STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425082	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehab	2375 Baker Hosp Blvd Charleston, SC 29405

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 review of the facility policies, observations, and interviews, and facility policy the facility failed to ensure proper cleaning of kitchen equipment (deep fryer, stove and 2 of 2 ovens), failed to ensure that kitchen staff hair was completely covered with a hair net and or/cap, and facial hair was covered with a hair net or beard guard. In addition, the facility failed to ensure dietary staff correctly demonstrated the calibration technique to ensure the temperature readings on the thermometers. Findings include:Review of the facility policy titled, Sanitation & Food Safety in Food and Nutrition Services last revision 10/15/25 revealed, The Certified Dietary Manager (CDM) will assume responsibility for the food safety and sanitation of the Nutrition Culinary Department. 1. Infection control and sanitation practices are followed to minimize the risk of contamination of food and prevent food borne illness. (Refer to Exhibit 2E, Major Food Borne Illnesses in section J of this manual. 4.The CDM monitor food safety and sanitation of the Food and Nutrition Department daily. 5.The CDM develops, implements, and monitors a cleaning schedule that assigns specific cleaning responsibilities to specific individuals. Cleaning tasks are initialed as they are completed. (Refer to sample cleaning schedule) 9.The CDM provides a cleaning schedule for each area and piece of equipment in the kitchen.Review of facility policy titled, Nutrition Orientation and Competency Policies and Procedure, revised 07/21/23 revealed, Calibrating the thermometer: 1. Check the thermometer for proper calibration at least weekly or more often if it has been dropped. Record on the Calibration Record Form. Safe Food Handling and Preparation: 6. Keep hair restrained with a hair net or cap when in the kitchen.Review of facility policy titled, Safe Food Preparation last revised 06/20/23 revealed, Procedures: 2. All working surfaces, utensils, and equipment are cleansed thoroughly and sanitized after each period of use. 9. Hands do not touch areas of utensils, dishware, or silverware where the food or mouth is placed. 10. Avoid touching ready-to-eat foods that are not subsequently cooked with bare hands. Use tongs or gloves instead. When gloves are worn, they are clean, without tears, and changed between tasks and whenever you leave the kitchen, they also are changed after sneezing, coughing, or touching hair or face. 11. Anyone working in, visiting, or inspecting the kitchen during normal food production hours is expected to wear appropriate clothing, shoes and hair restraint. An initial tour observation of the Main Kitchen and interview with the Kitchen Manager (KM) on 04/19/26 at 10:30 AM revealed the following items: a stove, a deep fryer and two ovens with excessive amounts of grease and food residue buildup. During the subsequent interview with the KM, she stated, I have a log of the cleaning schedule for the stove/grill, but not for the other kitchen equipment like the ovens and the deep fryer. The daily cleaning schedule states the stove/grill was cleaned this morning, but I wouldn't consider it to be clean from the appearance today. We do not have a cleaning log or have a schedule to clean the ovens or deep fryer. I do not know the last time the ovens or deep fryer were cleaned, but I will get it cleaned today.During an observation and interview with Dietary Staff (DS1) on 04/19/26 at 10:41 AM revealed a male kitchen staff member with a beard, but without a beard cover, in the main kitchen plating meals. During the interview, DS1 stated, I am not required to wear a hair net or beard cover because I do not have hair, as he rubbed his hands down his beard.During an observation and interview with the Kitchen [NAME] (continued on next page)

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
	425082	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehab	2375 Baker Hosp Blvd Charleston, SC 29405

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	(KC) on 04/19/26 at 10:50 AM revealed a female kitchen staff member wearing a purple bonnet hair cover that was not fully covering approximately 5 inches of her hair. During the interview with the KC, she stated I can wear this on my head. The rules state I just need to have my hair covered with anything that covers my hair.During a second observation on 04/20/26 at 4:25 PM, the stove, a deep fryer, and two ovens were observed with excessive amounts of grease and food residue buildup.During an observation and interview with KC2 on 04/20/26 at 4:35 PM, revealed a male cook with a beard but without a beard cover in the main kitchen prepping meal trays without gloves. During the interview with KC2 he stated because I don't really have a beard, I do not have to wear a beard cover. I don't wear gloves in the kitchen we are required to wash our hands upon entering the kitchen, but we are told not to wear gloves because it can cause cross contamination.During an observation and interview with KC3 on 04/20/26 at 4:45 PM, KC3 was observed entering the facility kitchen with a dirty uniform on. KC3 was observed taking food temperatures without calibrating the thermometer for temperature testing. KC3 was observed scratching her face and neck and putting her hands in and out of her pockets, while bare handedly, handling food pans, and only stopping to wash her hands, once. During an interview, when asked, Do you have to calibrate the thermometer before taking food temperatures? And if so, how do you calibrate the thermometer? KC3 responded by stating, Yes, I calibrate the thermometer before taking food temperatures by turning the thermometer off and on. During a second interview on 04/20/26 at 5:15 PM, the KM revealed, The expectations are that all kitchen staff are to wear clean uniforms, hair restraints and wash their hands, upon entering the kitchen. Hair restraints include hair nets, head wraps or any hair covering and beard covers to ensure no hair is exposed in the kitchen. We are instructed by management to never use gloves in the kitchen, as it could cause cross contamination, so frequent hand washing is required. The KM stated, When testing the temperature of the food on the tray line, the thermometer should be calibrated after each food item is temped. All cooks and dietary staff have been trained in cleaning and the operation of all kitchen equipment to include the ovens, stove, dishwasher and thermometers.During an interview on 04/20/26 at 6:00 PM, the Administrator revealed, The facility does not have a cleaning schedule for all kitchen equipment, such as the deep fryer and ovens. We have put a cleaning schedule in place today and have completed kitchen staff training on the proper cleaning of all kitchen equipment. The expectations are that all kitchen staff are trained the cleaning of all kitchen equipment properly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425082	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehab	2375 Baker Hosp Blvd Charleston, SC 29405

