STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425016	A. Building B. Wing	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linley Park Post Acute	208 James Street Anderson, SC 29625

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that Resident (R)21's Medical Director was notified of R21 chewing gum, for 1 of 3 residents reviewed.Findings include:Review of R21's Face Sheet revealed R21 was admitted to the facility on [DATE] with diagnoses including, but not limited to, hemiplegia and hemiparesis (weakness and paralysis on one side of the body), multiple sclerosis (disease affecting the central nervous system), intellectual disability, Alzheimer's disease, dementia, epilepsy (seizure disorder), aphasia (communication disorder), and dysphagia (difficulty swallowing).Review of R21's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/29/25 revealed R21 had a Brief Interview for Mental Status (BIMS) score of 1 out of 15, which indicated R21 was not cognitively intact. Further review of the MDS revealed that R21 was on a feeding tube. Review of R21's Orders revealed R21's diet was for an NPO (nothing by mouth) diet, NPO texture, and NPO consistency.Review of R21's Progress Notes dated 12/14/25 at 2:28 PM revealed, Pt in stable condition. Pt found to be chewing gum. Pt had recent visit from family, and they brought gum to pt unannounced. Pt spit out gum and family educated on pt not being able to chew gum.During an observation on 12/14/25 at 2:10 PM, R21 was awake and lying in bed on her back. R21 was missing all teeth. R21 was smiling while talking to Surveyor, and a lump of chewing gum was noted to be moving back and forth in her mouth as R21 talked. During an observation on 12/16/25 at 3:10 PM, R21 was found alone in her room sitting in a geri-chair. A lump of gum was observed moving throughout her mouth as she was talking to this Surveyor. This Surveyor left the room to get the Assistant Director of Nursing (ADON). As this Surveyor and the ADON were walking down the hallway, this Surveyor observed Certified Nursing Assistant (CNA)2 leaving R21's room. When Surveyor and ADON entered R21's room, the gum remained in R21's mouth. ADON asked R21 to remove the gum from her mouth. R21 reached to her lips and put the lump of gum between her thumb and fingers. ADON removed the lump of gum in a tissue.During an observation on 12/16/25 at 3:32 PM, Surveyor asked R21 to point to where she keeps her gum, and she pointed to the window. This Surveyor asked R21 to pretend that she had gum in her mouth and show how she would throw the gum away. R21 raised her fingers to her lips and did a dragging motion to indicate how she would take the gum out of her mouth. She said she would throw the gum on the floor or in the trash. During this observation, no gum was found in R21's room.During an interview on 12/14/25 at 3:00 PM, the Medical Director revealed, I never knew anything about her chewing gum, but if she is NPO, she should not be chewing gum. There is a risk of aspiration, but it's not a high risk because it's gum, and most people don't swallow gum. During an interview on 12/15/25 at 10:27 AM, the Nurse Practitioner revealed, I'm unsure if she would swallow the gum, but since she's NPO she probably shouldn't have had it. She asks for gum all of the time, even with me. I'm not familiar with the family. She shouldn't have the gum and it's an aspiration risk.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that Resident (R)21's, with a physician-ordered NPO (nothing by mouth) status and documented aspiration risk, held a Care Plan meeting to discuss R21's chewing gum and implemented measures to protect R21 from choking as a result of the chewing gum. Findings include:Review of R21's face sheet revealed she was admitted to the facility on [DATE]. Her diagnoses included, but were not limited to, hemiplegia and hemiparesis (weakness and paralysis on one side of the body), multiple sclerosis (disease affecting the central nervous system), intellectual disability, Alzheimer's disease, dementia, epilepsy (seizure disorder), aphasia (communication disorder), and dysphagia (difficulty swallowing).Review of R21's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/29/25 revealed R21 had a Brief Interview for Mental Status (BIMS) score of 1 out of 15, which indicated R21 is not cognitively intact. Further review of the MDS revealed that R21 was on a feeding tube. Review of R21's Care Plan revealed interventions related to R21 chewing gum were not implemented