STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425100	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Heritage at Lowman Rehab and Healthcare	201 Fortress Drive White Rock, SC 29177

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on review of facility policy, interview and record review, the facility failed to ensure Resident (R)4 was offered showers and/or bed baths daily according to her preferences for 1 of 4 residents reviewed for Activities of Daily Living.Findings include: Review of the facility policy titled, Resident Shower and Bathing, states as the policy statement, The facility will provide residents with assistance for bathing and showering in accordance with their individual care plan, ensuring that personal hygiene needs are met, preferences are honored, and resident rights and safety are maintained. Review of R4's Face Sheet revealed the facility admitted R4 on 10/09/19 with diagnoses including, but not limited to, pulmonary edema, chronic respiratory failure with hypoxia, lack of coordination, central corneal ulcer and generalized muscle weakness. Review of R4's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/04/25 revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating R4's cognitive ability for decision making was intact. During an interview on 09/30/25, R4 voiced the concern that she was not receiving baths and showers. R4 stated she required assistance and was not provided the assistance she needed to bathe. Review of the shower and bath documentation for August 2025, September 2025, October 2025 and November 2025 revealed R4 was not offered and did not receive any type of bath on Fridays, Saturdays and Sundays in August 2025 and September 2025. There were 2 days documented revealing that R4 received or was offered baths or showers in October 2025. Documentation for November 2025 indicated 6 days in which R4 received any type of bath. Further review revealed no documentation showing that R4 was refusing baths and showers daily. Review of R4's Comprehensive Plan of Care dated 02/19/25 revealed a problem area which states, ADLs: Resident has a self care deficit related to age-related osteoporosis, unsteadines on feet, generalized muscle weakness, other abnormalities of gait and mobility, and pre-glaucoma. The goal stated, Resident will be neat, clean, and dressed in street clothes daily. The intervention for bathing directed staff to Complete shower/tub/bed bath daily and PRN (as needed) as allowed. The Comprehensive Plan of Care did not address that R4 refuses baths or showers. During an interview on 10/01/25, the Administrator stated that the resident will refuse baths and showers on some days. She stated that the (1) on the report for baths and showers indicates that the resident refused. The surveyor indicated that most of the refusals on the form were due to the fact that R4 had already received a bath that day, and there was concern with the days there was no documentation that the resident was offered or received a bath or a shower. During a follow up interview on 12/09/25 at 1:50 PM, R4 stated that Fridays are her shower days; she would like a shower on every Friday. R4 stated, If I do not get a shower on Fridays, then they do not offer a bath of any kind. If I ask for a shower or a bath on Saturdays, they tell me I am not on the list for Saturdays, so I don't get a bath at all on Saturdays. R4 went on to say, No baths or showers are offered or given on Sundays. R4 also stated most days she does not get offered any type of bath, and most of the time it depends on who is working. During an interview on 12/09/25 at 3:27 PM, (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

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Certified Nursing Assistant (CNA)1 stated, Residents get bed baths 7 days a week. Residents get showers 2 days a week. If a resident refuses a bath or a shower, we go to the nurse and tell them. She will go and ask the resident again, and if they still refuse, then we document in the kiosk that the resident has refused the bath or the shower. She went on to say it's ok if they refuse, but we have to offer.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on review of the facility policy, the manufacturer's recommendations, observations and interviews, the facility failed to ensure a medication administration error rate of less than 5%, for 2 of 25 opportunities for error. The medication error rate was 8%. Findings include:Review of the facility policy titled Insulin Pens revealed the Policy Statement reads, Facility staff will follow proper infection control storage, administration, and documentation practices to ensure safe insulin delivery and compliance with regulatory requirements. Under section 3, Prime the Pen documented: 1. Dial 2 units on the dose selector. 2. Hold the pen with the needle pointing upward. 3. Tap the pen gently to move air bubbles to the top. 4. Press the injection button until insulin appears at the tip. If insulin does not appear, repeat priming until a drop is seen. If no insulin appears after 3-4 attempts, discard the pen and notify the nurse/pharmacy.Review of the manufacturer's recommendations for administering insulin using an insulin pen documented: How to Use . 7. Wipe the tip of the pen where the needle will attach with an alcohol swab or a cotton ball moistened with alcohol. 8. Remove the protective pull tab from the needle and screw it onto the pen until snug (but not too tight). 9. Remove both the plastic outer cap and the inner needle cap. 10. Look at the dose window and turn the dosage knob to 2 units. 11. Holding the pen with the needle pointing upwards, press the button until at least 1 drop of insulin appears. This will prime the needle and remove any air from the needle. Repeat this step if needed until a drop appears. 