

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345182	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 10/3/2024
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NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-CRYSTAL COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 2416 US HIGHWAY 70 EAST BEAUFORT, NC
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F 565	<p>Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)</p> <p>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review, staff and resident interviews the facility failed to provide a response to grievances that were reported in Resident Council meetings for 6 of 8 months reviewed (2/24, 3/24, 5/24, 6/24, 7/24 and 9/24).</p> <p>The findings included:</p> <p>A review of the Resident Council Meeting minutes revealed the following: On 2/13/24: there were grievances voiced of needing more butter, sugar, and salt at mealtimes. There were no napkins on the dinner trays and the use of plastic utensils on the dinner trays. The meeting note gave no resolution or offered no solution to the grievances voiced during the meeting. The meeting was attended by Resident #50, #46, #22, #55, #52, #24 and two others no longer in the facility.</p> <p>In 3/12/2024 there was a grievance of the television in the common area not working. The meeting note gave no resolution or offered no solution to the grievances voiced during the meeting. The meeting was attended by Resident #50, #37, #54, #44, #27 and two others no longer in the facility.</p> <p>On 5/14/24 there were grievances voiced of the main television in the common area was not working, the internet going off and on, unable to receive local television stations, and the nursing assistants not being able to visit with the residents. The meeting note gave no resolution or offered no solution to the grievances voiced during the meeting. The meeting was attended by Resident #50, #66, #46, and #54.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 565	<p>Continued From Page 1</p> <p>On 6/11/24 there were grievances voiced of the television in the common area was not working properly the door in courtyard 400 hall was hard to get in and out, only 2 nursing assistants for night shift, that the residents were told they could bring food to be refrigerated for up to 3 days and it was now changed that no food would be kept. The meeting note gave no resolution or offered no solution to the grievances voiced during the meeting. The meeting was attended by Resident # 50, # 37, and #54.</p> <p>On 7/9/24 there were grievances voiced of the 800-wheelchair door was not working, the telephone in 700 and 800 hall were not working, Resident #44 stated that she was still not unpacked from the move and needed help, nighttime medications had been as late as 1 AM, and one staff member would not speak to the residents while passing ice and was leaving 2 pitchers in the room. The meeting note gave no resolution or offered no solution to the grievances voiced during the meeting. The meeting was attended by Resident #50, #46, #55, #44, #37, #22, #67 and two others no longer in the facility.</p> <p>On 9/27/24 there were grievances voiced of the door sticking on room 803, nursing assistants not introducing themselves in the morning. The meeting note gave no resolution or offered no solution to the grievances voiced during the meeting. The meeting was attended by Resident #50, #54, #27, and #37.</p> <p>A review of the grievance log from 2/14/24 to 9/27/24 indicated that there were no grievances filed on behalf of the Resident Council regarding grievances brought forth during the meetings.</p> <p>A resident council meeting conducted on 10/1/24 at 2:45 PM and revealed an issue with grievances voiced during the Resident Council meetings were not resolved by the facility. An interview was conducted with Residents #19, #54, #50, #16 and #25. The 5 residents in the Resident Council meeting voiced a concern that the grievances brought up during the meeting were never resolved or if they were resolved the Resident Council was not informed of the resolution.</p> <p>Resident #50 stated during an interview on 10/1/24 at 3:30 PM that they do go over the concerns brought up in the prior meeting but is just a statement from the Activity Director what the concerns were, not if the grievance was resolved or the status of the concerns. She further stated that she attended all the Resident Council meetings and especially as President, she felt it was her obligation.</p> <p>Resident #54 stated during an interview on 10/1/24 at 3:40 PM that she knows if something is fixed by seeing it herself like the doors that wouldn't open, there is never a timeline for any repairs or updates given regarding concerns.</p> <p>Resident #50 stated during an interview on 10/1/24 at 3:50 PM that resolutions are never discussed over concerns that she has voiced, it is as if what she says doesn't matter.</p> <p>An interview was conducted with the Activity Director on 10/3/24 at 9:30 AM revealed she knew she was to fill out grievances regarding concerns the Resident Council brought up and follow up on those concerns at the next meeting however she had not been doing that. She further stated that she was not forwarding the</p>
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F 565	<p>Continued From Page 2</p> <p>concerns of the Resident Council to the departments involved. She stated she was a poor notetaker and had started doing all the facility transports and making appointments, so her time was more limited. She further stated that she would start filling out grievances for concerns brought up in the Resident Council meeting and go over the response in the next meeting. She was unable to answer if the concerns brought up by the Resident Council were resolved.</p> <p>An interview was conducted on 10/03/24 09:37 AM with Administrator who stated that the concerns brought up during the Resident Council meetings should have a grievance filled out and the Resident Council should be aware of what the resolution to the grievance was by the Activity Director.</p>
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