STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425053	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Walterboro	401 Witsell Street Walterboro, SC 29488

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure kitchen staff thoroughly cleaned and air-dried pots, pans, and food^service equipment prior to storage. In addition, dishware was found to be chipped and was being used during meal service. This failure increased the potential risk of foodborne illness and had the potential to affect 119 of the 123 residents receiving dietary services. Four residents received nutrition through tube feeding.Findings include:Review of the facility's policy titled Safety: General Procedures dated 10/20/25 revealed, Policy statement: It is the policy of PruittHealth (sic) for all partners to follow safe practices and use of safety equipment as set forth by Occupational Safety and Health Administration (OSHA). Scope: this applies to all partners employed by PruittHealth (sic). Procedure: Accidents are preventable and may occur because of unsafe conditions or carelessness. Accidents can be avoided if steps are taken to correct all hazards and partners are educated to be safety-minded and careful. The most prevalent types of accidents in the dietary department are cuts, falls, strains, bumps, and bums. Special consideration will be addressed regarding hazards arising from operation of equipment, chemical use, and fire hazards. Partners will be educated on safe practices and proper use of equipment, and safety devices to prevent accidents/injuries. Preventing Cuts: .13. Discard chipped or cracked dishes and glasses.Review of the facility's policy titled Dishwashing dated 08/03/17 revealed, Policy Statement: It is the policy of PruittHealth (sic) that all utensils, dishes, glassware, and trays will be cleaned and sanitized. Scope: This policy applies to all dietary partners employed PruittHealth (sic). Procedure: . 8. Allow all items to thoroughly air dry before unloading racks or storing items.During an observation and interview on 01/26/26 at 8:22 AM, the Dietary Manager (DM) confirmed four pans, 10 inches by 18 inches by 4 inches; cleaned and stacked for use, were still wet. The pans had been stacked while still wet and were not given adequate time to air-dry. Additionally, the can opener blade had food residue on the blade. The DM acknowledged and stated, They should be dry. They shouldn't be wet. They weren't allowed to dry before they were put away. Being wet increases the risk of contamination.During an observation and interview on 01/26/26 at 8:40 AM, the DM confirmed three 4-ounce bowls were found to be chipped. The DM stated, They need to be thrown away. They can't be used if they're chipped.Additional observation and interview on 01/27/26 at 11:40 AM, the DM confirmed a 10-inch dinner plate was found to be chipped during meal service. The DM stated, It needs to be thrown out.

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