12. Dial the number of units ordered.During an observation on 10/01/25 at 4:15 PM, of insulin administration using an insulin pen revealed Licensed Practical Nurse (LPN)1 priming an insulin pen, holding it with the needle pointed downward into the trash can. During an interview on 10/01/25 at 4:16 PM, LPN1 confirmed that she had held the pen needle down in the direction of the trash can to prime the pen.During an observation on 10/01/25 at 4:30 PM, of insulin administration using an insulin pen revealed Registered Nurse (RN)1 attempting to prime the insulin pen, holding the pen horizontally, and leaving the cap on the needle. RN1 dialed the 2 units and pushed the dosage button. RN1 did not see insulin escape the needle. During an interview on 10/01/25 at 4:30 PM, RN1 confirmed that she had primed the pen horizontally, with the cap on the needle, and stated, that she had always primed the pen with the needle capped.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, observation and interview, the facility failed to ensure outdated/expired medications were removed from the medication carts and not stored with other medications in use for residents in 3 of 8 medication carts.Findings include:Review of the facility policy titled Storage of Medications states: The facility stores all drugs and biologicals in a safe, secure, and orderly manner . 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner . 8. UNOPENED INSULIN VIALS/PENS SHOULD REMAIN REFRIGERATED UNTIL USE; once in use. an expiration date must be placed on the vials/pens.During an observation on 12/09/25 at 3:30 PM of Medication Cart A on the [NAME] wing revealed the following: Insulin Aspart Injection 100 units/ml (U-100) vial, manufactured by Novo Nordisk with lot #RZFWGOO, open date of 11/04/25, expired on 12/02/25. Promethegan 25 mg suppository, ten count, lot #L5040531 in the top drawer of the medication cart. The suppositories were not cool to the touch. There was a label on the package of suppositories that stated refrigerate. The items were verified by Registered Nurse (RN)1 and removed from storage.During an observation on 12/09/25 at 4:51 PM of Medication Cart A on the Bethel wing revealed the following: Insulin Aspart Injection FlexPen 100 units/ml, manufactured by Novo Nordisk, lot #RZFKH52. The expiration date on pen reads 10/08/25; there was no open date noted on the pen. Liraglutide Injection 18 mg/3 ml (6 mg/ml), manufactured by Novo Nordisk, lot #3058240708, with no open date and no expiration date noted. Insulin Aspart Injection FlexPen 100 units/ml, manufactured by Novo Nordisk, lot #RZFYH67, with no open date and no expiration date noted.During an observation on 12/09/25 at 5:27 PM of Medication Cart B on the [NAME] wing revealed the following: Alprazolam 0.25mg Tablet, four tablets remaining, expired on 07/2025. Medication last administered on 11/21/25.The expired items were verified by Licensed Practical Nurse (LPN)4 and removed from storage.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and review of facility policy, the facility failed to maintain safe temperatures in 4 of 4 refrigerators in the nourishment rooms on the units. This failure has the potential to cause harm by increasing the risk of foodborne illnesses.Findings include: Review of the facility policy titled Refrigerators and Freezers with a revised date of December 2022 documented: This facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation, and will observe food expiration guidelines. 1. Acceptable temperature ranges are 35 degrees F to 40 degrees F for refrigerators and less than 0 degrees F for freezers. 2. Monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures. 3. Actions necessary to correct the temperatures will be recorded on the tracking sheet. Review of the December 2025 temperature log for the refrigerator in the Demascus unit nourishment room revealed six of six recorded temperatures were above 40 degrees F. No data was recorded for days 7 - 9. Review of the September 2025 temperature log for the refrigerator in the Bethal unit nourishment room revealed no data recorded for days 28-30. Review of the December 2025 temperature log for the refrigerator in the Bethal unit nourishment room revealed two of four recorded temperatures were above 40 degrees F. No data was recorded for days 5 - 9. Review of the September 2025 temperature log for the refrigerator in the [NAME] unit nourishment room revealed no data recorded for days 26 - 30. Review of the December 2025 temperature log for the refrigerator in the [NAME] unit nourishment room revealed three of four recorded temperatures were above 40 degrees F. No data was recorded for days 5 - 9. Review of the September 2025 temperature log for the refrigerator in the [NAME] unit nourishment room revealed no data recorded for days 19-20 and days 23-30. Review of the December 2025 temperature log for the refrigerator in the [NAME] unit nourishment room revealed four of four recorded temperatures were above 40 degrees F. No data was recorded for days 5 - 9. During an observation on 12/09/25 at 10:00 AM of the refrigerator in the Damascus unit nourishment room revealed no thermometer was present to measure the internal temperature of the refrigerator. During an interview on 12/09/25 at 10:30 AM, the Culinary Manager and Registered Dietician revealed the kitchen staff is responsible for checking nourishment rooms on each unit. The supervisor aide goes behind the kitchen staff and checks everything on the unit. She checks for expired items and temperature logs. The person that is currently signed to check the unit nourishment areas is new to the facility. During an interview on 12/09/25 at 11:54 AM, the Administrator revealed her expectation is for the kitchen staff to assist with monitoring the nourishment room temperatures on each unit and keep the units stocked. The nursing staff is responsible for helping. Training is done during orientation and annually. Ongoing training and in-services are done with the staff as needed and during a plan of correction.