until 12/15/25. An intervention dated 06/25/25 due to a choking incident indicated frequent monitoring during mealtimes was needed to ensure R21 does not have by-mouth foods.Review of R21's orders revealed R21's diet was for an NPO diet, NPO texture, and NPO consistency. No orders are found for pleasure feeds or chewing gum. Review of R21's Progress Notes dated 06/24/25 at 10:09 AM revealed, Witnessed nurse getting food from resident's mouth. Resident had a sandwich in her mouth and was coking (sic).Review of R21's Progress Notes dated 12/14/25 at 2:28 PM revealed, Pt in stable condition. Pt found to be chewing gum. Pt had recent visit from family, and they brought gum to pt unannounced. Pt spit out gum and family educated on pt not being able to chew gum.Review of R21's SLP Evaluation and Plan of Treatment dated 12/16/25 revealed, Clinical Impressions: Patient presents with overt clinical s/sx moderate-to-severe dysphagia, severe oral impairment with minimal bolus formation and dependence on verbal cues to initiate or continue a-p transfer/elicit or initiate swallow.Recommend patient continue NPO order with ST led PO trials only at this time.During an observation on 12/14/25 at 2:10 PM, R21 was awake and lying in bed on her back. R21 was missing all teeth. R21 was smiling while talking to Surveyor, and a lump of chewing gum was noted to be moving back and forth in her mouth as R21 talked. During an observation on 12/16/25 at 10:58 AM, R21 moved her mouth excessively while she attempted to voice words.During an observation on 12/16/25 at 3:10 PM, R21 was found alone in her room sitting in a geri-chair. A lump of gum was observed moving throughout her mouth as she was talking to Surveyor. Surveyor left the room to get the Assistant Director of Nursing (ADON). As Surveyor and ADON were walking down hallway, Surveyor observed Certified Nursing Assistant (CNA)2 leaving R21's room. When Surveyor and ADON entered R21's room, the gum remained in R21's mouth. ADON asked R21 to remove the gum from her mouth. R21 reached to her lips and put the lump of gum between her thumb and fingers. ADON removed the lump of gum in a tissue.During an observation on 12/16/25 at 3:32 PM, Surveyor asked R21 to point to where she keeps her gum, and she pointed to the window. Surveyor asked R21 to pretend that she had gum in her mouth and show how she would throw the gum away. R21 raised her fingers to her lips and did a dragging motion to indicate how she would take the gum out of her mouth. She said she would throw the gum on the floor or in the trash.On 12/16/25 at 3:32 PM, two surveyors did a thorough search throughout the room for evidence of gum, gum wrappers, and gum residue sticking to things. No items were found.During an interview on 12/14/25 at 2:11 PM, Housekeeper revealed, She loves her gum! During an interview on 12/14/25 at 2:12 PM, CNA1 revealed We are not allowed to give her gum, but her family, especially her husband, will come in and give her gum. During an interview on 12/14/25 at 2:12 PM, Licensed Practical Nurse (LPN)1 revealed, Her husband must have been here and given her gum. We cannot give it to her, but her family does give it to her. I don't really know if she can have it. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/14/25 at 2:27 PM, LPN1 revealed, I just checked with Director of Nursing. He told us to remove the gum and educate the family that she cannot have gum. He told us to document that we did that. During an interview on 12/14/25 at 3:00 PM, Medical Director revealed, I never knew anything about her chewing gum, but if she is NPO, she should not be chewing gum. There is a risk of aspiration, but it's not a high risk because it's gum, and most people don't swallow gum. During an interview on 12/15/25 at 10:20 AM, CNA2 revealed that R21 likes to talk a lot and asks all the time for chewing gum. CNA2 stated, We are not allowed to give her chewing gum, but her husband is. He is allowed to give it to her. The nurse told me that. I don't know the nurse's name. She works second shift. When her husband gives it to her, he takes it out of her mouth before he leaves. I have never actually seen her with gum in her mouth when he is not here. She hasn't ever choked that I know of. I don't remember the incident in June. We do get education about choking and when residents are not allowed to have things by mouth.During an interview on 12/15/25 at 10:27 AM, Nurse Practitioner revealed, I'm unsure if she would swallow the gum, but since she's NPO she