STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425118	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bennettsville Health and Rehabilitation Center	710 15-401 Bypass, West Bennettsville, SC 29512

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Assure the security of all personal funds of residents deposited with the facility. Based on review of the facility policy, record review, and interview, the facility failed to ensure the facility's surety bond covered the total amount of monies in the resident's personal fund account. As of 05/19/2026, there were 101 resident accounts with monies.Findings included:Review of the facility policy titled Resident Trust Fund revealed the following: 17. Financial Integrity/Surety Bonds: A. The Facility will provide a surety bond to protect resident funds from losses due to the facilities failure to hold, safeguard, manage and/or account for resident funds. D. The amount covered by the surety bond will be a least equal to the total amount of residents' funds, as of the most recent quarter. E. The BOM will review the surety bond amount quarterly for adequate coverage and notify the administrator of any necessary changes.Review of the facility's current surety bond revealed coverage was in the amount of $150,000. Further review of the monthly statements for resident funds from 11/30/2025 to 05/19/2026, revealed six of seven months were over the amount covered by the surety bond.During an interview on 05/19/26 at 1:15 PM, the Business Office Manager (BOM) confirmed the current surety bond did not cover the amount currently in the resident's personal fund account. The BOM stated the Regional Account Manager was aware. No documentation was provided during the survey process related to notification to the Regional Account Manager.

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 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 store and label medications and biologicals appropriately for 2 of 5 medication carts and in 1 of 2 medication rooms. Additionally, the facility failed to secure 1 of 2 medication storage rooms. Findings included: Review of the facility policy titled Medication Storage revealed the following, Medications and biologicals are stored safely, securely and properly following manufacturer's recommendations or those of the supplier. In accordance with State and Federal laws, the facility will store all drugs and biologicals in locked compartments under proper temperatures and other appropriate environmental controls to preserve their integrity. 2. The medication and biological supply is only accessible to licensed nursing personnel, pharmacy personnel or authorized staff members.Further review of the facility policy listed the following under the procedure section, . 6. Once any medication or biological package is opened, the facility should follow manufacturer/supplier guidelines with respect to expiration dates of opened medications. 7. Once any multi-dose packaged medication or biological is opened, nursing will mark [NAME]-dose products (e.g. inhalers, insulin, ophthalmic, .) with the date opened and follow manufacturer/supplier guidelines with respect to expiration dates. During observation of the 100 Unit Medication Cart on 05/20/2026 at 12:06 PM, revealed the following:-Vitamin B12 500 micrograms (mcgs) (100 tabs), Lot#886Y08 with an expiration date of 4/26;-(2) Trelegy Ellipta 100 mcgs, Lot#UT8B with an expiration date of 9/27 with no open date;-Insulin Lispro 100 units(u)/milliliter (ml), Lot#08667380 with an expiration date of 5/23/28, with no open date;-(2) Lantus SoloStar 100u/ml, Lot#6F065664 with an expiration date of 10/31/28 with no open date;-Humalog Kwik Pen 100u/ml, Lot#D879710D with an expiration date of 6/21/28 with no open date. During an interview on 05/20/2026 at 12:34 PM, Registered Nurse (RN)1 confirmed the above findings and stated when a medication is opened it should be dated. During an observation on 05/20/2026 at 1:31 PM, review of the 500 Unit Medication Cart revealed, Ventolin HFA Inhaler 90 micrograms, Lot#JS7T, expiration date June 2027 with no open date. During an interview on 05/20/2026 at 1:31 PM, Licensed Practical Nurse (LPN)2 confirmed the above finding. During an observation of the 400/500 Medication Room on 05/20/2026 at 2:09 PM, revealed the following:-Tubersol 5 Tuberculin Units (TU)/.1ml, Lot#4C4RCI, expiration date 2/2028 with open date of 4/7/2026;-Tubersol 5 TU/.1 ml, Lot#4CA12CI, expiration date 2/2028 with no open date. During an interview on 05/20/2026 at 2:09 PM, LPN 3 confirmed the above findings. During an observation on 05/20/2026 at 2:38 PM, the 100 Medication Room was observed unsecured. At the time of the observation, RN1 confirmed the door to the 100 Medication Room was unsecured.

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review, and interview, the facility failed to afford Resident (R)86 the opportunity to participate in the care plan process, for 1 of 1 resident reviewed for care plan participation.Findings included: Review of the facility policy titled Care Plan Process, Person Centered Care states under the Procedure section the following: . 8. The IDT will invite participation from the resident and the resident's legal representative (if applicable). The IDT will document an explanation in the resident's medical record of the invitation, participation, or lack of participation of the resident and their resident representative if determined not practicable for the development of the resident's person-centered care plan. Review of R86's Face Sheet revealed R86 was admitted to the facility on [DATE], with diagnoses, which included, but was not limited to, cerebral infarction and cognitive communication deficit. Review of R86's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/24/26, revealed R86 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated intact cognitive function with minimal to no impairment. Review of R86's Electronic Medical Record revealed no documentation that R86 had been invited to participate in the care plan process. During an interview on 05/18/26 at 1:53 PM, R86 stated they had not been invited to participate in the care plan process. During an interview with the Care Plan Coordinator on 05/20/26 at 10:48 AM, the Care Plan Coordinator stated the normal procedure was to send out care plan invitations two weeks in advance. Once the care plan is completed and signed, it is then uploaded into the system. The Care Plan Coordinator continued by stating it was an oversight that R86 had not been invited to participate in the care plan process. The Care Plan Coordinator further stated a phone conference had been conducted with the resident's representative, and a bedside review had been done with the resident on 5/20/26.

