

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Inman Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 51 N Main St Inman, SC 29349	
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22411 Based on observation, record review, interview, and facility policy review, the facility failed to ensure palatability for residents' food being served at an appropriate temperature for 3 of 3 residents (Resident (R)29, R31, and R30) out of 13 sampled residents. This failure had the potential to affect all 34 residents (2 puree, 11 mechanical textures, and 21 regular) in the facility, who received food that was cold and undesirable to eat. This had the potential to create dissatisfaction with meals and decrease the residents' quality of life. Findings include: Review of the facility's undated policy titled, Food Temperatures, indicated, Foods will be maintained at proper temperature to ensure food safety. The point of service temperature to residents will be within the range of 120-140 degrees based on the resident's preference. The following range of temperatures is recommended for food at point of tray assembly. Broth, soup, hot beverages 180-190 degrees F [Fahrenheit] 160 Meat, portioned for service degrees F, Casserole dishes, creamed items, creamed soup 160 degrees F, Potatoes and vegetables 160 degrees F and Chilled food and beverages 40 degrees F or below. 1. Review of R29's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed that R29 was admitted to the facility on [DATE], with a diagnoses that included but was not limited to: age-related osteoporosis without current pathological fracture, and scoliosis, unspecified. Review of R29's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/19/25, located under the MDS tab revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R29 was cognitively intact. During an interview on 04/01/25 at 11:02 AM, R29 revealed that the food was very cold. R29 stated in the mornings, My butter will not melt in the grits, they are so cold. R29 stated everybody wanted to have hot grits, just hot food in general. R29 stated they were not sure why they could not keep the food warm coming from the kitchen to their rooms. 2. Review of R31's Face Sheet located in the EMR under the Profile tab revealed that R31 was admitted to the facility on [DATE], with diagnoses that included but was not limited to: adult failure to thrive,. Further review revealed R31 was on hospice. (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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of R31's quarterly MDS with an ARD of 01/11/25, located under the MDS tab revealed a BIMS score of 14 out of 15, which indicated R31 was cognitively intact. During an interview on 04/01/25 at 11:10 AM, R31 indicated the food could be hotter, didn't know how many people were working in the building, but could do a better job making sure they got hot food. 3. Review of R30's EMR located in the Profile tab indicated the R30 was admitted on [DATE], with a diagnoses including but not limited to: chronic kidney disease. Review of R30's significant change MDS with an ARD of 02/26/25, indicated R30 had a BIMS of 14 out of 15, which indicated R30 was cognitively intact. During an interview on 04/01/25 at 11:56 AM, R30 revealed the food was usually cold, and on dialysis days, I do not get a hot breakfast; it is usually cereal and applesauce. Review of Resident Council Meeting Minutes, dated 07/01/24, revealed a complaint/grievance report that food was cold. The findings included by Dietary Manager (DM)1 revealed, The food leaves the kitchen at the proper temperature. The cooks take temperatures and document as necessary. Plan to resolve the complaint/grievance, residents who specify will have there [sic] trays heated before giving directly to them. Expected results of actions, this action will eliminate the complaint of the food not being warm enough. Signed by DM1 on 07/24/24. Further review of the Resident Council Meeting Minutes revealed on 01/06/25 and 02/05/25, complaints of meals being cold. During lunch observations on 04/02/25 at 11:27 AM, the menu included beef tips and rice, mixed vegetables, fruit, roll, coffee, and milk. The tray line was observed at 11:50 AM with meat at 148 degrees Fahrenheit (F), puree 130 degrees F, mechanical was 176 degrees F, vegetables was 146 degrees F, puree vegetable was 144 degrees F, and rice was 148 degrees F. The test tray left the kitchen at 12:07 PM. During an observation and interview on 04/02/25 at 12:24 PM, the test tray was evaluated with DM1, the beef tips were 114 degrees F, and the vegetables were 100 degrees F. The food was tested together, and DM1 confirmed that the food was not very warm. DM1 revealed that the cart was not heated, the food was taken from the steam table, placed onto the plates, and covered with the dome. DM1 stated, We are trying to figure out a way to get the food to the residents while it is still hot. During an observation and interview on 04/03/25 at 11:45 AM, in the kitchen, the menu and temperatures for the day was smothered turkey in