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

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, record review, and facility policy review, the facility failed to develop a comprehensive person-centered care plan for the use of enablers for 1 (Resident (R)76) of 24 sampled residents.Findings include:Review of a facility policy titled Care Planning, Comprehensive Person-Centered, revised on 03/2022, revealed A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The policy specified . 7. The comprehensive, person-entered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.Review of a facility policy titled Enablers, revised on 05/05/2023, revealed Policy: 1. The nursing staff will use enablers whenever possible in lieu of restrains to assist the patient/resident to obtain, maintain and enhance the functional status, an improve his/her quality of life. The policy specified, . 6. Record intervention(s) on the plan of care and inform staff.Review of R76's admission Record indicated the facility admitted R76 on 02/14/2025. According to the admission Record, the resident had a medical history that included, but was not limited to a diagnosis of multiple sclerosis.Review of R76's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/2025, revealed R76 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had intact cognition. The MDS revealed the resident required substantial/maximal assistance to roll left to right while lying on their back.Review of R76's Care Plan Report with an admission date of 02/14/2025, did not reference the resident's use of enabler bars.During a concurrent observation and interview on 02/04/2026 at 10:26 AM, R76 was observed supine in the bed with bilateral enabler bars attached to the left and right side of their bed in the elevated position. R76 stated they used the enabler bars to assist with mobility and positioning in the bed.During an interview on 02/06/2026 at 9:45 AM, Licensed Practical Nurse (LPN)4 stated R76 had bilateral enablers in place to use for positioning. LPN4 stated all residents who had enablers installed on their bed would have a care plan for the enablers. LPN4 stated R76 did not have an enabler care plan and it would need to be added.During an interview on 02/06/2026 at 10:15 AM, the MDS Registered Nurse (RN) stated R76 had bed enabler bars installed on both sides of their bed. The MDS RN stated residents with enablers would require a care plan. The MDS RN stated R76 did not have a care plan for their enabler bars and that would need to be corrected.During an interview on 02/06/2026 at 10:31 AM, the Administrator stated her expectation was for all residents with enabler bars in place to have a care plan for the enabler bars. The Administrator stated R76 did not have a care plan for their enabler bars and it would need to be added.During an interview on 02/06/2026 at 11:38 AM, the Director of Nursing (DON) stated her expectation was for all residents with enabler bars on their bed to have a care plan for the enablers. The DON stated R76 did not have a care plan for enablers and it would need to be corrected to reflect their use.

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 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. Based on observation, interview, record review, and facility policy review, the facility failed to update the care plan to reflect the resident's use of fall matts for 1 (Resident (R)7) of 24 sampled residents.Findings include:Review of the facility policy titled Care Planning, Comprehensive Person-Centered, revised on 03/2022, revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The policy specified, . 11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.Review of R7's admission Record indicated the facility admitted R7 on 11/15/2024. According to the admission Record, the resident had a medical history that included, but was not limited to diagnoses of muscle weakness and unsteadiness on feet.Review of R7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/2025, revealed R7 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, which indicated the resident had severe cognitive impairment. The MDS indicated R7 had a fall with major injury since admission/entry or reentry or the prior assessment.Review of R7's Care Plan Report included a focus area initiated on 11/29/2024, that indicated the resident had a history of falls. There were no interventions that specified the resident's use of fall mats at their bedside.During an observation on 02/04/2026 at 10:52 AM, R7 had fall mats placed at the foot of their bed and one on each side of the bed.During an observation on 02/06/2026 at 9:23 AM, R7 was observed asleep in a bed and there were fall mats placed at the foot of the resident's bed and one on each side of the bed.During an interview on 02/06/2026 at 9:45 AM, Licensed Practical Nurse (LPN)4 stated R7 had three fall mats in place due to their fall risk. LPN4 stated fall mats would need to be care planned. LPN4 stated R7 was not care planned for the fall mats and she did not know why the care plan did not reflect fall mats being used.During an interview on 02/06/2026 at 10:15 AM, the MDS Registered Nurse (RN) stated the facility used fall mats as an intervention for residents that had fallen. The MDS RN stated a resident's care plan would reflect the use of fall mats. The MDS RN stated R7's fall mat intervention got missed and would need to be added to the resident's fall care plan.During an interview on 02/06/2026 at 11:38 AM, the Director of Nursing (DON) stated fall mats were used as an intervention for residents that had fallen. The DON stated when fall mats were used as a fall intervention, the resident's care plan would be updated to reflect the use of fall mats. The DON stated R7 had three fall mats in their room around the bed, but they were not care planned. The DON stated the expectation was for all residents' fall mats to be care planned. The DON stated R7's care plan needed to be updated to show the fall mats as a fall intervention.During an interview on 02/06/2026 at 2:38 PM, the Administrator stated her expectation for any resident with falls mats was to have documentation in the chart, including care plan interventions in place. The Administrator stated R7 did not have any documentation in the care plan that reflected the use of fall mats and it would need to be corrected.