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy, the facility failed to provide or obtain the required specialized rehabilitative services for 1 of 2 residents reviewed. Specifically, Resident (R)42 did not receive rehabilitative services although recommended by the Occupational Therapist. Findings include:Record review of facility policy titled, Activities of Daily Living [ADLs], Optimal Function last revision 05/05/23, revealed, The facility provides care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. The Facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene. Procedures: 1. Facility staff recognize and assess an inability to preform ADL's or a risk for decline in any ability to perform ADLs by reviewing the most current comprehensive or most recent quarterly assessment; 3. Facility staff develop and implement interventions in accordance with the resident's assessed needs, goals for care, preferences and recognized standards of practice that address identified limitations in ability to perform ADLs. 7. Facility staff revises the approaches and interventions as appropriate.Review of R42's face sheet revealed that the facility admitted R42 on 02/28/25 with diagnoses including but not limited to: spastic hemiplegia affecting the right dominant side; contracture of unspecified joints; other abnormalities of gait and mobility; other lack of coordination; muscle wasting and atrophy; generalized muscle weakness; hemiplegia and hemiparesis as sequelae of cerebral infarction; and vitamin D deficiency.Review of R42's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/01/26, revealed that R42 had a Brief Interview for Mental Status (BIMS) score of 8 out of 15, indicating that R42 was moderately cognitively impaired.Review of R42's care plan dated 04/15/26, with a target completion date of 07/16/26, revealed the following: impaired mobility and ADLs, with a need for assistance related to cognitive and functional decline status post intracerebral hemorrhage (ICH); spastic hemiplegia affecting the right dominant side; need for assistance with personal care; muscle wasting and atrophy; and generalized weakness. Review of R42's quarterly Therapy Screening Form dated 03/10/26 indicated the following: difficulty performing ADLs, including grooming; joint limitations and contractures. Occupational Therapist comments stated, PT having difficulty with completing grooming and hygiene tasks. PT with right digit contracture. Occupational Therapy (OT) recommended.Review of R42's Rehabilitation Therapy Funding Information Form dated 03/11/26 revealed the following: [NAME] text: Therapy recommended OT, Diagnosis/Reason for Service grooming and Hygiene, Right hand contracture, Not Approved by Facility Administrator ?Not at this time, Coinsurance Medicaid, does state cover Therapy if No Medicare B - yes. Administrator's signature dated 3/13/26. During an observation and interview on 4/20/26 at 3:23 PM, R42 was sitting on the side of his bed looking distressed. The fingers on R42's right hand were contracted with his pinky finger digging into the palm of his hand. R42 was unable to move his fingers from that set position. During the interview R42 stated I want to go back to therapy. I was getting better, my fingers were straightening out, and I wasn't in so much pain. I don't know why I was taken out of therapy staff just said I was no longer approved to go. I can't get better and be able to go home if I don't have my therapy. Therapy was helping me to be able to take care of myself so I can get out of this place and go home. I can't leave until I can take care of myself. Because they took me out of therapy now my fingers are contracting back in this stuck position. Sometimes, I cry from the pain and no medicine will help. Sometimes I am up all night in pain. I tell the staff, but they don't care telling me you already know you are not approved for additional therapy services but won't tell me why. I have Medicaid so I don't know why I am not allowed to finish my therapy. I feel trapped in this place.During an interview on 4/21/26 at 11:15 AM, the Director of Rehabilitation (DR) stated, R42 came off OT on 02/17/26 when he was released from the hospital. Pain levels were 7 out of 10 and remained, pain levels never (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425082	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Health and Rehab	2375 Baker Hosp Blvd Charleston, SC 29405

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	changed. He hasn't gotten better or worse. For him to be screened in the facility it must be recommended by the Occupational Therapist. Residents are screened quarterly. [R42's] last screening was 3/10/26. OT's outcome was [R2] was recommended for continued OT services. Recommendation based on the resident's right-hand contracture and a decline in ADLs such as grooming and hygiene. I completed the referral on 3/11/26 and sent it to the administrator for funding approval but it was denied on 3/13/26. If the funding form is not approved by the administrator there is nothing more i can do to assist the residents with therapy services.During an interview on 4/21/26 at 11:45 AM, the Administrator stated he received an OT funding referral from the DR on 3/11/26. After he observed, evaluated, and interviewed the resident himself he saw no need to continue OT services and denied the funding form. The Administrator stated in reviewing the Rehabilitation Therapy Funding Information Form he did not see a reason for service and denied the form stating, Not approved, not at this time. Review the Therapy screening form with the Administrator. The screening form stated the Occupational Therapist recommendations, showing the areas the resident was deficient in Difficulty performing ADLs such as grooming and Joint limitations, comments: pt having difficulty with completing grooming and hygiene task, pt with right digit contactor.The Administrator stated I do not have access to this information in my system, just received the residents Rehabilitation Therapy Funding Information Form without a diagnosis or reason for services. The Therapy Screening was reviewed with the Administrator and revealed that the form stated the reason for services, and diagnosis of a decline in grooming, hygiene, and right-hand contracture. He then replied, I did not see that there. For future references I will request the Therapy Screening Forms with the Rehabilitation funding form to better evaluate the funding approvals for therapy services.