STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425170	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Calhoun Convalescent Center	601 Dantzler Street Saint Matthews, SC 29135

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, record review and interview, the facility failed to report allegations of sexual abuse, to the State Agency (SA), involving Resident (R)1, R2 and R3, for 3 of 3 residents reviewed for allegations of sexual abuse.Findings include:Review of the facility policy titled, Abuse, Neglect, Exploitation, or Mistreatment states under, Component V. Reporting Response 1. All alleged violations concerning abuse, neglect, or misappropriation of property are reported verbally, immediately to the Facility Abuse Coordinator, the Administrator and to other officials in accordance with state law including the State Survey and Certification Agency. 2. An analysis is completed to determine what changes are needed, if appropriate, to prevent further occurrences. 3. Complete the Investigation Summary Log, maintained by the Administrator or his/her designee. 4. Employees always have the right to report allegations directly to the state agency for elder abuse prevention.Review of R1's Face Sheet revealed the facility admitted R1 with diagnoses including, but not limited to, cognitive communication deficit and dementia. Review of an admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 2 out of 15 which indicated severe cognitive deficits.Review of R2's Face Sheet revealed the facility admitted R2 with diagnoses including, but not limited to, alcohol dependence with alcohol-induced persisting dementia, post traumatic stress disorder, anxiety disorder, major depressive disorder and schizophrenia. Review of a Quarterly MDS dated [DATE] revealed a BIMS was not conducted due to R2 not able to understand and is not understood. Review of R3's Face Sheet revealed the facility admitted R3 with diagnoses including, but not limited to, dementia, transient ischemic attack (TIA) and cerebral infarction, convulsions, adult failure to thrive and cocaine use. Review of a Quarterly MDS with an ARD of 01/15/2026 revealed a BIMS of 6 out of 15 indicating severe cognitive deficits. Review of the progress notes for R1, R2 and R3 did not include any documentation of alleged abuse. The abuse allegations were mentioned in a morning meeting with staff on 02/06/2026, but according to staff some were informed on 02/04/2026 and some on 02/05/2026. The abuse allegations were not reported to the SA within the required 2 hour timeframe. R1 was observed by a Certified Nursing Assistant (CNA) to have her hands in the brief of R2. And it was also alleged that R2 and R3 had sexual intercourse, when R2 was found in the bed of R3. During interviews on 02/11/2026 with the Nutrition Director, the Staff Development Coordinator, Activity Director, the Admissions Director, the Assistant Director of Nursing, Licensed Practical Nurse (LPN)1 and LPN3, all knew of the allegations of abuse. The allegation of sexual abuse was reported to the nurse when it happened but the staff failed to report the allegation to the Abuse Coordinator and the Abuse Coordinator failed to report the allegation of sexual abuse to the SA.

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
	425170	A. Building B. Wing	02/11/2026

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to implement Care Plan interventions related to fall prevention for Resident (R)4, for 1 of 2 residents reviewed for falls.Findings include:Review of the facility policy titled, Fall Management with a revision date of 05/05/23 indicated, The facility will identify each patient/resident who is at risk of falls and will plan care and implement interventions to manage falls . (1) The Fall Risk Evaluation assists in identifying the appropriate preventative interventions that will be recorded on the patient/resident's care plan . (5) The care plan reflects individualized interventions that are reassessed and revised as needed. Review of R4's Face Sheet revealed R4 was admitted to the facility on [DATE], with diagnoses including but not limited to dementia, history of falling, diabetes mellitus, hypokalemia, chronic kidney disease, and urinary tract infection.Review of R4's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/25 revealed R4 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, indicating R4 was severely cognitively impaired. Further review of the MDS revealed R4 needed maximum assistance for bed mobility and was dependent on toilet transfers. The MDS also revealed R4 had no falls since admission or prior assessment.Review of R4's Care Plan dated 05/29/2024 with a target completion date of 02/28/2026 revealed the following, Impaired cognitive function related to dx (diagnosis) of dementia, at risk for falls related to my impaired, decreased mobility, History of falls, impaired vision, impaired cognition. Interventions directed staff to, I need a safe environment with: (SPECIFY: even floors free of clutter); Nursing to monitor resident when ambulating in the hall. Encourage the resident to wait for assistance before ambulating. Fall mat at bedside. Please remind me to call for assistance with the call bell prior to transfers and ambulating. Staff education.Review of R4's Fall Incident Report dated 10/19/2025 revealed R4 has a history of falling. The report stated, In October/November 2024, resident had no acute fracture or dislocation. Resident was noted as having femoral hardware. Also noted as osteopenia with moderate tricompartmental osteoarthritic changes and degenerative changes. [R4] is bed bound and requires a Hoyer-Lift and 2- person assist when transferring from bed to wheelchair. [R4's] last fall was October 24, 2024. During an observation on 02/11/2026 at 9:45 AM, R4 was in bed asleep. No fall mats in place per care plan. Residents bed was in the lowest position to the floor. During a 2nd observation on 02/11/2026 at 11:40 AM, R4 was in bed asleep, periodically pulling herself up in the bed using top bedrails. No fall mats in place per care plan. Residents bed was in the lowest position to the floor. During an interview with the Director of Nursing (DON) on 02/11/2026 at 2:32 PM, the DON stated, I just came into this position and all I know is that the care plan and the MDS wasn't updated. We only had one MDS nurse on staff at the time of the incident and she was behind when she started the position. We currently do not have an MDS nurse on staff. The Unit Managers are trying to get all MDS and care plans updated every day. The fall wasn't documented in the care plan. Interventions should have been put in place based on the submitted statements.