gravy 180 degrees F, mashed potatoes 160 degrees F, puree 160 degrees F, mechanical soft 160 degrees F, vegetable (carrots) 175 degrees F, and puree vegetable 160 degrees F. The test tray left the kitchen at 12:11 PM. The test tray was evaluated at 12:25 PM with DM1 and DM2, which revealed the meat was 110 degrees F, potatoes 130 degrees F, and carrots 118 degrees F. Both DMs confirmed that there was a huge drop with temperatures and the food for the residents needed to be warmer. (continued on next page)		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 04/03/25 at 10:57 AM, the Registered Dietician (RD) explained that they ensured food temperatures were maximized before leaving the kitchen. Specifically, regarding the beef tips, the dietician admitted that the temperature should have been higher at the time of plating. The RD stated although they had not received recent complaints about cold food, she would recommend implementing temperature checks over several days to monitor the situation more effectively. During an interview on 04/03/25 at 3:50 PM, the Administrator indicated they had been working on getting new carts, which would hold the temperatures of the food. The Administrator acknowledged being aware of the food temperature problem since they had received multiple complaints from the same group of people.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 20243 Based on observations, interviews and facility policy review, the facility failed to ensure a handwashing sink was available, personal protective equipment (PPE) was available, failed to maintain the wall space around the dryer vents which left openings in the wall large enough for pests or small rodents to enter, failed to prevent cross contamination from dirty areas to clean areas within the laundry room, failed to provide a system to enable staff to fold clothing on a surface that could be sanitized, failed to store clean clothing, assorted pillows, and towels in an area to maintain cleanliness, and failed to maintain cleanliness and maintenance of two washing machines for one of one laundry room. This failure had the potential to affect infection control measures for 34 of 34 census residents. Findings include: Review of the facility's policy titled, Laundry with a review date of 07/14/24, indicated: 1. Aligning with principles of standard precautions, staff should consider all previously worn clothing and used linens as potentially contaminated. 2. The facility's laundry area will provide hand washing facilities and products as well as PPE. 3. Soiled laundry shall be kept separate from clean laundry at all times. During a laundry room observation on 04/02/25 at 1:10 PM, there were no handwashing sinks for laundry staff to use in the area and no PPE (gowns, goggles, facemasks) for laundry staff. There was an opening in the wall behind the two dryers that had not been closed leaving space for pests and small rodents to enter the laundry room. Clean clothes were hanging on a rack that was pushed up to the dirty washer and clothing, pillows, towels were placed in a laundry basket on the floor. Further observation revealed socks on top of the dryer and no surface for folding clean clothing. Observation of the washing machines revealed dust, lint, gritty appearance, on the underside of the washing machine lids and around the openings of both washers. Observation of the bleach dispenser compartment on the top of the washer housing above the drum (the area that holds the garments) and the circumference of the washer housing revealed a dark, dry, brown substance (rust-like in appearance) in varying degrees. During an interview on 04/02/25 at 1:10 PM, Laundry Aide (LA)1 stated that she did not have PPE to wear when handling dirty clothing and did not usually wear PPE, stated that she had seen a gecko (lizard) in the laundry room, and that the clothing, pillows, and towels in the laundry basket on the floor were clean. When asked if she had a schedule for cleaning the washing machines, she stated she did not. During an interview on 04/02/25 at 2:00 PM, the Administrator stated that she did not know the condition of the laundry and had only done spot checks. The Administrator stated she did not know that there was an opening large enough for pests and small rodents to enter the area, and that there was no handwashing sink, PPE, or surface to fold clean clothes on. The Administrator stated that a new supervisor would begin in two weeks. The Administrator stated that she would try to find information that would describe the specific job duties of a laundry aide and maintenance logs for the laundry. None were provided. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a follow up interview on 04/02/25 at 3:53 PM, the Administrator stated that the Maintenance Director would oversee the equipment in the laundry and that the facility team was discussing new strategies going forward that maintain a focus on infection control, cross contamination, re-educating the staff, and ensuring that residents receive clean clothing back in a timely manner.		