the facility is changed."  
The facility admitted Resident #11 in 2004 with diagnoses including, but not limited to Severe Vascular Dementia, Chronic Kidney Disease, Congestive Heart Failure, Iron Deficiency Anemia, Hypertension, Bradycardia, Adult Failure to Thrive, Cardiomyopathy, and Cerebrovascular Accident.

Review of Physician's Orders at 12:38 PM on 4-11-18 revealed that a scoop mattress was ordered on 12-26-17 as a result of multiple falls. There was no evidence found in the medical record that the resident's representative was notified.

Review of the Medication Administration Records (MARs) at 11:01 AM on 4-12-18 revealed that Resident #11 refused medication multiple days/shifts in January-February, 2018 (1-4-18, 1-22-18, 1-23-18, 1-24-18, 1-26-18, 1-27-18, 1-29-18, 1-31-18, 2-15-18, 2-28-18). Medications refused included Aspirin, Celexa, Donepezil, Metoprolol Succinate Extended Release, Multivitamin, and Calcium Citrate.

Review of Nurses Notes at 11:56 PM on 4-11-18 revealed no entries on these dates or no documentation related to medication refusal and physician notification. The majority of the notes stated, "No behavioral issues noted."

Review of 1-18 and 2-18 Physician's and Nurse Practitioner's (NP's) Progress Notes revealed no references to medication refusal.

During an interview on 4-13-18 1:14 PM, after having reviewed the medical record, the Director

F 580

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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  04/14/2018
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NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 EAGLE LANDING BLVD HANAHAN, SC 29406
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F 580

Continued From page 10 of Nursing (DON) confirmed there was "nothing in the medical record that the physician is aware of med(ication) refusals."

The facility admitted Resident #63 with diagnoses including, but not limited to, Congestive Heart Failure, Anxiety Disorder, Major Depressive Disorder (MDD) with Psychosis, Fibromyalgia, Chronic Kidney Disease, Hypertension, Dementia, Polyneuropathy, Peripheral Vascular Disease, and Cerebrovascular Accident. Record review and interview revealed multiple instances of the representative not being notified of changes in condition and new medication orders.

Review of Nurses Notes at 1:25 PM on 4-12-18 revealed that on 1-28-18, the resident complained of shortness of breath and wheezing. S/he ran a low grade temperature of 99.3 and had a blood pressure of 179/99. The physician was notified and ordered Labetalol and an Albuterol nebulizer. There was no evidence that the resident's representative was notified of the change in condition requiring physician intervention.

Continued review of Nurses Notes and MARs on 4-14-18 at 1:29 PM revealed that Lisinopril (antihypertensive) was held on 2-13-18 without a reason documented or evidence of physician notification in the record. Review of the MARs revealed that the resident refused Eliquis (anticoagulant) 19 times in 2-18 and 36 times in 3-18. There was no evidence in the medical record that the physician was aware of the refusals. Nurse's Notes on 2-18-18 stated, "alert refused eliquis made a note to provider to follow up..." NP notes on 2-22-18 and 3-22-18 made no

F 580

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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F 580	<p>Continued From page 11</p> <p>reference to medication refusals.</p> <p>During an interview at 3:45 PM on 4-13-18, the DON reviewed the medical record and verified that documentation did not reflect physician/NP knowledge of medication refusal, "only that the resident was uncooperative with care."</p> <p>During an interview on 4-13-18 at 7:38 PM, Licensed Practical Nurse (LPN) #5 reviewed the medical record and was unable to locate family/representative notification.</p> <p>On 2-25-18, Nurses Notes documented Resident #63 was experiencing pain in the right ankle. An X-ray was done "to rule out abnormalities." The physician ordered Doxycycline for 10 days for treatment of cellulitis and ice packs as needed to the ankle. There was no evidence that the resident's representative was notified of the change in condition requiring physician intervention.</p> <p>During an interview on 4-13-18 at 7:46 PM, LPN #5 reviewed the medical record and was unable to locate family/representative notification.</p> <p>Record review on 4-12-18 at 1:33 PM revealed a 3-22-18 Physician's Order for Doxycycline to be administered for 10 days for a wound abscess. There was no evidence that the resident's representative was notified of the change in condition requiring physician intervention.</p> <p>During an interview on 4-13-18 at 7:46 PM, LPN #5 reviewed the medical record and was unable to locate family/representative notification.</p> <p>On 2-13-18, the physician ordered Abilify 2 milligrams (mg) daily for treatment of MDD with Psychosis. On 2-19-18, s/he increased the dose to 5 mg daily. There was no evidence that the resident's representative was notified of the</p>	F 580		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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F 580

Continued From page 12  
change in condition requiring physician intervention.  
During an interview on 4-13-18 at 7:46 PM, LPN #5 reviewed the medical record and was unable to locate family/representative notification.

