STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425067	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resorts at Beaufort	11 Todd Drive Beaufort, SC 29901

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and document review, the facility failed to maintain the facility in good repair for resident areas. Specifically, there were side rails loose, rusty toilet seats, towel bar that was separated off the wall, walls in disrepair, cove molding missing, and spacing around air conditioner (AC) units. The facility's failure to repair the residents' environment has the potential to cause injuries to residents in two of three halls (A and C halls).Findings include:1.Observation and interview with the Maintenance Director (MD) of the C hall on 05/01/26 at 3:06 PM through 3:16 PM revealed the following:Room C01-D, a two-to-three-inch movement in the right side of the side rail. Room C08-W, the wall had three large gouged areas near the bedroom door. The MD stated I don't go in every room. The wall will get fixed when the Certified Nurse Aides (CNAs) tell him. Room A17-P, rusty toilet seat with rusty handles on the toilet riser. The towel bar was lying on the floor. The MD stated, Therapy supplies the over toilet seats with handles that are rusty and no one told me about the towel bar broken and on the floor.During an interview on 04/01/26 at 3:18 PM, the Infection Preventionist/Unit Manager (IP/UM)1 on the Secured area stated, the toilet seat was stained so we just go down to therapy and they replace it. We have CNAs and Managers to check for maintenance concerns. Anyone can report it and put it in the maintenance log. The IP/UM1 stated, I have no idea how long the towel bar has been broken off the wall, how long the toilet seat was discolored, and the over toilet riser was rusted. Residents could get hurt on that equipment.2.Observation of the A wing and interview with the MD during a tour of the facility on 04/02/26 from 1:55 PM through 2:10 PM revealed the following:room [ROOM NUMBER], the wall containing the air conditioner was missing cove molding, had markings around the air conditioner and a gap was present between the air conditioner and the wall. The MD stated, This needs to be fixed. I didn't know this was like this.room [ROOM NUMBER], the AC was unplugged, and the unit cover was not fitting properly exposing internal components. The MD stated, This is a new AC unit. I don't understand why the cover is not fitting.room [ROOM NUMBER], there was a hole four inches x five inches in the wall next to B bed. The MD stated, That needs to be fixed and painted.room [ROOM NUMBER], there was a hole three inches x five inches in the wall to the side of the Left bed. The MD stated, the wall needs to be fixed.room [ROOM NUMBER], the wall next to B bed the drywall was marked and gouged. The MD stated, The wall needs to be painted. These rooms were just remodeled a few months ago. During an interview on 04/02/26 at 2:15 PM, the MD stated, There is no written policy and procedure for the reporting of maintenance issues. There are maintenance logbooks on each nursing station where staff are to write down issues that need to be fixed.During review of the maintenance logbooks on each unit, revealed no documentation for any of the concerns identified during the tour.