probably shouldn't have had it. She asks for gum all of the time, even with me. I'm not familiar with the family. She shouldn't have the gum and it's an aspiration risk.During an interview on 12/15/25 at 10:30 PM, LPN2 revealed, I have never seen her with gum. She tells me her husband gives her gum, but I have never seen him give it to her. She asks me for some, but I know she is not to have it. During an interview on 12/15/25 at 10:35 PM, Housekeeper revealed, When I go in her room, she asks me for gum all the time. I don't give it to her. I am not sure if she is allowed to have it, so I am not going to be the one to give it to her. I know her husband gives it to her. Although, he told me yesterday that he is not allowed to give it to her anymore. He told me they told him that yesterday. He was here in the afternoon. I'm not sure of the exact time. During a phone interview on 12/15/25 at 5:00 PM, Family Member (FM)1 revealed, Yes, I do give her chewing gum. It's a comfort measure for her. They did tell me a while ago that she could choke from it. I don't remember when that was, but they have told me in the past. I forget, and then, I bring it into her. The doctor knows or at least used to. She knows how to take it out of her mouth. They said years ago that she had trouble swallowing, but that was years ago. I know it could happen, but the biggest thing for me is that if they are not walking her or taking her out, then this is the only pleasure she has. The nurse did talk to me yesterday. Now, let me ask you a question. Is it in her record that she is not supposed to have anything in her mouth? If it is, I don't want to go against what is supposed to be done. If it says she isn't supposed to have anything, then I just won't give it to her no more. She has only choked one time, and she was at the Family House. No, I don't remember them telling me that she choked earlier this year. If the record says she can't have anything to eat or drink in her mouth than that's the way it's going to be. During an interview attempt on 12/16/25 at 10:58 AM, R21 was unable to answer questions related to chewing gum, such as, Does facility staff give you gum? and When was the last time you had chewing gum? The only words R21 spoke that were able to be understood were Anderson when she was asked what city she is currently in, and Do you have any chewing gum? During an interview on 12/16/25 at 3:10 PM after gum was found in R21's mouth a second time, R21 stated, I got the gum from my pocketbook. My friend [NAME] brought it. My husband gave me the gum. He will be here soon. ADON also asked R21 who gave her the gum. R21 stated, My son gave me the gum. He was here.During an interview on 12/16/25 at 3:15 PM, ADON revealed, I did education with all the staff. I think the gum was found Sunday, right? I did education on both units immediately because we also have people on the other unit who can't have anything by mouth. Everyone was educated.During an interview on 12/16/25 at 3:30 PM, CNA2 revealed, No, I didn't notice her chewing any gum. I have not received any education related to her chewing gum or to check her for chewing gum. I haven't seen any family visit her today.During an interview on 12/16/25 at 3:32 PM, R21 stated her husband gave her chewing gum today. She then stated that she throws the gum away if she doesn't want it anymore. Surveyor asked R21 whether she's ever choked on gum, to which she said no. Surveyor asked R21 if any staff had ever given her gum, and she stated that no workers have ever given her gum and only her husband had.During an (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 12/16/25 at approximately 4:00 PM, LPN2 revealed she didn't think that any family had visited her, and she typically doesn't see visitors in the daytime.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure that Resident (R)21, with a physician-ordered NPO (nothing by mouth) status and documented aspiration risk, was protected from avoidable accident hazards, specifically choking. Review of the facility policy titled, Accidents and Incidents-Investigating and Reporting, revised July 2017, revealed All accidents or hazards involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator. Review of R21's Face Sheet revealed she was admitted to the facility on [DATE]. Her diagnoses included, but were not limited to, hemiplegia and hemiparesis (weakness and paralysis on one side of the body), multiple sclerosis (disease affecting the central nervous system), intellectual