STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425047	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Achieve Rehabilitation and Nursing Center	611 East Hampton Street Anderson, SC 29624

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure the Baseline Care Plan included required information related to the resident's tracheostomy status for 1 of 1 residents,(R)1 reviewed for baseline care planning. In addition, the facility did not have a policy or procedure addressing the development of baseline care plans. This failure had the potential to result in unmet care needs.Findings include:Review of R1's face sheet revealed the resident was admitted to the facility on [DATE] with diagnoses which included, but were not limited to: acute and chronic respiratory failure with hypoxia, tracheostomy status, dysphagia, gastrostomy status, and dementia.Review of R1's order summary report revealed physician orders for an NPO [nothing by mouth] diet with a start date of 03/17/26; a Size 8 cuffed tracheostomy; and oxygen at 10 L [liters] via tracheostomy continuously every shift.Review of R1's progress note dated 03/17/26 at 22:18 [10:18 PM] revealed the following documentation: Skin only. Skin Evaluation: Skin warm and dry, skin color WNL, mucous membranes moist, turgor normal. No current skin issues noted at this time. Note/Notification/Education: Skin note: resident has a trach and PEG tube; he also has a red area to the buttock. Nursing.Review of R1's Baseline Care Plan dated 03/17/26, which was marked as completed in the EHR [electronic health record] Assessments tab, revealed R1 was cognitively impaired and contained no documentation of the resident's tracheostomy care needs, suctioning requirements, respiratory monitoring, or admission interventions.On 05/06/26 at 1:52 PM, an interview was conducted with the Director of Nursing (DON), who reported she had been in her role for over one year. She stated she was familiar with R1 during the short time he was in the facility. The DON reported the resident was admitted with both a tracheostomy and a PEG [Percutaneous Endoscopic Gastrostomy] tube following a hospital stay of over one month. The DON stated the Baseline Care Plan should have addressed the resident's tracheostomy prior to being marked as completed. On 05/06/26 at 3:30 PM, an interview was conducted with the Facility Administrator in the presence of the nurse consultant. The Administrator stated there had been reˆeducation provided to all clinical staff, including admitting nurses, regarding the importance of ensuring Baseline Care Plans are accurately completed.

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