

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Greenville East		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Sulphur Springs Road Greenville, SC 29617	
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)		
<p>F 0727</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure that nursing services were provided by a licensed nurse when the Director of Nursing (DON)1 worked while her nursing license was placed on temporary suspension, effective June 18th, 2025. The DON1 continued to work on June 18th, 2025, and June 23rd, 2025, providing nursing leadership oversight without a valid license and provided direct patient care for two residents (R)4 and R5. On 01/14/26 at 3:50 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations could cause psychosocial harm.On 01/14/26 at 3:50 PM, the survey team provided the Director of Nursing with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of 06/18/25. The IJ was related to 42 CFR S483.35(c)(3) Nursing Services.On 01/15/26, the facility provided an acceptable IJ Removal Plan. On 01/15/26, the survey team validated the facility's corrective actions and determined the facility put forth due diligence in addressing the noncompliance.Findings include:Review of a document from the South Carolina Department of Labor Licensing and Regulation (LLR) dated June 18, 2025, revealed DON1's license to practice nursing in this state is hereby temporarily suspended, effective immediately, until further Order of the Board.Review of a facility document titled Job Description: Director of Nursing signed by DON1 on May 15, 2024, stated, The DON is a registered nurse who oversees and supervises the care of all residents. The DON provides direct resident/patient care.Essential Duties: Overall management of the entire nursing department and staffing levels. Responsible for ensuring resident safety, provide direct/hands-on resident/patient care as needed.Supervisory Requirements: The Director of Nursing is responsible for supervising and managing the ADON, and entire nursing staff either directly or indirectly.Qualifications: Education: Must be in good standing with the State Board of Nursing and maintain all required continuing education/licensing requirements at all times.Review of R4's face sheet revealed he was admitted to the facility on [DATE].Review of R4's Electronic Medical Record (eMAR) dated June 2025, revealed the following:06/23/25 10:39 AM [R4] approached [DON1] and said hey look at my chest and see what you think needs to be done about it. He held up his shirt and under his right pec area he has a large erythamatic and ulcerated rash. NP and Dr[] were made aware and looked at area. [DON] also called the wound provider and received orders for Mycolog II cream BID for 14 days, Diflucan 100 mg PO QD for 5 days, Keflex 500 mg PO BID for 10 days and to place Interdry to area at least 3 hours after application of Mycolog. [wound provider] also stressed importance of showering daily until rash is resolved. [DON1] did explain this to [R4] and stated he would need to shower prior to the first administration of the cream daily. He is agreeable for the time being.06/23/25 2:33 PM, DON1 entered orders for Diflucan 100 mg, one time a day for erythrasma for 4 days and Cephalexin 500 mg every 12 hours for erythrasma for 10 days.06/23/25 7:12 PM [DON1] spoke with [R4] at around 1045 this morning and told him I would do his wraps on his bilateral lower extremities but he would need to take his</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 425106	Facility ID: 425106 If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Greenville East		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Sulphur Springs Road Greenville, SC 29617	
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)		
<p>F 0727</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>shower and be out by 1500. He stated he would do that. At 1225 I reminded resident again to be finished with his shower at by 1500, to which he stated he would. [DON1] also reminded resident at around 1345 at this time [R4] stated he would gather his stuff and get in the shower. At 1519 resident still had not began his shower. [DON1] explained to him of an appointment at 1800 she was required to be present at and writer needs to leave facility by 1715. He stated Ok, ok, I'm getting in the shower now. [DON1] waited on [R4] to be out of the shower until 1730, and he was still in the shower when writer had to leave the facility. [DON1] did check on [R4] multiple times during the shower and reminded him he needed to complete the shower and come out of the shower room so his legs could be dressed. When [DON1] told [R4] she had waited all she could he said that's the problem is no one here wants to do anything to take care of me. It was explained again that [DON1] had reminded him several times he needed to shower so his legs could be treated and he did not even begin his shower until over an hour past the time that had been agreed on. Review of R5's Face sheet revealed she was admitted to the facility on [DATE]. Review of R5's eMAR dated June 2025, revealed a weekly summary note written by DON1 dated 06/18/25 and IDT conference assessment signed by DON1. During an interview on 01/14/26 at 11:32 AM, the Human Resources (HR) Staff, stated, [DON1] was terminated from her job on 06/25/25 for conduct and unprofessionalism. She stated that her [DON1's] termination letter states sexual