disability, Alzheimer's disease, dementia, epilepsy (seizure disorder), aphasia (communication disorder), and dysphagia (difficulty swallowing).Review of R21's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/29/25 revealed R21 had a Brief Interview for Mental Status (BIMS) score of 1 out of 15, which indicated R21 was not cognitively intact. Further review of the MDS revealed that R21 was on a feeding tube. Review of R21's Care Plan revealed an intervention dated 06/25/25 due to a choking incident indicated frequent monitoring during mealtimes was needed to ensure R21 does not have by-mouth foods.Review of R21's Orders revealed R21's diet was for an NPO diet, NPO texture, and NPO consistency. No orders are found for pleasure feeds or chewing gum. Review of R21's Progress Notes dated 06/24/25 at 10:09 AM revealed, Witnessed nurse getting food from resident's mouth. Resident had a sandwich in her mouth and was coking (sic).Review of R21's Progress Notes dated 12/14/25 at 2:28 PM revealed, Pt in stable condition. Pt found to be chewing gum. Pt had recent visit from family, and they brought gum to pt unannounced. Pt spit out gum and family educated on pt not being able to chew gum.Review of R21's SLP Evaluation and Plan of Treatment dated 12/16/25 revealed, Clinical Impressions: Patient presents with overt clinical s/sx moderate-to-severe dysphagia, severe oral impairment with minimal bolus formation and dependence on verbal cues to initiate or continue a-p transfer/elicit or initiate swallow. Recommend patient continue NPO order with ST led PO trials only at this time.During an observation on 12/14/25 at 2:10 PM, R21 was awake and lying in bed on her back. R21 was missing all teeth. R21 was smiling while talking to Surveyor, and a lump of chewing gum was noted to be moving back and forth in her mouth as R21 talked. During an observation on 12/16/25 at 10:58 AM, R21 moved her mouth excessively while she attempted to voice words.During an observation on 12/16/25 at 3:10 PM, R21 was found alone in her room sitting in a geri-chair. A lump of gum was observed moving throughout her mouth as she was talking. Surveyor left the room to get the Assistant Director of Nursing (ADON). As Surveyor and ADON were walking down hallway, Surveyor observed Certified Nursing Assistant (CNA)2 leaving R21's room. When Surveyor and ADON entered R21's room, the gum remained in R21's mouth. ADON asked R21 to remove the gum from her mouth. R21 reached to her lips and put the lump of gum between her thumb and fingers. ADON removed the lump of gum in a tissue.During an observation on 12/16/25 at 3:32 PM, Surveyor asked R21 to point to where she keeps her gum, and she pointed to the window. Surveyor asked R21 to pretend that she had gum in her mouth and show how she would throw the gum away. R21 raised her fingers to her lips and did a dragging motion to indicate how she would take the gum out of her mouth. She said she would throw the gum on the floor or in the trash.During an observation on 12/16/25 at 3:32 PM, there was no evidence of gum being stored in R21's room.During an interview on 12/14/25 at 2:12 PM, CNA1 revealed We are not allowed to give her gum, but her family, especially her husband, will come in and give her gum. During an interview on 12/14/25 at 2:12 PM, Licensed Practical Nurse (LPN)1 revealed, Her husband must have been here and given her gum. We cannot give it to her, but her family does give it to her. I don't really know if she can have it. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/14/25 at 2:27 PM, LPN1 revealed, I just checked with the Director of Nursing. He told us to remove the gum and educate the family that she cannot have gum. He told us to document that we did that. During an interview on 12/14/25 at 3:00 PM, the Medical Director revealed, I never knew anything about her chewing gum, but if she is NPO, she should not be chewing gum. There is a risk of aspiration, but it's not a high risk because it's gum, and most people don't swallow gum. During an interview on 12/15/25 at 10:20 AM, CNA2 revealed that R21 likes to talk a lot and asks all the time for chewing gum. CNA2 stated, We are not allowed to give her chewing gum, but her husband is. He is allowed to give it to her. The nurse told me that. I don't know the nurse's name. She works second shift. When her husband gives it to her, he takes it out of her mouth before he leaves. I have never actually seen her with gum in her mouth when he is not here. She hasn't ever choked that I know