STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425157	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southland Health Care Center	711 South Dargan Street Florence, SC 29506

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 review of the facility policy, record reviews, and interviews, the facility failed to provide a completed Bed-hold document for Resident (R)2 and/or her responsible party within a practicable amount of time, for 1 of 3 residents reviewed for hospitalization. Findings include: Review of the facility policy titled, Bed Hold Prior to Transfer, reviewed and revised 10/30/2022, states, It is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold policies prior to transferring a resident to the hospital.Notice before Transfer:1. The facility will notify residents and/or their representative to make them aware of the facility's bed-hold policy when transferred to the hospital.2. The facility will provide written information about these policies to resident and/or resident representatives prior to and upon transfer.3. The facility will give written information concerning the bed-hold policies to the resident and/or resident representative as part of the admissions packet.4. The written information given to the resident and/or resident representative will include the following:a. Medicaid will pay to hold a resident's bed for 10 days.b. A resident/resident representative may request that the facility hold a bed during the resident's absence from the facility for payment of the basic per diem rate.c. The facility policies regarding bed-hold periods include permitting residents to return to the next available bed under the following conditions: . The resident requires the services which the facility provides. The resident is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.5. The facility will provide this written information to all facility residents, regardless of their payment source. The facility admitted R2 on 02/11/2022 with diagnoses including, but not limited to dementia, chronic kidney disease with heart failure and sepsis with severe septic shock. Review of the medical records for R2 revealed a hospital stay from 10/14/2025 and returning to the facility on [DATE]. During review of the notice of transfer and the bed-hold documents presented to R2's responsible party, revealed a bed-hold mailed to the responsible party on 10/20/2025, six days after the resident was sent out to the hospital. No documentation was found to ensure the responsible party was informed of the bed-hold amount, as the form was mailed blank on 10/20/2025. R2 was admitted back to the facility on [DATE]. During an interview on 01/07/2026 at 01:50 PM with the Admissions Coordinator, responsible for ensuring the Bed-hold information is sent timely to the resident and or the responsible party, stated, I realized after I mailed the Bed-hold to R2's daughter, that I had not filled out the Bed-hold amount. So I filled out the the amount on another form and mailed it to the resident's daughter. There was no documentation to ensure the corrected Bed-hold was mailed with the bed-hold amount, and the resident had already returned from the hospital. The Admissions Coordinator stated that it was an oversight on her part. During an interview on 01/08/2026 at 02:25 PM with the Director Nursing, she stated that she would expect the Bed-hold information to be mailed out timely to the resident representative.

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
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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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, the agreement with the Hospice entity, record reviews, and interviews, the facility failed to ensure coordination of hospice care and services for Resident (R)2 for 1 of 1 residents reviewed for Hospice Care and Services. Findings include: Review of the facility policy titled, Hospice Policy, states, We strive for quality of care between Hospice and the facility in the provision of Hospice care for our residents.Guidelines:5. Staff communicates with Hospice and coordinates care for the residents and provides information on policy and procedures as indicated including appropriate forms, and documentation requirements, Unit Manager and MDS Coordinator serve as Hospice points of contact.7. Staff communicates with hospice staff and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions to provide care and services as indicated.8. Staff collaborates with Hospice for the development, implementation and revision of the coordinated plan of care. Review of the Nursing Facility Hospice Services Agreement, states under Article II: Services to be Provided by Hospice, Section 2.5 Coordination of Services, states, Hospice will designate a member of the IDT who is responsible for the Resident/Patient and ensuring that the needs of the resident/patient are addressed and met 24 hours a day. The Hospice Designee shall (a) provide overall coordination of Hospice Services for each resident/patient with Nursing Facility representatives; (b) communicate with nursing facility representatives and other health care providers participating in the provision of care for the Resident/Patient to ensure quality care is provided.Section 2.6 Manner of Communication. All communications between the Hospice and the Nursing Facility pertaining to the care and services provided to the resident/patient shall be documented in the resident's/patient's clinical record. The facility admitted R2 with diagnoses including, but not limited to, dementia, congestive heart failure and sepsis. Review on 01/07/2026 at 11:20 AM of the medical record for R2 revealed an admission date of 10/29/2025 for hospice care and services. Further review of the medical record for R2 revealed missing routine nurses' assessments and supervisory visits from the registered nurses from hospice for 12/10/2025, 12/12/2025, 12/17/2025, 12/23/2025, 12/26/2025 and 12/31/2025. There was no documentation present in the medical record to ensure coordination of care from hospice nurses to the facility nurses and staff. Hospice nurses did not convey to the facility staff any changes or any findings from the visits. During an interview on 01/07/2026 at 02:30 PM with the Clinical Coordinator, she provided assessments from the hospice nurses that were faxed to the facility on [DATE], for the missing nurse assessments. During an interview on 01/08/2026 at 11:42 AM with the Unit Manager, she stated that the hospice staff usually speaks to the nurse before she leaves, but could not provide any documentation from the facility nurses of whom the hospice nurse spoke to, or any communicated information concerning R2, during the hospice visits. During an interview on 01/08/2026 at 02:25 PM with the Director of Nursing, she stated that she would expect some documentation to be in the medical record concerning the coordination of care by the hospice nurse and the facility nurse caring for the resident.