



Licensing Standards Compliance Report

Division of Health Licensing

Date: 4, 09, 11

Licensed As: NUF 92

Inspection Type: Initial [I]

Follow-up [FU] to report dated: _____

General Inspection [G]

Food/Sanitation [FS]

Fire/Life Safety [FL]

Consultation [CS]

Complaint Investigation [CI] Number (s) 11039-08

On-Site: Yes No

To: Lee Anne Newton
Veterans Victory House
(Name of Activity)

Administrator of

This inspection/investigation was conducted by: Shara Merritt, Sharon Newton
(Licensed capacity / census) 200 / NR

If applicable, attached is a detailed description of the conditions, conduct or practices that were found to be in violation of requirements. This inspection or investigation is not to be construed as a check of every condition that may exist, nor does it relieve the licensee from the need to meet all applicable standards, regulations and laws.

The South Carolina Code of Laws requires this Department to establish and enforce basic standards for the licensure, maintenance, and operation of health facilities and services to ensure the safe and adequate treatment of persons served in this State. It also empowers the Department to require reports and make inspections and investigations as considered necessary. Furthermore, the Code authorizes the Department to deny, suspend, or revoke licenses or to assess a monetary penalty against a person or facility for (among other reasons), violating a provision of law or departmental regulations or conduct or practices detrimental to the health or safety of patients, residents, clients, or employees of a facility or service.

If applicable to the type of report being made, the signature of the activity representative indicates that all of the items cited were reviewed during the exit discussion.

Shara Merritt
(DHEC Team Representative sign)

and Lee Anne Newton
(Activity Representative sign)

Within 15 days (4/24/09), complete this report, sign the administrators certification at the bottom of this page, retain the third copies for your records and mail the original copies of this report, including this page, to:

South Carolina Department of Health & Environmental Control
Division of Health Licensing
2600 Bull Street
Columbia, SC 29201-1708

Administrators Certification

I certify that I have described in the appropriate places of this report:

- (1) the actions taken to correct each cited deficiency,
- (2) the actions taken to prevent similar recurrences, and
- (3) the actual or expected completion dates of those actions.

(Facility Administrator: name, title, signature, date)

Distribution of copies of all pages: Original - Facility returns to DHEC with description of _____
ty.



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Activity: Veteran's Victory House

Date: 4/9/09

Standards contained in sections of Regulation 61-17 were Not Met as indicated below. Please state corrective action taken or plan to be taken in space below statement of violation cited, and return this form. Do not identify any patient, client, resident, or staff member (other than the administrator) by name on this form.

Item/Section/Class Description/Corrective Action taken to correct and prevent recurrence and date of completion

An unannounced visit was made on this date to the Veteran's Victory House to investigate a complaint received by this Department. The complaint alleged the following:

- 1) A resident struck another resident;
- 2) Residents' personal care is not conducted timely; and
- 3) There is a shortage of staff at the facility.

To investigate this complaint, a staffing study was conducted. Resident records were reviewed to include, but not limited to, physician's orders, nurse's notes, care plans, medication administration records, incident reports, discharge summary, advance directives and health care directives and personal care records. Facility policies and procedures and internal investigation reports were reviewed.

As a result of this investigation the following

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Activity: Veteran's Victory House Date: 4/9/09

Standards contained in sections of Regulation 61- 17 were Not Met as indicated below. Please state corrective action taken or plan to be taken in space below statement of violation cited, and return this form. Do not identify any patient, client, resident, or staff member (other than the administrator) by name on this form.

Item/Section/Class Description/Corrective Action taken to correct and prevent recurrence and date of completion

(Continued) violations of Licensing standards were cited:

1/ 501.11 At the time of the inspection, according to documentation available for review, it could not be determined if the facility policy "Dementia Unit - Educational Sessions" had been followed regarding the specialized needs of residents affected by Alzheimer's disease and related dementia. The facility policy, Number 2.113b, requires "All Staff Members (Nursing and non-nursing staff) who provide services on the Dementia Unit participate in an educational session that relates to Alzheimer's disease and dementia." As the result of a staffing review, and staff interview, it was determined that ^{one} Staff Member providing services on the Dementia Unit in September, 2008 had not met the facility policy for Educational Sessions that

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Activity: Veterans Victory House

Date: 4/9/09

Standards contained in sections of Regulation 61-12 were **Not Met** as indicated below. Please state corrective action taken or plan to be taken in space below statement of violation cited, and return this form. Do not identify any patient, client, resident, or staff member (other than the administrator) by name on this form.

Item/Section/Class Description/Corrective Action taken to correct and prevent recurrence and date of completion

(Continued) relate to Alzheimer's disease and dementia.

2/101(D)(5)/III At the time of the inspection, according to documentation available for review, it could not be determined that the Division of Health Licensing had been notified in writing not later than ten (10) days of the occurrence of a serious incident. A record of an incident involving residents, occurring in the facility on September 11, 2008, was not reported to the Department within the appropriate time frame.

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