

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MCCOY MEMORIAL NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>207 CHAPPELL DRIVE BISHOPVILLE, SC 29010</b>	
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 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to ensure that a resident's clinical record was accurately documented related to their advance directive status for 1 of 20 sampled records reviewed. Resident #37 medical record was documented as being a Do Not Resuscitate (DNR) due to a red page in front of chart indicating (DNR) with no other DNR information in chart. The June, July and August 2020 cumulative orders signed by the physician indicated the resident was a full code. The findings included: The facility admitted Resident #37 on 9/15/16 and readmitted the resident on 6/15/20 with [DIAGNOSES REDACTED]. A review of the paper medical record on 8/19/20 at approximately 10 AM revealed an 8.5 by 11 red tab that indicated in large print DNR (Do Not Resuscitate) in front of the record. There was no other information in the medical record to indicate the resident or his/her responsible party requested DNR as the advance directive of choice. Further record review revealed typed monthly cumulative orders for June, July and August 2020 which were signed by a physician that indicated the resident was a full code. An interview on 8/19/20 at approximately 10:04 AM with Licensed Practical Nurse (LPN) #1, who looked in the medical record revealed he/she could not find a signed documentation of the advance directive for DNR. LPN #1 stated he/she would notify medical records to locate the documentation for the advance directive. An interview on 8/19/20 at approximately 10:56 AM with LPN #1 revealed staff was still looking for the advance directive information signed by the resident and his/her responsible party. An interview on 8/19/20 at approximately 12:25 PM with the Social Services Directive revealed the facility had to contact the doctor's office to obtain a copy of the DNR signed by the resident and his/her responsible party. The documentation was faxed to the facility on [DATE]. A review of the DNR documentation revealed the resident's Advance Directive Acknowledgement was signed on 6/24/20 and the South Carolina Emergency Medical Services form was signed by the resident and his/her responsible party on 6/24/20. An interview with the facility Administrator on 8/20/20 at approximately 11:25 AM revealed he/she was aware that the monthly cumulative orders signed by the physician indicated the resident was a full code and that the resident should have been documented as DNR. -		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.