During an interview on 4-11-18 at 9:36 AM, when asked about the bruises on her/his forearms, Resident #63 stated s/he had hand prints on her/his arm and leg from an agency Certified Nursing Assistant (CNA) being rough with her/him "weeks ago". The resident stated s/he reported it to the nurse on duty and "the CNA never came back." The incident was reported to the Administrator on 4-11-18 at 10:28 AM after review of the grievance log on which the incident had not been logged. On 4-13-18, record review revealed no entries to indicate that the physician or family had been notified of the reported incident. During an interview on 4-13-18 at 5:02 PM, the DON verified there were no entries to indicate that the family or physician had been notified of the allegation of rough handling.

The facility admitted Resident #487 on 10-11-17 following hospitalization for diagnoses including, but not limited to, Hypertension, Hypothyroidism, Chronic Obstructive Pulmonary Disease, Cerebrovascular Accident, Dementia, Osteoarthritis, Gout, Depression, Deep Vein Thrombosis, Gastroesophageal Reflux, Osteoporosis, Urinary Tract Infection (UTI), Delusional Disorder, Thyrotoxicosis, Pacemaker, Delirium 2/2 (secondary to) UTI, and Diabetes Mellitus.

Record review beginning at 1:24 PM on 4-10-18 revealed multiple changes in the resident's

F 580

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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  04/14/2018
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NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 EAGLE LANDING BLVD HANAHAN, SC 29406
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F 580

Continued From page 13  
condition requiring physician intervention for which there was no evidence that the resident's representative was notified:  
(1) On 10-16-18, following review of laboratory reports, the physician ordered Basalgar Kwikpen (insulin glargine) 7 units at bedtime daily, in addition to the sliding scale the resident had been on for Diabetes Mellitus.  
(2) On 10-20-18, the physician ordered Melatonin 5 milligrams (mg) at bedtime daily for sleep aid.  
(3) On 10-23-18, the physician ordered Aricept 5 mg to be given at bedtime daily for Unspecified Dementia with Behavioral Disturbance.  
(4) On 10-23-18, the physician ordered Namenda XR 7 mg daily for memory.  
(5) On 10-23-18, the physician ordered Lexapro 5 mg daily for 5 days, then increased it to 10 mg daily for MDD.  
(6) On 10-25-18, the physician ordered Sodium Chloride one gram twice daily for Hyponatremia.  
(7) On 10-26-18, Resident #487 had a hyperglycemic episode for which the physician ordered a one time dose of insulin and 0.9% Sodium Chloride one liter to be infused over 2 hours.  
(8) On 10-26-18, the physician ordered GasX 125 mg 4 times daily for 5 days for heartburn.  
(9) On 10-26-18, the physician ordered Metformin 500 mg twice daily for Diabetes Mellitus.  
There was no evidence located in the medical record that the resident representative/family was notified of the above changes.  
During an interview on 4-12-18 at 1:18 PM, Registered Nurse (RN) #2 stated resident representative/family notification should be documented in Nurses Notes.  
Review of Nurses Notes at 2:53 PM on 4-10-18 revealed no evidence of family/representative notification in the above 9 instances.