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on review of the facility policy, observation, record review, and interview, the facility failed to promote dignity for Resident (R)28. Specifically, R28 was given an insulin injection in her abdomen, while in the therapy department with other residents, staff and visitors present, for 1 of 2 residents reviewed for dignity. Findings included: Review of the facility policy titled, Patient/Resident Rights, states as the policy, The facility employs measures to ensure patient and resident personal dignity, well-being, and self-determination are maintained and will educate patients and residents regarding their rights and responsibilities. Resident Rights: A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. Right to Dignity, Respect, and Freedom To be treated with consideration, respect, and dignity. Right to Participate in One's Own Care: Receive adequate and appropriate care. Review of R28's Face Sheet revealed the facility admitted R28 with diagnoses including but not limited to, DM type 2, hyperglycemia, dementia and seizures. During an observation on 05/19/2026 at 7:30 AM, during medication administration, R28 was to receive 30 units of Glargin Insulin subcutaneous 2 times daily. Licensed Practical Nurse (LPN)1 walked over to the resident, who was in the physical therapy area, where she was receiving physical therapy, and LPN1 stated, I need to give you your medications. LPN1 pulled up the resident's shirt and gave her the insulin injection, in the physical therapy area, with other residents and visitors present. LPN1 then walked away from the resident and back to the medication cart. During an interview on 05/19/2026 at approximately 7:35 AM, LPN1 agreed that she should have asked the resident if she wanted the injection in her abdomen or her arm, and then provide privacy.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. Based on review of the facility policy, record review, and interview, the facility failed to notify the resident and/or the resident's representative of resident funds which were at or above the limit for Medicaid, for 1 of 4 residents reviewed for personal funds.Findings included:Review of the facility policy titled Resident Trust Fund revealed the following under section 15. Notification of Certain Balances: A. Residents or their legal representatives are notified in writing when their trust fund balance is within $200.00 of the Medicaid eligibility limits. B. A copy of this notification is filed in the resident's financial file.Review of Resident (R)27's Personal Funds revealed that as of 05/18/26, R27's Personal Funds had a balance in excess of $2,000.00. During an interview on 05/19/2026 at 1:15 PM, the Business Office Manager (BOM) stated the family was aware the personal funds account was above the limit and were trying to come to an agreement related to the resident's personal funds. No documentation was provided related to the conversation with the resident's family at the time of the survey.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, facility schedule for floor cleaning, facility schedule for buffing of floors, observations, and interview, the facility failed to provide a safe, clean, comfortable homelike environment for 1 of 3 buildings. Specifically, damaged furniture, water stained ceiling tiles, scarred doors, and build-up of dark substance was observed in Building 2.Findings included:Review of the facility policy titled Wheelchair safety: Use and Maintenance revealed the following: 4. Wheelchair Maintenance and Servicing. A. Wheelchairs will be inspected and receive preventive maintenance as needed. B. Resident, patients and staff remove equipment from service that is defective or requires maintenance or repair. C. Common replacement items include but are not limited to: 1) Arm, leg and footrests 2) Cushions 3) Seats 4) Back support 5) Front and rear wheel assemblies 6) Brakes. Review of the Wheelchair Cleaning Log revealed wheelchairs in rooms [ROOM NUMBERS] were observed and cleaned on 05/01/2026, 05/06/2026, and 05/13/2026. Review of the Hall Floors cleaning schedule revealed the 200 Hall had been cleaned on 04/22/2026. There was no documentation for Hall 200 for May 2026.Review of the facility Buffing Schedule revealed on Wednesdays Hall 200 receives buffing.During initial rounds on 05/18/2026 at 10:30 AM, the following was observed:room [ROOM NUMBER]D-Scraped paint behind head of bed; stained ceiling tiles, a build-up of dark substance at bathroom threshold.room [ROOM NUMBER]W-Bedside table with damaged and rough edges, scarred closet door.room [ROOM NUMBER]D-Over the bed table with rough edges, scarred closet door.Geri chair outside of rom 203 with torn/tattered armrests.room [ROOM NUMBER]-Damage to bathroom door, toilet plunger not covered.During environmental rounds with the Director of Nursing (DON) on 5/20/2026 at 11:00 AM, the above items were shown along with room [ROOM NUMBER]'s bathroom vanity loose from wall and room [ROOM NUMBER] wheelchair with torn/tattered armrests. During the environmental rounds, the DON stated the closet doors were being repaired and repainted and pointed out one that had been repaired. The DON wrote down the concerns when viewed during the round.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review and interview, the facility failed to follow the recommendations from a Level 1 PASARR (Preadmission Screening and Resident Review), for 1 of 1 resident reviewed.Findings included: Review of the facility policy titled PASARR Documentation Policy states under the section General Guidelines for PASARR, 5. If the PASARR Level I screen indicates the individual may have an ID, DD, or MI diagnosis, follow the state-specific process for completion of the Level II evaluation. Review of Resident (R)17's Face Sheet revealed R17 was admitted to the facility on [DATE], with diagnoses which included, but was not limited to, anxiety disorder, depression, and paranoid schizophrenia. Review of R17's PASARR Level I dated 01/16/20, revealed a recommendation for a Level II PASARR for MI indicators. Further review of R17's Electronic Medical Record (EMR) revealed there was no PASARR Level II results from R17's PASARR Level 1 recommendation. A PASSAR Level II dated 12/28/11, was provided by the facility and reviewed with recommendations listed as medication management, assistance with ADL's, crisis intervention services, and support networks. However, this PASARR Level II was dated prior to the PASARR Level 1. During an interview with the Nurse Consultant on 05/20/2026 at 3:15 PM, the Nurse Consultant stated they did not know why another Level II had been recommended on 01/16/2020 and Social Services was looking into the matter. No further documentation was provided during the survey process.