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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review, interviews, and policy review, the facility failed to issue the Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) for one resident (Resident (R)13) of three residents reviewed for SNF ABNs. This failed practice had the potential to affect all residents receiving Medicare Part A benefits and continued to reside in the facility to make an informed decision on continuing the services. Findings include:Review of the facility's policy titled, Advanced Beneficiary Notices dated 01/08/26 revealed, It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage. Policy Explanation and Compliance Guidelines:1. Social Services is the contact person for information regarding Medicare eligibility, coverage, and applying for benefits. A notice alerting residents/representatives of this contact person shall be posted conspicuously in the facility.2. The Social Services will provide Medicare information to residents/representatives upon request. The current CMS-approved version of the forms shall be used at the time of issuance to the beneficiary (resident or resident representative). Contents of the form shall comply with related instructions and regulations regarding the use of the form.a. For Part A items and services, the facility shall use the Skilled Nursing Facility AdvanceBeneficiary Notice (SNFABN), Form CMS-10055.The facility shall issue an ABN prior to furnishing non-covered care.Review of R13's electronic medical record (EMR) revealed an admission Record located under the Profile tab of the EMR revealed an admission date of 04/01/25. The Census tab of the EMR revealed that R13's Medicare Part A services were from 10/01/25-11/26/25. Review of the Notice of Medicare Non-Coverage (NOMNC) dated 11/24/25 revealed that the facility did not issue the ABN to the resident or the resident representative after the facility initiated the discharge from skilled services with Medicare Part A with Medicare days remaining. R13 resided in the facility after the discharge for Medicare Part A services. During an interview on 04/01/26 at 10:35 AM, the Social Service Director (SSD) stated that she does not do the Skilled Nursing Facility Advanced Beneficiary Notices (SNF ABN) for residents that are coming off of skilled services under Medicare part A and remain in the facility. The SSD stated that the therapy department does the SNF ABN.During an interview on 04/01/26 at 12:10 PM, the Director of Rehab (DOR) stated that the ABNs completed by the therapy department are only for residents coming off Medicare part B services. The DOR stated that she does not know who completes the SNF ABN for Medicare part A services.During an interview on 04/01/26 at 1:35 PM, the Director of Nurses (DON) stated that she was not sure who was responsible for completing the SNF ABNs. During an interview on 04/01/26 at 3:40 PM, DON stated that it appears that the SNF ABNs have not been being done for those who require it.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide care and assistance to perform activities of daily living for any resident who is unable. **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 a resident's fingernails were kept clean and trimmed for one of one resident (Resident (R) 9) reviewed for activities of daily living of 33 sample residents. This failure had the potential to affect resident care including personal hygiene in the facility.Findings include:Review of the facility's policy titled, Nail Care dated 01/08/26 indicated, The purpose of this policy is to provide guidelines for the provision of care to a resident's nails for good grooming and health .3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis. 4. Routine nail care, to include trimming and filing, will be provided on a regular schedule. Nail care will be provided between scheduled occasions as the need arises. 5. Principles of nail care: a. Nails should be kept smooth to avoid skin injury. b. Only licensed nurses shall trim or file fingernails of residents with diabetes . 6. Procedure: . i. Document completion of task, any complications, or if resident refuses.Review of R9's admission Record located under the Profile tab of the electronic medical record (EMR) revealed the resident was admitted on [DATE] with diagnoses of type two diabetes mellitus and diabetic neuropathy.Review of R9's Care Plan located under the Care Plan tab of the EMR revealed the resident is at risk for potential impairment to skin integrity and to avoid scratching and keep fingernails short dated 09/21/23.Review of R9's Progress Note located under the Progress Note tab of the EMR dated 01/31/26 through 04/01/26 revealed R9 had not refused care.Review of R9's Bathing Task located under the Task tab of the EMR dated 03/04/26 through 04/01/26 revealed R9 has not refused a bath.Review of R9's Personal Hygiene Task located under the Task tab of the EMR dated 03/04/26 through 04/02/26 revealed R9 has not refused personal hygiene.Review of R9's Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 03/06/26 revealed a Brief Interview for Mental Status (BIMS) score of four out 15 indicating severe cognitive impairment. The MDS indicated that R9 was dependent for personal hygiene.During an observation on 03/31/26 at 10:24 AM, R9 had fingernails approximately three fourths (3/4) inch long with black/ brown substance underneath them.During an interview on 03/31/26 at 10:24 