STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425080	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kershaw Health Karesh Long Term Care	40 Lindsay Lane Camden, SC 29020

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, record review, and interview, the facility failed to maintain dignity for Resident (R)3. Specifically, R3's foley catheter bag was not covered, for 1 of 1 resident reviewed. Findings include:Review of the facility policy titled, Points To Remember In Respecting Dignity issued 08/16 revealed, . 20. Respect a resident's personal privacy, which includes the following: a. Own physical body b. His/her personal space/private space (i.e., room, bathroom) c. His/her personal care d. His/her personal belongings (i.e., room furnishings, photos, letters).Review of the facility policy titled, Protecting A Resident's Dignity reviewed 02/18 revealed, The facility must promote care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Dignity Means that while interacting with residents, staff carries out activities that assist the resident to maintain and enhance his/her self-esteem and self-worth.Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date of 03/25/26 revealed, the facility admitted R3 on 03/19/26, with diagnoses including, but not limited to, diabetes mellitus type 2, stroke, neurogenic bladder and vascular dementia.Review of the Report of Consultation revealed that R3 was seen by the Nephrologist on 06/08/26 for simple cystolitholapaxy, fulguration of multiple inflammatory lesions of bladder, fulguration of lesions along the trigone bladder neck, clot evacuation and simple cystometrogram.During an observation on 06/11/26 at 10:00 AM, revealed R3 was in the [NAME] day room. R3 had a foley catheter that did not have a privacy bag. The foley bag was halfway full of yellow color urine. During a second observation on 06/11/26 at 10:28 AM, R3 was observed in the [NAME] day room. R3 had a foley catheter that did not have a privacy bag. The foley bag was halfway full of yellow color urine. During an interview on 06/11/26 at 5:45 PM, a request was made to review the facility policy on providing a privacy covering for a foley catheter bag. The Director of Nursing (DON) stated that there was no policy for providing a privacy covering for a foley catheter bag. During an interview with the Unit Manager on 06/11/26 at 6:55 PM, revealed that another nurse changed R3s foley catheter bag from the bag without a privacy cover to a fig leaf bag with a privacy cover about an hour ago.During an interview with the Director of Nursing (DON) at approximately 7:00 PM, the DON stated, We have to watch if the resident sees the nephrologist. The nephrology office does not use the covered foley bags. The resident comes back to the facility from the nephrology appointment; the nurses have to change the foley bag to the fig leaf bag. The fig leaf bags are all we order. When the resident returns back to the facility from a nephrology appointment, the nurses should assess the resident's foley bag timely and replace the bag with the fig leaf bag if needed.During an interview with the Staff Development Coordinator at approximately 7:10 PM revealed, I teach the staff about the fig leaf catheter bags for residents as well as positioning the catheter bag on the side of the bed that is not visible if the resident's room door is open.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425080	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kershaw Health Karesh Long Term Care	40 Lindsay Lane Camden, SC 29020

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Keep residents' personal and medical records private and confidential. Based on review of facility policy, observation, record review, and interview, the facility failed to protect Resident (R)6's privacy and confidentiality for 1 of 6 residents reviewed.Findings include:Review of the facility policy titled, Points To Remember In Respecting Dignity issued 08/16 revealed, . 5. Don't discuss issues or care of residents in front of other residents, visitors, or staff members.Review of the facility policy titled, Resident Rights with no revision or review date, revealed, As a resident of this facility you are entitled to the following rights: . To personal privacy during care, treatments, telephone conversations, visits, group meetings, and when sending or receiving mail.During the facility tour on 06/11/26 at approximately 11:15 AM, the Social Worker Assistant was overheard speaking with R6 while in R6's room. The conversation revealed, We will have to see what the doctor says about sending your urine out for testing. I know that you were on antibiotics. As far as hearing aids go, you and your daughter will need to be on the same page about that. I am old but I am not as old as you. I have trouble hearing sometimes too. R6's roommate was not in the room at the time.During a telephone interview on 06/11/26 at approximately 6:20 PM, the Social Worker Assistant revealed, I did not phrase that correctly. I should have phrased it better. I did not realize the resident's room door was open. Another staff member came into the room behind me. We were doing a care plan meeting with [R6]. The other staff member left. I understand why that would be a concern. If the roommate is in the room, I always ask the resident if it is ok to discuss the information in front of the roommate. During an interview with the Director of Social Services at approximately 6:30 PM it was revealed, the Social Worker Assistant should have made sure that the door to R6's room was closed before having the conversation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425080	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kershaw Health Karesh Long Term Care	40 Lindsay Lane Camden, SC 29020

