

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425110	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER MOUNT PLEASANT MANOR		STREET ADDRESS, CITY, STATE, ZIP 921 BOWMAN ROAD MT PLEASANT, SC 29464	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure that a resident's clinical record was accurately documented related to pacemaker checks being done as ordered for 1 of 1 sampled residents reviewed with a pacemaker. Resident #100 was ordered to have pacemakers checks every 6 months. The last documented pacemaker check in the medical record was noted on 12/20/19. The findings included: The facility admitted Resident #100 on 1/19/15 with [DIAGNOSES REDACTED]. A review of the medical record on 8/25/20 at approximately 11:35 AM revealed physician's orders [REDACTED]. Further review of the medical record revealed Resident #100 last pacemaker check was documented as being done on 12/20/19 with the next scheduled appointment noted for 6/19/20. There was no documentation in the medical record that the resident was seen by the cardiologist on 6/19/20. An interview on 8/25/20 at 11:45 AM with Licensed Practical Nurse (LPN) #1 confirmed there was no documentation in the medical record to indicate resident had seen the cardiologist on 6/19/20. LPN #1 then referred the concerns to the Director of Nursing for review. An interview on 8/25/20 at 2:30 PM with Registered Nurse (RN) #1 revealed he/she called the cardiologist office today (8/25/20) and the cardiologist office indicated the resident had a cardiac remote done on 5/13/20 and an 8/13/20 follow up. There was no documentation in the resident's paper charting or electronic chart of the 5/13/20 and 8/13/20 cardiac remote monitoring being done. RN #1 confirmed the findings. An interview on 8/25/20 at 3:31 PM with the DON revealed Resident #100 cardiac pacemaker monitoring documentation was not placed in the resident's medical record until 8/25/20.		
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.