AM, R9 said he would like his fingernails to be cut shorter.During an observation on 04/01/26 at 11:03 AM, and on 04/01/26 at 5:27 PM, R9's had fingernails approximately 3/4 inch long with black/ brown substance underneath. During an interview on 04/01/26 at 5:27 PM, R9 confirmed he had a bed bath today and would like his fingernails trimmed shorter. During an interview on 04/02/26 at 12:13 PM, the Director of Nursing (DON) at R9's bedside confirmed R9's fingernails were dirty with a brown/ black substance underneath the fingernails and that they needed trimmed. She confirmed nail care should be done as needed (PRN) as the resident allows. DON confirmed there was no documentation of R9 refusing care. During an interview on 04/02/26 at 12:15 PM, with Unit Manager (UM)2 at R9's bedside, she confirmed R9's fingernails were dirty with a brown/ black substance underneath the fingernails and that they needed trimmed. She confirmed nail care should be completed as needed (PRN) as the resident allows.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, and facility policy review, the facility failed to ensure the resident's gastrostomy tube (G-tube) was patent by checking for placement prior to administering medications for one of four residents (Resident (R) 33) observed during medication administration. This failure had the potential to result in the resident not receiving the medication. Findings include:Review of the facility's policy titled Medication Administration via Enteral Tube, reviewed 01/08/26, provided by the facility, revealed Policy: It is the policy of this facility to ensure the safe and effective administration of medications via enteral feeding tubes by utilizing best practice guidelines . 11. Procedure: . h. Enteral tube placement must be verified prior to administering any fluids or medication .Review of R33's undated admission Record in the electronic medical record (EMR) under the Profile tab revealed he was admitted to the facility on [DATE] with diagnoses that included multiple sclerosis, muscular dystrophy, and gastrostomy status. During an observation on 04/01/26 at 8:32 AM, Unit Manager (UM)3 flushed R33's G-tube with 30 milliliters (ML) of water and then administered each medication after each flush of water. UM3 did not check for placement of the G-tube by either checking for residual by pulling back on the syringe to aspirate stomach contents or by injecting air into the port while listening with a stethoscope over the left upper abdomen.During an interview on 04/01/26 at 8:42 AM, UM3 confirmed that she did not check for placement of the G-tube prior to administering the medications.UM3 stated she did not know the facility policy on checking for placement.During an interview on 04/02/26 at 9:18 AM, the Director of Nursing (DON) stated she expected the nursing staff to check placement of the G-tube prior to administering medications to ensure the resident received the medication. The DON stated placement could be checked by listening with a stethoscope while injecting air into the tube or checking residual by pulling back on the syringe while in the tube. The DON verified the facility did not have a policy on maintaining patency of the G-tube. During an interview on 04/02/26 at 2:15 PM, the Administrator stated she expected nursing staff to be trained on the procedure for checking placement of the G-tube in the facility's policy.

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F 0803 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, interviews and facility policy review, the facility failed for one of one meal observation to substitute a lunch meal alternate meal item (tortellini) with another meal item (kielbasa sausage) that has the same comparable nutritive value. The failure had the potential to affects residents at risk of nutritional problems.Findings include:Review of the facility's undated policy titled provided by the DM indicated, Policy Statement: The Dietary Department may make substitutions to the posted menu when necessary; however, all substitutions must be equivalent in nutritional value, appropriate for the resident's diet order, and documented according to facility guidelines. Substitutions must never compromise resident choice, safety, or quality of care.Review of the lunch menu provided by Dietary Manager (DM) revealed, beef stew, rice, and green beans and the alternate was cheese tortellini with alfredo sauce.During an interview on 03/31/26 at 12:44 PM, the DM stated the lunch meal was beef cubes, mashed potatoes, and spinach. The alternate meal was smoked sausage.During an observation of lunch in the main dining room on 03/31/26 at 12:52 PM, revealed that the residents were offered the alternate of kielbasa sausage.During an interview on 04/01/26 at 11:55 AM, the DM stated, the residents don't eat tortellini, so I served kielbasa sausage instead.During an interview on 04/02/26 at 10:19 AM, the DM stated We have a policy about substitutions. I make changes in the computer system before the tickets went out to the residents. I would call the Registered Dietitian (RD) if I make a substitution and she would make sure there is something of equal value to substitute for it.During an interview on 04/02/26 at 11:25 AM, the Administrator stated, the menu substitutions were approved by the RD for nutritional density.During a telephone interview on 04/02/26 at 1:59 PM, the RD said would not substitute pasta for meat as an adequate nutritive substitution.