F 580

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 EAGLE LANDING BLVD HANAHAN, SC 29406		
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F 580	Continued From page 14 During an interview on 4-13-18 at 5:02 PM, the DON reviewed Nurses Notes and confirmed that the family/representative had not been notified based on documentation present.	F 580	Date of Completion: 5/29/18	
F 582 SS=D	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the</p>	F 582	<p>F 582</p> <p>It is the practice of the facility to inform each Medicare eligible resident in writing of Notice of Medicare Non-coverage</p> <ol style="list-style-type: none"> <li>1. Resident #446 no longer resides in the facility.</li> <li>2. A random audit was conducted for 10 residents who have been discharged from Medicare A within the past 3 months to assure the proper Medicare notices have been issued in writing as appropriate.</li> <li>3. The Social Service Director and Business office Manager will be educated by Administrator or Designee on advanced written Notices of non-coverage.</li> <li>4. A random sample of Medicare Non-coverage notices will be audited by the Administrator or designee weekly for 4 weeks and then monthly for 2 months. The results of the</li> </ol>	5-29-18

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 582 Continued From page 15  
 facility must inform the resident in writing at least 60 days prior to implementation of the change.  
 (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.  
 (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.  
 (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.  
 This REQUIREMENT is not met as evidenced by:  
 Based on record review and interview, the facility failed to indicate proof of receipt of the provided Notice of Medicare Non-coverage for Resident #446, for 1 of 3 residents reviewed for Advanced Beneficiary Notices.  
 The findings included:  
 On 04/14/18 at 03:18 p.m. review of the provided Notice of Medicare Non-coverage was reviewed for Resident #446 and revealed telephone notification was provided on 02/27/18 at 5:40 p.m. There was no evidence that the form was sent via certified mail to the representative as the form was without signature to indicate receipt and understanding of the notice. When asked, the Social Worker indicated that after telephonic notification, s/he would leave the form in the

F 582  
 random audits be reported to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will reevaluate the need for further monitoring after 3 months. The Administrator is responsible for monitoring and follow-up.  
 Date of Compliance: 5/29/18



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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 582 Continued From page 16  
resident's room for the representative to retrieve at a later time.  
This information was reviewed and confirmed with the Senior Administrator.

F 584 Safe/Clean/Comfortable/Homelike Environment  
SS=D CFR(s): 483.10(i)(1)-(7)

§483.10(i) Safe Environment.  
The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

The facility must provide-  
§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  
(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.  
(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;

§483.10(i)(3) Clean bed and bath linens that are in good condition;

§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);

§483.10(i)(5) Adequate and comfortable lighting levels in all areas;

F 582  
  
F 584

F 584

It is the practice of the facility to provide for the resident a safe, clean, comfortable and homelike environment

1. Resident #11 room has individualized items and the room is homelike. The Brown splatter under the light switch in the restroom in room 111 was cleaned during survey, peeling paint in room 111 was repaired, and dried splatter on footboard in room 407 B was cleaned. The wall above HVAC unit in room 304 was repaired. Resident #11's wheelchair frame was cleaned.

5-29-18

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 584

Continued From page 17

§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and

§483.10(i)(7) For the maintenance of comfortable sound levels.  
This REQUIREMENT is not met as evidenced by:  
Based on initial tour and subsequent observations, the facility failed to maintain a sanitary homelike environment for 3 of 3 nursing units. Furthermore the facility failed to create a clean and homelike environment for Resident #11

The findings included:

During environmental rounds with the Administrator and the Maintenance Director on 04/14/18 at 2:28 p.m. the following findings were confirmed from the initial tour on 04/09/18 and 04/10/18:

- Room 111
  - Left panel of the sink's countertop was peeling away
  - Brown splatter under the light switch in the restroom
  - Paint peeling away where the railing is affixed to the wall in the restroom
- Room 304
  - wall above Heating Ventilation and Air Conditioning unit in disrepair
- Room 407 B
  - Dried splatter on the foot board

F 584

Resident #9 and #11's bed was made during survey

- An audit of resident rooms has been completed to identify needs in other resident rooms
- Housekeeping Supervisor and housekeeping staff will be educated by the Administrator or Designee on the proper procedures for cleaning of resident rooms. CNA Nursing Staff will be educated by the DON or designee on timely Bed Making. Activities and SS staff will be educated by the administrator on personal items for a home like environment.
- random audits for providing a homelike environment will be completed by Administrator or designee weekly x 4 weeks and then monthly x 2 months. The results of the random audits will be reported to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will reevaluate the need for further monitoring after 3 months. The Administrator is responsible for monitoring and follow-up.

Date of Compliance: 5/29/18

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 584

Continued From page 18

Observations on 4/10/18 at 3:30 PM and throughout 5 days of the survey revealed that Resident #11 had no personal items in his/her room and there were brown spots/fingerprints all over the hall wall next to the bed.  
During an interview on 4-13-18 at 12:06 PM, Licensed Practical Nurse (LPN) #2 checked the room wall and verified multiple areas of brown substance on the wall.