harassment due to the nature of some of the comments made. HR states that they were unaware of DON1's license suspension and that they were not made aware until sometime after her termination. The DON1 was a salaried exempt employee and therefore did not clock in and out. HR was unable to state what kind of duties the DON1 would have performed during the time she was working with her license suspended. Attempted interview with DON1 on 01/14/26 at 12:04 PM via telephone, was unsuccessful. During an interview on 01/14/26 at 11:41 AM, DON2 stated, The previous DON would have performed typical DON duties and does not believe that she was signed off for any patient care during that time frame. DON2 states she took over as DON on June 25th, 2025, the same day as DON1's termination. She stated that they were not aware of DON1's nursing license suspension until June 30th when conducting an audit of the narcotics due to something DON1 had stated to DON2 after her termination. During the facility internal audit/investigation, DON2 and a Regional Consultant had looked DON1 up and that was when they found out her license was suspended. During a follow up interview on 01/14/26 at 12:46 PM, HR stated that they currently do not have a policy for auditing licenses. However, for the nurses, unless they have a reason, they do not check/audit licenses in between their two-year renewal period. The facilities removal plan includes: The facility has taken the following steps related to Tag F727: As communicated to the survey team, the former employee at issue was terminated from employment on 06/25/25 for reasons unrelated to her licensure. The employee did not notify the employer/facility that her license was temporarily suspended by the Board of Nursing on 06/18/2025. While the facility performed licensure verification at hire, licensure renewal dates, and annually, a verification was not performed in the seven (7) day period between the Board of Nursing Temporary Suspension Order and the date of termination. The Temporary Suspension Order was not provided by the State or the employee to the employer/facility. While the Board of Nursing has no publicly available timeline for how long an order takes to be posted on its website for verification purposes after it is issued, anecdotally, it can take days to weeks before an order is publicly available. In this case, there were only four (4) business days between execution of the order and the employee's termination. Therefore, even if verification was performed more frequently than annually (no regularity requirement exists under current law) and the verification happened to be run in the seven (7) day period between the suspension and the employee's termination, there is no guarantee that the order would have been publicly</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Greenville East		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Sulphur Springs Road Greenville, SC 29617	
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)		
<p>F 0727</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>posted. Upon notification of the Immediate Jeopardy tag, the facility took the following remediation steps: 1. On 01/14/2026, at 4:16 pm the Director of Nursing (DON) notified the Medical Director of the Immediate Jeopardy. Any additional required external notifications will be completed, if applicable. 2. On 01/14/2026, the Human Resource Director initiated a primary source audit of licensed nursing staff currently employed in the facility to ensure all have an active license and are in good standing with the Board of Nursing. No licensure issues were identified. Verification evidence for all licensed nursing staff was printed or electronically saved and will be placed into appropriate personnel files. 3. On 01/14/2026, the DON completed a look-back investigation for all shifts worked by the ex-employee at issue during the license suspension time of 06/18/2025 to 06/23/25) the ex-employee called out on 06/24/2025 and did not work in the facility and was terminated on 06/25/25). The review found no evidence of resident m and no resident complaints. With regard to the residents identified in the [NAME], on 1/14/2026, Resident 4 was interviewed and assessed by the Unit Manager owing identification of the concern. R4 reported no complaints and exhibited no negative effects related to the assessment previously completed by the ex-employee. Resident 5 was discharged from the facility on 10/31/2025. 4. On 01/14/2026, licensed nursing staff received mandatory re-education on the requirement to immediately notify the Administrator and/or Director of Nursing if their nursing license is under investigation, a licensure-related consent order is entered, or the license becomes suspended, restricted, expires, or changes status for any reason. (3) months and quarterly for three (3) quarters. The QAPI Committee will re-evaluate the need for further monitoring after these reporting periods. The Human Resource Director will be responsible for monitoring and follow up. 6. On 01/14/2026, the Human Resource Director uploaded current, active nursing licenses for all licensed nursing staff into the facility's human resources system to ensure centralized and accessible credential verification. 7. On 1/14/2026, the Human Resource Director was re-educated by the Regional [NAME] President and Assistant Regional Director of Clinical Services on the licensure certification and registration of personnel policy (attached). When questioned, the Human Resources Director failed to provide the policy to the surveyors. 