STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on record review, observation and interview, the facility failed to ensure accurate posting of licensed staff with hours worked for multiple dates. Reviewed staffing as posted from 10/01/24 through 09/14/25.Findings include: Review of the daily staffing posted as worked from 10/01/24 - 09/14/25 revealed 9 days a Registered Nurse (RN) was not listed for the required 8 consecutive hours in each 24-hour period. During an interview on 09/17/25 at 11:55 AM the Staffing Coordinator revealed the staffing for the dates in question were reviewed. The Staffing Coordinator confirmed that the postings were inaccurate and/or incomplete. The Staffing Coordinator stated, The central supply clerk and I put in the numbers on the staff postings. Human resources verifies that the postings are correct. During an interview on 09/17/25 at 12:24 AM the Regional Director of Quality Assurance and the Director of Nursing confirmed that a registered nurse was not listed on the posted staffing for the above-mentioned days and stated they were not aware that the hours were inaccurate and/or incomplete on the daily posting. During an interview on 09/17/25 at approximately 1:00 PM the Human Resources Director revealed that, The staffing coordinator posts the staffing sheets daily. The staffing coordinator makes any corrections regarding staffing to the staffing sheets throughout the day and as needed to denote staffing changes. I do the calculations the next day.

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
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and review of the facility policy, the facility failed to store and prepare food in accordance with professional standards for food service safety in 1 of 1 main kitchen and 3 of 3 nourishment rooms, placing all residents who eat from the kitchen at risk for foodborne illness.Findings include:Review of a facility policy titled, Food Receiving and Storage last revised July 2014, states, Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation: . 2. When food is delivered to the facility it will be inspected for safe transport and quality before being accepted. All foods stored in the refrigerator or freezer will be covered, labeled and dated . 12. Uncooked and raw animal products and fish will be stored separately in drip-proof containers and below fruits, vegetables and other ready-to-eat foods. 13. Food items and snacks kept on the nursing units must be maintained as indicated below: b. All foods belonging to residents must be labeled with the resident's name, the item and the use by date. c. Refrigerators must have working thermometers and be monitored for temperature according to state specific guidelines. d. Beverages must be dated when opened and discarded after twenty-four (24) hours. e. Other opened containers must be dated and sealed or covered during storage. f. Partially eaten food may not be kept in the refrigerator.During an observation on 09/16/25 at 7:37 AM of the main kitchen revealed the following:In the Walk-in Cooler: One container of lemons with no expiration date. One box of lettuce with no open/expiration date; the lettuce appeared slimy with a red hue. One sheet of premade pears and peaches in serving cups, with no open/expiration date and unlabeled. One container of unsweet tea, undated and unlabeled. Four bottles of salad dressing: two bottles of Thousand Island, one bottle of Catalina, and one bottle of Creamy French, all with no open/expiration date. Two open and thawed bags of raw chicken stored on the shelf above the potatoes.In the Walk-in Freezer: Two open and used plastic bags containing white round cheese slices with no open/expiration date. One open and used bag of tater tots with no open/expiration date. Two bags of tuna with no open/expiration date. One open and used bag of potato wedges, dated 06/26/25.During an interview on 09/16/25 at 7:50 AM, the Certified Dietary Manager confirmed the findings, stated that staff were aware that items needed to be labeled and dated, and instructed them to remove the items from the cooler and freezer.During an interview on 09/16/25 after speaking with the Certified Dietary Manager, the Kitchen Manager (KM) stated that the freezer and cooler had been taken care of and the items were removed.During an observation on 09/17/25 at 3:07 PM of the Southwest nourishment room refrigerator revealed staff food stored with resident foods and an unlabeled plastic bag of an unidentified item.During an observation and interview on 09/17/25 at 3:14 PM of the North Hall nourishment room refrigerator with Licensed Practical Nurse (LPN)2 revealed: One open, half-eaten Hershey's candy bar. Two open, unlabeled bottles of water. One open, unlabeled bottle of [NAME]. Two open, unlabeled bottles of flavored syrup (caramel and strawberry). One open, unlabeled bottle of Torani vanilla syrup. A thermometer was not observed.LPN2 was unable to locate the thermometer as well and placed a call to kitchen staff for a replacement. LPN2 stated the kitchen staff was responsible for maintaining the refrigerators.During an observation on 09/17/25 at 3:37 PM of the East Hall nourishment refrigerator revealed: Three plastic bags of unlabeled, unidentified food items. One unlabeled plastic container filled with an unidentified brown substance. One unlabeled plastic jug of an unidentified drink. No thermometer was found in the fridge.During a follow-up interview on 09/18/25 at 10:33 AM, the KM stated that housekeeping is responsible for the daily cleaning of the refrigerators. The KM also stated that staff food items should not be stored in those refrigerators. Lastly, he stated that they found the thermometer in one of the refrigerators, behind a drawer, and that both fridges now have thermometers.During an interview on 09/18/25 at 12:05 PM, the Director of Nursing (DON) stated that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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	dietary is responsible for maintaining the temperature logs and that they add or remove nourishments for the residents as needed. The DON stated that staff have their own separate break room and should not be storing their items with resident food items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations, interviews, and review of facility policy, the facility failed to ensure that the lids on trash containers were kept closed when not in use. During an observation, one trash container lid remained open due to a tree branch obstructing closure.Review of the facility policy titled Food-Related Garbage and Refuse Disposal last revised on October 2017, states: Food-related garbage and refuse are disposed of in accordance with current state laws. The Policy Interpretation and Implementation, states, 1. All food waste shall be kept in containers. 