Observation on 04/11/18 at 09:13 AM revealed that Resident #11's wheelchair frame had a heavy dust build up and dried spills on the sides. This was verified by the Activities Assistant who stated s/he would get someone to clean it.

During the Resident Council Meeting on 4/11/18 at 2 PM, Resident #9 complained that staff never made his/her bed. When Resident Council members were asked if they got their beds made, 2 of the 7 active participants stated they had to make their own bed if they wanted it done. Three residents stated they never got their beds made. In addition, for 5 days of the survey, Resident #11's bed was only made up with sheets, no blanket or spread.

During an interview on 4/13/18 at 5:30 PM, the Administrator verified that Resident #11's room was bare and the bed was not fully made. S/he also verified that Resident #9's bed was unmade.

F 584

F 585

F 585 Grievances  
SS=C CFR(s): 483.10(j)(1)-(4)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 585

Continued From page 19

§483.10(j) Grievances.

§483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.

§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.

§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.

§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:

(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right

F 585

F 585

It is the practice of the facility to provide the resident the right to file grievances and the facility to make prompt efforts to resolve grievances

1. No residents cited in this deficiency. The facility grievance poster at the time of survey did indicate that "residents have the right to expect prompt efforts by the facility to resolve grievances".
2. Residents are provided prompt efforts by the facility to resolve grievances timely. The resident council has been informed of the process for filing a grievance.
3. The Administrator or designee has provided education to the interdisciplinary team on the process for grievances and follow up of the concerns.
4. Random audits for resolving grievances in a timely manor will be completed weekly x 4 and then monthly x 2. The results of the random audits will be reported to the

5-29-18

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2018  
FORM APPROVED  
OMB NO. 0938-0391

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  04/14/2018
NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 EAGLE LANDING BLVD HANAHAN, SC 29406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 585	Continued From page 20 to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance,	F 585	Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will reevaluate the need for further monitoring after 3 months. The Administrator is responsible for monitoring and follow-up.  Date of Compliance: 5/29/18	

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NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 EAGLE LANDING BLVD HANAHAN, SC 29406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 585	<p>Continued From page 21</p> <p>and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure that the Grievance Policy and Procedure which is posted shows evidence of when to expect a timely response to grievances in 1 of 1 facility for Grievance Posting.</p> <p>The findings included:</p> <p>During the Resident Council meeting held on 4/10/2018 at 2:00 PM of which 14 residents were in attendance, 4 of the 14 residents present responded, "No" to the Question #8 which states: "Do you know how to file a grievance?"</p> <p>On 04/13/18 at 03:17 PM during an interview with the Administrator he/she states s/he had an ad hoc meeting with the resident council and reviewed the grievance process.</p> <p>The facility form titled, "Concerns" is displayed with a copy of the : "HCR Manor Care, Concern Form. The form does not show or state when a response to a grievance can be expected.</p>	F 585		

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NAME OF PROVIDER OR SUPPLIER  HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HA	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 EAGLE LANDING BLVD HANAHAN, SC 29406
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F 600 SS=G	<p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure 2 of 2 sampled residents remained free from physical abuse (rough handling). Resident #63 reported abuse by agency personnel to a staff nurse which was not reported to the administrator or State agency and therefore not investigated. Resident #40 reported rough handling by staff member which was not fully investigated by the facility or reported to State Agency.</p> <p>The findings included:</p> <p>Resident #40 was admitted to the facility on 2/25/16 with diagnoses including, but not limited to, Hypertension, Chronic Pain, Major Depressive Disorder, Chronic Ulcer of the Lower Extremity, Chronic Venous Insufficiency, Anxiety Disorder, and Anemia.</p>	F 600	<p>F 600</p> <p>It is the practice of the facility to provide the resident the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.</p> <p>1. The allegations reported by Resident # 63 and resident #40 have been fully investigated and reported to the state agency in accordance with state law. Residents #63 and #40 are free from signs of abuse.</p> <p>2. A Random audit of other residents has been conducted to review for allegations of potential abuse, neglect, mistreatment, and/or misappropriation. No abuse concerns were identified. Body audits were completed on a sample of non-</p>	5-29-18