8. On 01/14/2026, the facility implemented a process for all newly hired employees to sign an attestation stating it is their responsibility to inform the Administrator, Director of Nursing, or Human Resource Director of any licensure investigation, the entry of any licensure-related consent order, or change in licensure status. Failure to report constitutes grounds for disciplinary action up to and including termination. 9. On 1/14/2026, the facility initiated an attestation for all currently hired licensed personnel that it is their responsibility to inform the Administrator, Director of Nursing, or Human Resource Director of any licensure investigation, the entry of any Licensure-related consent order, or change in their licensure status. Failure to report constitutes grounds for disciplinary action up to and including termination. 10. All attestations for licensed personnel will be completed by 1/15/2026 or the employee will not work until attestation is completed. 11 A standardized license verification form and central licensure tracking log with verification and expiration dates will be implemented by 1/15/2026.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Greenville East		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Sulphur Springs Road Greenville, SC 29617	
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on record review and interviews, the facility failed to ensure it had systems in place to verify licensure for nursing leadership. The Director of Nursing (DON)'s license was suspended by the State of South Carolina (SC), effective June 18, 2025, yet she continued providing clinical oversight, supervising nursing staff, and direct resident care while unlicensed. On 02/14/26 at 3:50 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations could cause psychosocial harm. On 01/14/26 at 3:50 PM, the survey team provided the Director of Nursing with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of 06/18/25. The IJ was related to 42 CFR S483.70 Administration. On 01/15/26 the facility provided an acceptable IJ Removal Plan. On 01/15/26 the survey team validated the facility's corrective actions and determined the facility put forth due diligence in addressing the noncompliance. Review of a document from the South Carolina Department of LLR dated June 18, 2025, revealed DON1's license to practice nursing in this state is hereby temporarily suspended, effective immediately, until further Order of the Board. Review of a facility document titled Job Description: Director of Nursing signed by DON1 on May 15, 2024, states, The DON is a registered nurse who oversees and supervises the care of all residents. The DON provides direct resident/patient care. Essential Duties: Overall management of the entire nursing department and staffing levels. Responsible for ensuring resident safety, provide direct/hands-on resident/patient care as needed. Supervisory Requirements: The Director of Nursing is responsible for supervising and managing the ADON, and entire nursing staff either directly or indirectly. Qualifications: Education: Must be in good standing with the State Board of Nursing and maintain all required continuing education/licensing requirements at all times. During an interview on 01/14/26 at 11:32 AM, the HR Staff, stated, the DON was terminated from her job on 06/25/25 for conduct and unprofessionalism, she stated that her termination letter states sexual harassment due to the nature of some of the comments made. HR states that they were unaware of DON1's license suspension and that they were not made aware until sometime after her termination. The DON was a salaried exempt employee and therefore did not clock in and out. HR was unable to state what kind of duties the DON would have performed during the time she was working with her license suspended. Attempted a telephone interview with DON1 on 01/14/26 at 12:04 PM was unsuccessful. During an interview on 01/14/26 at 11:41 AM, DON2 stated the previous DON would have performed typical DON duties and does not believe that she was signed off for any patient care during that time frame. DON2 states she took over as DON on June 25th, 2025, the same day as DON1's termination. She stated that they were not aware of DON1's nursing license suspension until June 30th when conducting an audit of the narcotics due to something DON1 had stated to DON2 after her termination. During the facility internal audit/investigation DON2 and a regional consultant had looked DON1 up and that was when they found out her license was suspended. During a follow up interview on 01/14/26 at 12:46 PM, HR Staff stated that they currently do not have a policy for auditing licenses. However, for the nurses, unless they have a reason they do not check/audit licenses in between their two-year renewal period. The facilities removal plan includes: The facility has taken the following steps related to Tag F835As communicated to the survey team, the former employee at issue was terminated from employment on 06/25/25 for reasons unrelated to her licensure. The employee did not notify the employer/facility that her license was temporarily suspended by the Board of Nursing on 06/18/2025. While the facility performed licensure verification at hire, licensure renewal dates, and annually, a verification was not performed in the seven (7) day period between the Board of Nursing Temporary Suspension Order and the date of termination. The Temporary Suspension Order was not provided by the State or the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Greenville East		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Sulphur Springs Road Greenville, SC 29617	