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 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, and record review, the facility failed to complete a fall risk assessment on admission and quarterly thereafter for Resident (R)1, for 1 of 1 resident reviewed after a fall with major injury. Findings include:Review of R1's Face Sheet revealed that R1 was admitted to the facility on [DATE], with diagnoses that included but was not limited to, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Type 2 Diabetes Mellitus, and hallucinations.Review of R1's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/05/26, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicates no cognitive impairment.Review of the Assessment tab in the Electronic Medical Record (EMR) on 06/11/26 revealed, R1 had a required fall risk evaluation completed on 01/22/26, which revealed R1 was at high risk for falls. The following fall risk evaluation was due on 04/22/26. Further review of the Assessment tab revealed that the scheduled fall risk evaluation for 04/22/26 was not completed.Review of R1's Progress Notes tab in the EMR revealed, R1 experienced a fall with resulting closed fracture of distal end of left femur on 03/26/26.Review of the Fall Log revealed, R1 experienced a fall on 05/04/26 with no injury.During an interview on 06/11/26 at approximately 7:00 PM, the Director of Nursing (DON) revealed, that fall risk evaluations are completed when residents are admitted and after every fall. The DON stated, There is no written policy. The MDS nurses just know to do the assessments.During an interview on 06/11/26 at approximately 7:45PM, the DON revealed, that she misspoke earlier and stated fall risk assessments are completed when residents are admitted and quarterly with the MDS. There has not been a fall risk assessment completed for R1 since 01/22/26. The fall risk evaluation scheduled for 04/22/26 was not completed.During an interview on 06/11/26 at approximately 8:00 PM, the MDS Coordinator stated that assessment was mine. I do not know how I missed that assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425080	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kershaw Health Karesh Long Term Care	40 Lindsay Lane Camden, SC 29020

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide safe and appropriate respiratory care for a resident when needed. Based on record review, observation, and interview, the facility failed to provide respiratory care in accordance with professional standards. Specifically, the facility failed to ensure 1 four point oxygen cannister holder was in good condition and hooked correctly to the back of Resident (R)3's wheelchair, for 1 of 2 residents reviewed for respiratory care. Findings include:During a tour of the facility at 10:00 AM on 06/11/26, revealed R3 was in the [NAME] Dayroom with an oxygen tank in a four point oxygen cannister holder that was observed to be strapped incorrectly to the back of R3's wheelchair. The oxygen cannister holder straps were all position to the right side of the wheelchair. The four point oxygen cannister holder was also noted to have a tear in the bottom of the holder.Review of R3's admission Minimum Data Set (MDS) with an Assessment Reference Date of 03/25/26 revealed, the facility admitted R3 on 03/19/26, with diagnoses including but not limited to, diabetes mellitus type 2, stroke, neurogenic bladder and vascular dementia.Review of R3's Physician Orders located in the EMR under the Orders tab with a start date of 06/04/26, and revision date of 06/04/26, revealed an order for Oxygen at 2 liters per Minute (LPM) via nasal cannula as needed for shortness of breath. Keep oxygen saturation above 92 percent.During observations conducted on 06/11/26 at 6:55 PM, revealed an oxygen tank in a four-point oxygen cannister holder that was observed to be strapped incorrectly to the back of R3's wheelchair. The oxygen cannister holder straps were all positioned to the right side of the wheelchair. The four point oxygen cannister holder was also noted to have a tear in the bottom of the holder.During an interview on 06/11/26 at 6:55 PM, the Unit Manager (UM) revealed, R3's oxygen was discontinued recently approximately two days ago. The order was changed to as needed. The UM stated that he did not know why R3 had the oxygen on and operating all day. As far as the oxygen and the cannister holder, someone did not pay attention. If a resident has an order for as needed oxygen, we leave the cannister holder on the wheelchair and we would get an oxygen tank if the resident needed one. During an interview on 06/11/26 at 7:00 PM, the Director of Nursing (DON) revealed, we utilize portable cylinders that we place on the back of the resident's wheelchairs. Everybody is responsible for making sure that the four point oxygen cannister holder is positioned correctly and that the straps and holder are in good condition for safety. The DON verified that the four point oxygen cannister holder was not positioned correctly on the back of R3's wheelchair. She also verified the tear in the four-point oxygen cannister holder. A new four-point oxygen cannister holder was obtained from central supply and placed on the back of R3's wheelchair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425080	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kershaw Health Karesh Long Term Care	40 Lindsay Lane Camden, SC 29020