of. I don't remember the incident in June. We do get education about choking and when residents are not allowed to have things by mouth.During an interview on 12/15/25 at 10:27 AM, the Nurse Practitioner revealed, I'm unsure if she would swallow the gum, but since she's NPO she probably shouldn't have had it. She asks for gum all of the time, even with me. I'm not familiar with the family. She shouldn't have the gum and it's an aspiration risk.During an interview on 12/15/25 at 10:30 PM, LPN2 revealed, I have never seen her with gum. She tells me her husband gives her gum, but I have never seen him give it to her. She asks me for some, but I know she is not to have it. During an interview on 12/15/25 at 10:35 PM, Housekeeper revealed, When I go in her room, she asks me for gum all the time. I don't give it to her. I am not sure if she is allowed to have it, so I am not going to be the one to give it to her. I know her husband gives it to her. Although, he told me yesterday that he is not allowed to give it to her anymore. He told me they told him that yesterday. He was here in the afternoon. I'm not sure of the exact time. During a phone interview on 12/15/25 at 5:00 PM, Family Member (FM)1 revealed, Yes, I do give her chewing gum. It's a comfort measure for her. They did tell me a while ago that she could choke from it. I don't remember when that was, but they have told me in the past. I forget, and then, I bring it into her. The doctor knows or at least used to. She knows how to take it out of her mouth. They said years ago that she had trouble swallowing, but that was years ago. I know it could happen, but the biggest thing for me is that if they are not walking her or taking her out, then this is the only pleasure she has. The nurse did talk to me yesterday. Now, let me ask you a question. Is it in her record that she is not supposed to have anything in her mouth? If it is, I don't want to go against what is supposed to be done. If it says she isn't supposed to have anything, then I just won't give it to her no more. She has only choked one time, and she was at the Family House. No, I don't remember them telling me that she choked earlier this year. If the record says she can't have anything to eat or drink in her mouth than that's the way it's going to be. During an interview attempt on 12/16/25 at 10:58 AM, R21 was unable to answer questions related to chewing gum, such as, Does facility staff give you gum? and When was the last time you had chewing gum? The only words R21 spoke that were able to be understood were Anderson when she was asked what city she is currently in, and Do you have any chewing gum? During an interview on 12/16/25 at 3:10 PM after gum was found in R21's mouth a second time, R21 stated, I got the gum from my pocketbook. My friend brought it. My husband gave me the gum. He will be here soon. ADON also asked R21 who gave her the gum. R21 stated, My son gave me the gum. He was here.During an interview on 12/16/25 at 3:15 PM, ADON revealed, I did education with all the staff. I think the gum was found Sunday, right? I did education on both units immediately because we also have people on the other unit who can't have anything by mouth. Everyone was educated.During an interview on 12/16/25 at 3:30 PM, CNA2 revealed, No, I didn't notice her chewing any gum. I have not received any education related to her chewing gum or to check her for chewing gum. I haven't seen any family visit her today.During an interview on 12/16/25 at 3:32 PM, R21 stated her husband gave her chewing gum today. She then stated that she throws the gum away if she doesn't want it anymore. Surveyor asked R21 whether she's ever choked on gum, to which she said no. Surveyor asked R21 if any staff had ever given her gum, and she stated that no workers have ever given her gum and only her husband had.