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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>employee to the employer/facility. While the Board of Nursing has no publicly available timeline for how long an order takes to be posted on its website for verification purposes after it is issued, anecdotally, it can take days to weeks before an order is publicly available. In this case, there were only four (4) business days between execution of the order and the employee's termination. Therefore, even if verification was performed more frequently than annually (no regularity requirement exists under current law) and the verification happened to be run in the seven (7) day period between the suspension and the employee's termination, there is no guarantee that the order would have been publicly posted. Upon notification of the Immediate Jeopardy tag, the facility took the following remediation steps: 1. On 01/14/2026, at 4:16pm the Director of Nursing (DON) notified the Medical Director of the Immediate Jeopardy. Any additional required external notifications will be completed, if applicable. 2. On 01/14/2026, the Human Resource Director initiated a primary source audit of licensed nursing staff currently employed in the facility to ensure all have an active license and are in good standing with the Board of Nursing. No licensure issues were identified. Verification evidence for all licensed nursing staff was printed or electronically saved and will be placed into appropriate personnel files. 3. On 01/14/2026, the DON completed a look-back investigation for all shifts worked by the ex-employee at issue during the license suspension time of 06/18/2025 to 06/25/2025. (the ex employee called out on 06/24/2025 and did not work in the facility and was terminated on 06/25/25). The review found no evidence of resident harm and no resident complaints. With regard to the residents identified in the survey, on 1/14/2026, Resident 4 was interviewed and assessed by the Unit Manager following identification of the concern. R4 reported no complaints and exhibited no negative effects related to the assessment previously completed by the ex-employee. Resident 5 was discharged from the facility on 10/31/2025. 4. On 01/14/2026, licensed nursing staff received mandatory re-education on the requirement to immediately notify the Administrator and/or Director of Nursing if their nursing license is under investigation, a licensure-related consent order is entered, or the license becomes suspended, restricted, expires, or changes status for any reason. 5. The Human Resource Director will audit nursing license monthly x 3 months and then quarterly x3 quarters to ensure nurses in the facility have an active nursing license. Results of audits will be reported to the QAPI Committee monthly for three(3) months and quarterly for three (3) quarters. The QAPI Committee will re-evaluate the need for further monitoring after these reporting periods. The Human Resource Director will be responsible for monitoring and follow up. 6. On 01/14/2026, the Human Resource Director uploaded current, active nursing licenses for all licensed nursing staff into the facility's human resources system to ensure centralized and accessible credential verification. 7. On 1/14/2026, the Human Resource Director was re-educated by the Regional [NAME] President and Assistant Regional Director of Clinical Services on the licensure certification and registration of personnel policy (attached). When questioned, the Human Resources Director failed to provide the policy to the surveyors. 8. On 01/14/2026, the facility implemented a process for all newly hired employee sign an attestation stating it is their responsibility to inform the Administrator, Director of Nursing, or Human Resource Director of any licensure investigate entry of any licensure-related consent order, or change in licensure status. to report constitutes grounds for disciplinary action up to and including termination. 9. On 1/14/2026 the facility initiated an attestation for all currently hired license personnel that it is their responsibility to inform the Administrator, Director of Nursing, or Human Resource Director of any licensure investigation, the entry of an licensure-related consent order, or change in their licensure status. Failure to report constitutes grounds for disciplinary action up to and including termination. 10. All attestations for licensed personnel will be completed by 1/15/2026 or employee</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425106	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Heartland Health Care Center - Greenville East		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Sulphur Springs Road Greenville, SC 29617	

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)
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>will not work until attestation is completed. 11. A standardized license verification form and central licensure tracking log with verification and expiration dates will be implemented by 1/15/2026.</p>