2. All garbage and refuse containers are provided with tight-fitting lids or covers and must be kept covered when stored or not in continuous use. 5. Garbage and refuse containing food wastes will be stored in manner that is inaccessible to pests. 6. Storage areas will be kept clean at all times and shall not constitute a nuisance. 7. Outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.During an observation and interview with the Kitchen Manager (KM) on 09/16/25 from 8:25 AM to 8:30 AM revealed the dumpster container area, located at the rear entrance of the facility, the dumpster container had two separate top lids. The lid on the right side of the container was not closed. The KM attempted to close the top right lid but was unable to due to a tree branch. The KM stated that he would have to come back to cut the branch andclose the lid and indicated dumpster lids were to be kept closed when not in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policy, the facility failed to provide dignity and respect for Resident (R)80 and his personal space/room, when a staff member was taking a break in R80's room.Findings include:Review of the facility policy titled Dignity last revised on February 2021, revealed Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Policy interpretation and implementation include residents are treated with dignity and respect at all times. Resident's private space and property are respected at all times. Staff do not handle or move a resident's personal belonging without the resident's permission.Review of R80's Face Sheet revealed he was admitted to the facility on [DATE] with the diagnoses including but not limited to cerebral pasly, bipolar disorder, muscle spasm, and lack of coordination.Review of R80's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/15/25 revealed that he had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated that he is cognitively intact.During an observation and interview on 09/16/25 at 9:02 AM, revealed Certified Nursing Assistant (CNA)1 sitting on resident's bed and using her cellphone while he was out of his room taking a break. CNA1 stated that she normally does not take breaks in resident rooms and the facility has a break room further down the hall. CNA1 revealed that she was not on a designated break but taking a break between resident care.During an interview on 09/16/25 at 9:22 AM R80 revealed that he was not aware that CNA1 was sitting on his bed and taking a break. R80 further stated that he has seen other CNAs doing similar things in other resident rooms.During an interview on 09/18/25 at 5:12 PM the Director of Nursing (DON) revealed that staff should not be on their cellphones during work hours and staff should treat resident rooms/spaces with respect.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, and review of facility policy, the facility failed to provide Resident (R)89 the right to privacy, by failing to adequately secure her Electronic Medical Record (EMR), for 1 of 2 reviewed for resident rights. Findings include:Review of the facility policy titled Dignity last revised on February 2021 revealed, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Staff protect confidential clinical information. Examples include the following: verbal staff-to-staff communication; signs indicating the resident clinical status or care needs are not openly posted in the resident's room unless specifically requested by the resident or family member.Review of the facility policy titled Health Insurance Portability and Accountability Act (HIPAA) Training Program, last revised on April 2007, revealed, All facility personnel, including business associates, are required to attend our facility's HIPAA compliance training program. Policy interpretation and implementation include, . to ensure the confidentiality of our resident's Protected Health Information (PHI) and facility information, a HPAA and data security training program will be provided for all employees and business associates who have access to protected health and facility information.Review of R89's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to contracture of left hand, type 2 diabetes, weakness, and major depressive disorder.Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/27/25 revealed that she had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, which indicated that she was not cognitively intact.During an observation on 09/16/25 at 10:11 AM, the South Unit revealed R89's EMR, specifically her Face Sheet information, was visible on the laptop mounted to a medication cart. Further observation revealed there were no staff members present at this time. During an observation and interview on 09/16/25 at 10:13 AM of the South Unit with Licensed Practical Nurse (LPN)1 revealed that they had stepped away to provide R89 with her morning medication. LPN1 further stated that they believed that they secured R89 because they pulled the laptop screen out of line of sight. LPN1 further stated that because she is taller, the laptop appeared to be secured. LPN1 finally stated that they should have used the privacy screen in the EMR.During an interview on 09/18/25 at 5:16 PM, the Director of Nursing (DON) revealed that their expectation is for staff to provide privacy when handling resident's PHI. The DON further stated that the EMR has a feature built in the program for a privacy screen when staff need to step away from their medication cart/laptop.During an interview on 09/18/25 at 7:24 PM, the Administrator revealed that their expectation is for staff to provide privacy when handling residents' PHI and to follow HIPAA guidelines.