STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425109	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare - Sumter	1018 N Guignard Sumter, SC 29150

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and review of the facility policy, the facility failed to ensure a functioning call light system was in place for 1 of 5 residents reviewed, Resident (R)102. This failure had the potential to cause harm due to insufficient communication systems available in the case of an emergency. Findings include:Review of the facility policy titled, Call light, with no revision date, documented, 1. For bedside call lights, a light and a sound will appear over the door of the resident's room and on the computer at the nursing station. The alarm will sound periodically. 10. Check all call lights prn and report any defective call lights to the maintenance staff immediately.Review of R102's Face Sheet revealed she was admitted on [DATE], with diagnoses including, but not limited to: displaced fracture of greater trochanter of left femur, chronic obstructive pulmonary disease, bipolar disorder, anxiety disorder, depression, irritable bowel syndrome, and bilateral primary osteoarthritis of knee. Review of R102's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/26 revealed R102 had a Brief Interview of Mental Status (BIMS) score of 13 of 15, indicating that the resident is cognitively intact. Review of R102's Care Plan revealed approaches for the resident including, Educate on call light use: Pt able to return demonstrate; and, Ensure call light is kept within reach at all times for resident/staff use.Review of the facility's maintenance work order log for the previous 30 days showed no documented repairs related to call light systems in any resident rooms.During an observation on 04/20/26 at 12:02 PM, the initial tour of R102's room revealed, the resident pushed the call light button with no visual notification or audio alert to voice concerns from the resident to the staff at the nursing station.During an observation on 04/21/26 at 9:01 AM, revealed R102's room without a working call light. When pressing the button, no visual notification or audio alert is available for the resident to use inside of her room.During an observation on 04/22/26 at 10:25 AM, revealed R102's pressed the call light which triggered the light but still no audio alert.During an interview on 04/22/26 at 10:19 AM, with Registered Nurse (RN)1 revealed if the resident needs help, then she can use her call light. She stated that the light itself does work but staff are not able to hear if the resident said anything at the nurse's station from the call light system. Staff have to walk to her room to know if she needs help or has a concern.During an interview on 04/22/26 at 10:25 AM, with the Director of Nursing (DON), revealed that when R102 presses the call light, the light comes on and the expectation is for the staff to come see what the resident needs since they are unable to hear what she needs through the audio system in the room.

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