STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Home of Florence Inc	515 South Warley Street Florence, SC 29501

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to provide a discharge summary and supplemental oxygen at the time of discharge for 1 (Resident (R)137) of 4 sampled closed records reviewed.Findings include:Review of a facility policy titled Discharge Summary and Plan, revised on 10/2022, revealed, When a resident's discharge is anticipated, a discharge summary and post-discharge plan is developed to assist the resident with discharge. The policy specified, . 12. A copy of the following is provided to the resident and receiving facility and a copy will be filed in the resident's medical records: a. An evaluation of the resident's discharge needs; b. The post-discharge plan; and c. The discharge summary.Review of R137's admission Record revealed the facility admitted R137 on 11/07/2025. According to the admission Record, the resident had a medical history that included but was not limited to a diagnoses of respiratory failure. Per the admission Record, the resident discharged home with home health services on 11/27/2025.During an interview on 02/06/2026 at 3:19 PM, R137's Responsible Party (RP) stated they informed the Admissions Coordinator (AC) on 11/26/2025 they would take R137 home on [DATE]. According to the RP, the AC informed them R137's discharge paperwork would be available when the resident was picked up from the facility. The RP stated when they arrived at the facility on 11/27/2025 to take the resident home, the facility did not have R137's discharge paperwork available. The RP stated a nurse tried to call someone to get the discharge paperwork, but they were not able to reach that person. The RP stated they left the facility with the resident on 11/27/2025 without discharge paperwork. The RP stated while R137 was in the facility, the resident received supplemental oxygen; however, when the resident discharged on 11/27/2025, the facility did not discharge the resident with supplemental oxygen.During an interview on 02/06/2026 at 10:56 AM, the Social Worker (SW) stated when a resident discharged from the facility, she would set up home health services, print the orders for durable medical equipment, and provide discharge paperwork to the resident or the resident's representative at the time of discharge. The SW stated when R137 discharged from the facility, it was a holiday weekend (Thanksgiving) and she was not working in the facility. The SW stated she believed the discharge paperwork for R137 was mailed to the RP. The SW stated on 12/01/2025, she reviewed R137's discharge paperwork with the RP over the phone, four days after R137 discharged from the facility. The SW stated if the resident received supplemental oxygen in the facility, the resident would have been discharged with an order for supplemental oxygen. The SW confirmed R137 received supplemental oxygen in the facility and there were no orders for supplemental oxygen to be sent home with the resident when they were discharged .Review of R137's Discharge Instruction Form signed by the SW and dated 12/01/2025, had a handwritten note that specified the Discharge Instruction Form was discussed with R137's RP verbally on 12/01/2025.During an interview on 02/07/2026 at 8:56 AM, the Director of Nursing stated the expectation when a resident discharged from the facility was that the resident would receive education, medications, and (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425154	A. Building B. Wing	02/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Home of Florence Inc	515 South Warley Street Florence, SC 29501

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	discharge instructions at the time of discharge.During an interview on 02/07/2026 at 9:08 AM, the Administrator stated the expectation was when a resident discharged from the facility, the resident would receive education, medications, post-discharge arrangements, and discharge paperwork at the time of discharge.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425154	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2026
NAME OF PROVIDER OR SUPPLIER Heritage Home of Florence Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 515 South Warley Street Florence, SC 29501	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on interview, record review, and facility policy review, the facility failed to ensure weekly body audits (skin checks) were conducted and documented for 1 (Resident (R)137) of 3 sampled residents reviewed for pressure ulcers. Findings include:Review of the facility policy titled Pressure Injury/Wound/Skin Management, dated 08/2016, indicated, . 4. A Licensed Nurse performs a weekly body audit, wound measurements, and documents findings in the medical record.Review of R137's admission Record revealed the facility admitted R137 on 11/07/2025. According to the admission Record, the resident had a medical history that included but was not limited to diagnosis of unstageable pressure ulcer of sacral region. Per the admission Record, the resident discharged home with home health services on 11/27/2025.Review of R137's Baseline Care Plan Summary included a problem statement initiated on 11/07/2025, that indicated the resident had impaired skin on the sacrum. Interventions directed staff to perform weekly skin checks.Review of R137's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/14/2025, revealed R137 had a Brief Interview for Mental Status (BIMS) score of 7 out of 15, which indicated the resident had severe cognitive impairment. The MDS indicated the resident had one unstageable pressure ulcer that was present upon admission.Review of R137's medical record revealed evidence of a Skin & Wound Evaluation dated 11/07/2025, that indicated the resident's sacral wound measured 8.0 centimeters (cm) by 4.5 cm with 70 percent (%) granulation and 30 % eschar (dead tissue). There were no evidence of any other documented skin check or wound measurement for the resident.During an interview on 02/05/2026 at 11:04 AM, the Licensed Practical Nurse (LPN) Wound Care Nurse stated skin audits were done weekly.During an interview on 02/06/2026 at 2:46 PM, LPN2 stated the nurses conducted resident body audits weekly.During an interview on 02/07/2026 at 12:30 PM, LPN3 stated resident skin audits were completed weekly and documented in the resident's electronic health record (EHR). LPN3 stated the wound nurse was responsible for measuring a resident's wounds.During a follow-up interview on 02/07/2026 at 12:58 PM, the LPN Wound Care Nurse stated residents' initial body audits were done, then each room was assigned a time each week. The LPN Wound Care Nurse stated body audits were documented in the resident's EHR. The LPN Wound Care Nurse stated she did not know why R137's measurements were not documented.During an interview on 02/07/2026 at 1:05 PM, the Director of Nursing (DON) stated the LPN Wound Care Nurse would assess a resident's wound with the wound physician weekly, obtain the measurements, and document the skin and wound assessment with a picture. The DON stated her expectation was for a resident's wounds to be measured and documented weekly. The DON stated the facility was unable to locate wound documentation other than the initial evaluation dated 11/07/2025 for R137.