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews, and review of facility policy, the facility failed to report an allegation of abuse involving Resident (R)121, to the state agency in the required time frame, for 1 of 3 residents reviewed for alleged abuse.Findings include:Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating with a revision date of September 2022 revealed, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Policy Interpretation and Implementation: Reporting Allegations to the Administrator and Authorities 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. the state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman; c. The resident's representative; d. Adult protective services (where state law provides jurisdiction in long - term care); e. Law enforcement officials; f. The resident's attending physician; and g. The facility medical director. 3. 'Immediately is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.Review of R121's Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, fracture of upper end of right humerus, subsequent encounter for fracture with routine healing, cognitive communication deficit, Type 2 diabetes mellitus with hyperglycemia, morbid (severe) obesity due to excess calories, other specified disorders of thyroid and pain.Review of R121's Five - Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/15/25 revealed R121 had a Brief Interview for Mental Status (BIMS) of 15 of 15, suggesting that she was cognitively intact. Further review of the MDS revealed R121 requires setup/cleanup assistance with eating and oral care. Resident is dependent with toileting hygiene, lower body dressing, putting on and taking off footwear, showering/bathing and personal hygiene. Resident requires substantial/maximal assist with upper body dressing.During an interview on 09/16/25 at 10:24 AM R121 revealed, The Certified Nursing Assistants (CNAs) wipe back to front. That is not right. On last Thursday or Friday during day shift, a CNA dug my rectum and p***y out so hard with a rough washcloth. It caused pain. I was sore down there the next day. I did not know who to tell on Friday or over the weekend. I told my therapist on Monday, and she told her boss, and he questioned me about it. I do not know names. Their badges are flipped over. We do not know which staff is agency and which staff is not. He was going to take it to the department heads. During an interview on 09/16/25 at 12:55 PM, the Director of Therapy confirmed that he was made aware of the resident's care concerns yesterday. He spoke with [staff member] and then notified the DON of the resident's concerns. During an interview with the Director of Nursing (DON) on 09/16/25 at 1:05 PM, revealed that she was unaware of the resident's concerns. The Director of Therapy was in the room and stated that he was mistaken and he intended to tell the DON about the resident's concerns yesterday, but he was pulled away and was not able to tell her. The DON stated that she would start an investigation immediately. During an interview with the DON on 09/17/25 at 9:00 AM, revealed that she spoke with R121 about her care concerns. An investigation was initiated, and a 24-hour report was faxed to DHEC. The employee in question was identified and suspended pending the outcome of the investigation. During an interview with the Administrator on 09/17/25 at 9:35 AM, revealed he expects staff to notify him immediately of any abuse concerns. He stated that he is always available (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	24/7.During an interview with the DON on 08/18/25 at approximately 12:24 PM, revealed that all staff are in-serviced on hire, annually, and as needed for abuse. If any form of abuse is detected, they should notify the DON or ED, whether it is verbal, physical or injury of unknown origin. She states her expectation is for staff to be educated enough to identify signs of abuse and report it immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to revise/update Resident (R)80's Care Plan in a timely manner, after R80 expressed suicidal idealizations, a significant change in the resident's mood status, for 1 of 3 residents reviewed for mood/behavior. Findings include:Review of the facility's policy titled Care Planning - Interdisciplinary Team last revised on March 2022 revealed, The interdisciplinary team is responsible for the development of resident care plans. Policy interpretation and implementation include resident care plans are developed according to the timeframes and criteria established by federal guidelines. Comprehensive, person-centered care plans are based on resident assessment and developed by an interdisciplinary team (IDT). The IDT includes but is not limited to: the resident's attending physician; a registered nurse with responsibility for the resident; a nursing assistant with responsibility for the resident; a member of the food and nutrition services staff; to the extent practicable, the resident and/or resident representative; and other staff as appropriate or necessary to meet the needs of the resident, or as requested by the resident. The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's care plan. Review of R80's Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses including but not limited to cerebral palsy, bipolar disorder, muscle spasm, and lack of coordination.Review of R80's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/15/25 revealed that he had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated that he is cognitively intact.Review of R80's Electronic Medical Record (EMR) Social Services Note dated 09/11/25 revealed, Patient left out of the facility via stretcher related to suicidal ideations. Patient received orders from Medical Doctor to get re-evaluated. Nurse Practitioner notified, paperwork sent with patient to hospital.Review of R80's EMR Social Services Note dated 09/11/25 revealed, Social Services Director (SSD) reached out to resident representative and notified her that the resident was being sent out the hospital for evaluation. Resident representative voiced understanding.Review of R80's EMR Social Services Note dated 09/11/25 revealed, Resident met with this writer in office and expressed concerns regarding his family, stating they often say they will visit but do not follow through. R80 further shared that he feels the need to speak with a mental health professional about his emotions. SSD provided support and encouragement, and resident appeared receptive. Resident Representative (RR) was notified of resident feelings and RR voiced she will try to visit once a week. SSD gave an option if family isn't able to visit in person facility with Zoom/Facetime. Both [R80] and his RR were in agreement; this writer notified the Director of Nursing (DON) who subsequently informed the Medical Doctor (MD). After discussion, a decision was made to send the resident to the hospital for further psychiatric evaluation. The resident agreed with the plan of care, RR was notified accordingly.Review of R80's Hosptial Discharge summary dated [DATE] revealed, [R80] with a past medical history of cerebral palsy, high blood pressure, and bipolar disorder presents the emergency room (ER) today complaining of being depressed. Patient is depressed now for a few days and has had suicidal ideation for a few days. Thoughts were to cut his wrist, no formal plan formalized. Denies drugs or alcohol; patient has cerebral palsy and is wheelchair bound. R80 states he has been seeing things and hearing voices as well, no command hallucinations. Review of R80's Care Plan revealed no care plan interventions related to the resident's recent thoughts of suicidal ideations. During an interview on 09/18/25 at 3:50 PM, the SSD revealed that R80's Care Plan had not yet been revised to reflect his significant change in mood status, and there are no interventions in place related to suicidal ideations. During an interview on 09/18/25 at 5:12 PM, the Director of Nursing (DON) revealed that R80's Care Plan should have been revised after his most recent changes in mood/suicidal ideations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425116	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edisto Post Acute	575 Stonewall Jackson Boulevard Orangeburg, SC 29115

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to assess and provide Resident (R)101 with activities to meet her interests and needs for 1 of 2 residents reviewed for activities. Findings include:Review of the facility policy titled Activity Programs last revised on June 2018 revealed, Activity programs are designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. Policy interpretation and implementation include the activities program is provided to support the well-being of residents and to encourage both independence and community interaction. Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident. The activities program is ongoing and includes facility-organized group activities, independent individual activities and assisted individual activities.Review of R101's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to cognitive communication deficit, dementia without behaviors, muscle weakness, and epilepsy. Review of R101's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/20/25 revealed that R101 had a Brief Interview for Mental Status (BIMS) score of 5 out of 15, which indicated that she had severe cognitive impairment. During an interview on 09/16/25 at 9:09 AM, R101 revealed that staff do not provide her with activities in her room. Review on 09/17/25 of R101's Activity Notes revealed no documentation related to activities.Review on 09/18/25 of R101's Activity Notes with a creation date of 09/18/25 at 1:22 PM and effective date of 09/08/25 revealed, Resident participated in Bingo for a while before wandering out.Review on 09/18/25 of R101's Activity Notes with a creation date of 09/18/25 at 1:23 PM and effective date of 09/09/25 revealed, Resident wandered through the hall socializing with other residents. Review on 09/18/25 of R101's Activity Notes with a creation date of 09/18/25 at 1:24 PM and effective date of 09/10/25 revealed, Resident attended bible study and observed in Bingo. Review on 09/18/25 of R101's Activity Notes with a creation date of 09/18/25 at 1:25 PM and effective date of 09/11/25 revealed, Resident sat and listed [sic] to music in the activity room. Resident also conversed with another resident in the activity room.Review on 09/18/25 of R101's Activity Notes with a creation date of 09/18/25 at 1:27 PM and effective date of 09/12/25 revealed, Resident wandered in and out of Bingo, resident attended social hour afterwards.Review on 09/18/25 of R101's Activity Notes with a creation date of 09/18/25 at 1:32 PM and effective date of 09/15/25 revealed, Resident observed in Bingo while helping another resident with Bingo.Review of R101's admission Activity assessment dated [DATE] revealed when assessed for activity pursuit patterns and preferences. R101 stated that it was somewhat important that she be provided with books, newspapers, and magazines to read. Review of R101 Assessments revealed no other Activity assessments for R101 after admission. During an interview on 09/18/25 at 3:00 PM, the Activity Director (AD) revealed she documents residents' activities on paper on an Attendance Participation Record. The AD further stated that she was informed today by facility Administration that she should be documenting resident activities in the Electronic Medical Record (EMR). The AD revealed that all activity notes for the resident in the EMR were completed today (09/18/25). The AD was able to provide Attendance Participation Record sheets for June, July, and August 2025. The AD concluded that at this time they are unable to locate September 2025 Attendance Participation Record.During a follow up interview with the AD on 09/18/25 at 3:39 PM, revealed the last activity was completed on 01/16/25; during the admission process for R101, the AD was unable to locate quarterly activity assessments for R101 at this time.