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure residents had a means to call for staff when the call bell system was not functional in the hallway of rooms 20 - 34 for 2 out of 2 residents reviewed.Findings include:This Surveyor requested a copy of the call bell policy or a written plan for when the call bell system was to be worked on from the Director of Nursing (DON). The DON revealed no policy or plan existed.Review of Resident (R)7's Face Sheet revealed she was admitted to the facility on [DATE]. Her diagnoses included, but were not limited to, cellulitis (bacterial skin infection) of the lower limb, chronic obstructive pulmonary disease (COPD), heart failure, obesity, major depressive disorder, polyarthritis (inflammation of the joints), and weakness.Review of R7's Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/01/25 revealed R7 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R7 was cognitively intact. She was listed as dependent for toileting hygiene, chair/bed-to-chair transfers, toilet transfers, and tub/shower transfers. R7 used a wheelchair and was listed as dependent for wheelchair mobility.Review of R7's Care Plan revealed R7 had an Activities of Daily Living (ADL) self-care performance deficit related to weakness and end of life. Interventions revealed R7 was dependent upon staff to turn and reposition her in bed, and she was encouraged to use the call bell for assistance.Review of R86's Face Sheet revealed he was admitted to the facility on [DATE]. R86's diagnoses included, but were not limited to, chronic osteomyelitis (infection of the bone) of the right ankle and foot, pressure ulcer of the sacral region, spinal stenosis (narrowing of the spinal canal), flaccid neuropathic bladder (inability to empty the bladder), indwelling catheter, type 2 diabetes, and muscle weakness.Review of R86's Comprehensive MDS with an ARD of 09/15/25 revealed he had a BIMS score of 15 out of 15, which indicated he had no cognitive deficits. He was listed as dependent for all ADLs, with the exception of eating and bed mobility.Review of R86's Care Plan revealed he had an ADL functional focus and needed assistance with ADLs related to weakness, debility, and neuropathy (nerve damage). Interventions included staff assistance with ADLs, bed mobility, and transfers.During an observation on 12/14/25 at 1:29 PM, R7's door was closed. When Surveyor was in the room with her, R7 pushed her call bell to demonstrate the call bell system was not functioning. The red light above the cord on the call bell unit did not flash. This Surveyor waited until 1:53 PM outside of R7's room. No staff member came to R7's room during that 20-minute time frame. No handbell was observed within the reach of the resident.During an interview on 12/14/25 at 1:29 PM, R7 revealed, The call bell doesn't work. It's been that way since yesterday. I saw the man working outside in the hall. I guess it was for that. When asked how she gets what she needs if the call bell is not working, she stated, I don't know. I guess I just wait for them to come around.During an observation on 12/14/25 at 2:25 PM, R86 was lying in bed. No hand bell was noted on his bedside table or on the bed covers within his reach.During an interview on 12/14/25 at 2:25 PM, R86 revealed, No, they never gave me a bell to ring.During an interview on 12/14/25 at 2:01 PM, Licensed Practical Nurse (LPN)1 revealed, They have been replacing the call light system since Thursday. Everyone should have a bell they can use when they need something. After checking R7's room, LPN1 revealed, She did have one in her room behind her TV. I'm not sure how that got there. During an interview on 12/16/25 at approximately 3:00 PM, LPN3 revealed, No, I wasn't part of any advanced planning for when the call bells were getting worked on. I'm not saying it didn't happen. I'm just saying I wasn't part of it.During an interview on 12/16/25 at approximately 4:00 PM, the Director of Nursing revealed, We gave bells to everyone when the call lights were being worked on. I don't know if we had a written plan in place or if it's in a policy. It's just common nursing practice to me. I thought that hallway was working though. I'm going to go check with the Maintenance Director.During an interview on 12/16/25 at 4:10 PM, the Maintenance Director revealed, Yes, you are correct. The call lights were being worked on in this side of the building on Sunday. That is why we brought the bells to the rooms. The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425016	A. Building B. Wing	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linley Park Post Acute	208 James Street Anderson, SC 29625

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	guy working on the call light system told me the other hall was done, so we could start moving the bells to the rooms. We split the task up between a few of us and collected the bells from the front side of the building and moved them to the rooms in the back side of the building. The call lights are working now, but the final check is going to be tomorrow. I am going to be walking around with gentleman, and we are going to test them all to make sure they work.