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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.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to document the administration of a nutritional supplement ordered for 1 resident (Resident (R)137) of 24 sampled residents.Findings include: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 severe protein-calorie malnutrition.Review of R137's admission Minimum Date 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 required supervision or touching assistance with eating.Review of R137's Care Plan Report included a focus area initiated on 11/26/2025, that indicated the resident had a nutritional problem or potential for a nutritional problem.Review of R137's Order Summary Report revealed an order dated 11/21/2025 for a nutritional supplement with meals.Review of R137's Medication Administration Record [MAR] for the timeframe 11/01/2025 - 11/30/2025, revealed no evidence to indicate staff administered the resident's nutritional supplement as ordered.During an interview on 02/06/2026 at 1:45 PM, the Director of Nursing (DON) stated if a resident received a nutritional supplement, the nurses had to document it on the resident's MAR. Whether the resident drank the nutritional supplement or not. The DON stated her expectations were for the staff to monitor the intake of any nutritional supplement that was ordered by the doctor and to have the documentation of the amount of the nutritional supplement the resident consumed.During an interview on 02/06/2026 at 2:38 PM, Licensed Practical Nurse (LPN)2 stated she knew R137 received the nutritional supplement because either she or the certified nurse assistant gave it to the resident. LPN2 stated she did not know why there was no documentation on the resident's MAR to indicate the nutritional supplement had been given.During an interview on 02/07/2026 at 7:50 AM, LPN3 stated she remembered that R137 received their nutritional supplement, but she did not know what happened with her initials not being on the resident's MAR to indicate she administered the nutritional supplement to the resident.During an interview on 02/07/2026 at 8:19 AM, the Administrator stated nutritional supplements should be signed out on a resident's MAR. The Administrator stated her expectation was that the nursing staff should sign the resident's MAR when nutritional supplements were given to a resident.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, the facility failed to ensure a catheter drainage bag was not on the floor for 1 (Resident (R)4) of 3 sampled residents reviewed for urinary catheter.Findings include:Review of the facility policy titled Catheter Care, Urinary, revised 08/2022, revealed The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. The policy specified, . 2. Be sure the catheter tubing and drainage bag are kept off the floor.Review of R4's admission Record revealed the facility admitted R4 on 01/06/2026. According to the admission Record, the resident had a medical history that included but was not limited to diagnosis of retention of urine.Review of R4's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/13/2026, revealed R4 had a Brief Interview for Mental Status (BIMS) score of 5 out of 15, which indicated the resident had severe cognitive impairment. The MDS indicated the resident was dependent on staff for toileting and had an indwelling catheter.Review of R4's Care Plan Report included a focus area initiated on 01/26/2026, that indicated the resident had an indwelling catheter related to urine retention.During an observation on 02/04/2026 at 12:17 PM, R4's urinary catheter drainage bag rested directly on the floor between the resident's bed and the wall.During an interview on 02/04/2026 at 3:53 PM, Registered Nurse (RN)1 stated the catheter bag was not supposed to be on the floor.During an interview on 02/06/2026 at 1:33 PM, the Director of Nursing stated a resident's catheter draining bag was not supposed to be on the floor.During an interview on 02/07/2026 at 7:45 AM, the Administrator stated her expectation was that the urinary catheter bags were not supposed to be on the floor.