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, record review, and interview, the facility failed to ensure proper precautions utilizing hand hygiene and personal protective equipment (PPE) while retrieving a lunch tray from Resident (R)4, who was on Transmission Based Precautions for 1 of 1 residents observed. Furthermore, the facility failed to maintain the personal protective equipment carts in a sanitary and reliable condition to avoid damage and contamination for 5 of 6 personal protective equipment carts observed. Findings include:Review of the facility policy titled, Clostridium difficile, reviewed on 02/11/22 revealed, Gown and gloves to be utilized upon entering room. Perform hand hygiene prior to entering room. Wash/sanitize hands after removing gloves and before leaving room.Review of the Enteric Precautions sign posted on R4's room door revealed, Gloves and gown when entering the room regardless of activity. All staff must follow precautions when entering. Use soap and water.Review of R4's admission Minimum Data Set (MDS) revealed that R4 was admitted on [DATE], with diagnoses including but not limited to, cellulitis of left lower limb, diabetes mellitus type 2, atrial fibrillation and Congestive Heart Failure. During an observation on 06/11/26 at 12:05 PM, during a facility tour revealed, R4 on transmission-based precautions specifically enteric precautions as recognized by a sign on the resident's room door. Certified Nursing Assistant (CNA)1 was collecting resident lunch trays. She did not wash her hands or apply a gown and gloves before entering R4's room. CNA1 removed R4's meal tray from the room and placed the meal tray in the food cart with other dirty meal trays. CNA1 did not wash her hands before leaving R4's room or after placing the dirty meal tray on the food cart.During an observation on 06/11/26 at 10:00 AM, during a facility tour revealed, personal protective equipment (PPE) carts with various items in and on the cart, such as a deck of playing cards, a stethoscope, a blood pressure cuff, body wash, lotion, briefs, a neck pillow and a leg brace.During an interview on 06/11/26 at 12:05 PM, CNA1 confirmed that she had not applied gloves or a gown before entering R4's room. She also confirmed that she did not wash her hands with soap and water before entering and prior to exiting R4's room. CNA1 also confirmed that she did not wash her hands after placing R4's meal tray on the food cart with other dirty meal trays. CNA1 stated, I just went in for just a quick second, to get her tray and came out. I get hot. I have hot flashes, so I do not always put that stuff on. Is that a problem? CNA1 was directed to the enteric precautions sign located on R4's door.During an interview on 06/11/26 at approximately 5:55 PM, Registered Nurse (RN)1 who was covering for the Infection Preventionist revealed, I monitor compliance by observing staff while I am doing my daily nursing duties. I do not do audits. When I catch staff doing something wrong, I talk with them and reeducate. The resident with C-Diff on the 500 hall does not like her room door all the way shut. She is claustrophobic. Environmental control makes sure the resident has wash away bags for her laundry and her clothes are washed separately from other resident's laundry. It is not standard practice for the facility to use disposable meal trays. If there is an outbreak, we use disposable meal trays. RN1 revealed that the isolation carts are an ongoing battle and stated, What you saw is what you saw. We tell staff over and over. Nothing helps.During an interview on 06/11/26 at 7:10 PM, the Staff Development Coordinator revealed, I cover handwashing, personal protective equipment donning and doffing, all transmission-based precaution signage and N95 testing and training on the first day of orientation.During an interview on 06/11/26 at 7:00 PM, the Director of Nursing revealed, I expect staff to dress out exactly like the sign says. Nothing but personal protective equipment should be on those carts.