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	02/24/2026

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 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure residents have reasonable access to and privacy in their use of communication methods. Based on review of facility policy and interviews, the facility failed to ensure resident's received their mail in a timely manner and unopened. This deficient practice had the potential to effect all residents in the facility that received mail. Findings include: Review of the undated facility policy titled Mail Distribution documented, To ensure that each patient's/resident's personal mail (incoming and outgoing) is handled in a private and confidential manner. It is the Facility's policy to: 1. Distribute all incoming mail to the addressed patient/resident unopened and within the same day on which it was delivered to the Activity Department. Procedures: 1. The Activity Staff or Designated Staff or Volunteer will: A. Deliver personal mail to the patient's/resident's room within 24 hours of receipt. B. Deliver all mail unopened, unless otherwise directed by the patient/resident or his/her qualified legal representative. The resident's care plan will include an approach related to staff assisting a resident to open mail if it occurs on a regular basis. C. Provide the patient/resident with privacy while opening/reviewing the mail, unless otherwise requested by the patient/resident or his/her qualified legal representative. D. Ask the patient/resident for his/her preference on where to place his/her mail. Review of the Resident Rights documented, The facility protects and promotes the rights of each resident in our care . 1. Basic Rights, each resident has the right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility. The facility must provide equal access to quality care regardless of diagnosis, severity of condition or payment source . 14. Privacy in Communications. The resident has the right to privacy in written communications and other materials delivered to the facility for the resident through a means other than a postal service, including the right to send and promptly receive mail unopened and the right to have access to stationery, postage and writing implements at the resident's own expense. During the Resident Council meeting on 02/23/2026 at 1:40 PM, residents verbalized that their mail is opened and some times their mail is delivered late and not on the date it is delivered to the facility. During an interview with the Activity Assistant on 02/23/2026 at 2:05 PM, she stated that she was instructed by management to open all resident mail and inspect the contents before it is delivered to the residents. The Activity Assistance further stated this practice is in order keep residents safe, because sometimes residents order and receive things they should not have or have access to. The Activity Assistant stated that practice was to keep all residents safe. During an interview on 02/23/2026 at 2:15 PM, the Activity Director stated that she was instructed to open all mail belonging to residents, no matter how big or how small, prior to delivering it to the resident. She stated that letters are also opened before giving it to the residents.During an interview on 02/23/2026 at 3:18 PM, the Business Office Manager stated that she will open a resident's mail if she thinks it is something that she will need to fill out and send back for the resident, or an incoming check that is to pay for the resident's stay in the facility. She also stated that if she opens the mail and it is not pertaining to the resident payment, or a document she needs to fill out on behalf of the resident, she will ensure the resident receives it, even though it is addressed to the resident and has already been opened and reviewed.

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policy, observation and interview, the facility failed to ensure unlabeled, outdated and expired medications were removed from 4 of 4 medication carts, and not stored with the current medications in use for residents.Findings include: Review of the facility policy titled, General Guidelines for Storage of Medication and Biologicals, states, 1. Medications and biologicals are stored safely, securely and properly following manufacturer's recommendations or those of the supplier. In accordance with State and Federal laws, the facility will store all drugs and biologicals in locked compartments under proper temperatures and other appropriate environmental controls to preserve their integrity. Procedures: . 5. Medications with manufacturer's expiration date expressed in month and year will expire on the last day of the month. (Unless a sooner expiration date has been placed on the package by the pharmacy). 10. Facility shall ensure that medications and biologicals are stored at the appropriate temperature, light, humidity according to manufacturer specifications and/or the United States Pharmacopeia, or WHO standards for safe storage and handling of medications, to preserve their integrity. 12. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the Pharmacy, if replacements are needed. During an observation on 02/23/2026 at 2:45 PM, of Medication Cart A on the North Hall revealed the following: A house stock bottle of the medication, Zinc 50 milligrams, with Lot# 865X02, approximately 100 tabs, were expired on 01/2026 and still stored on the medication cart. One pen of Soliqua Insulin 100/33 with Lot# 5F701A in use with no open and no expiration date, the pen had a label that stated, If no open and expiration date, discard the insulin after 10 days. At this time the medications were confirmed by Registered Nurse (RN)1 and removed from the med cart. During an observation on 02/23/2026 at 2:50 PM, of Medication Cart C on the North Hall revealed, One Kwik Pen of Humulin 70/30 Insulin with Lot# 877490C in use with no open date and no expiration date, the pen had a label that stated, Discard after 10 days if no date is noted on the pen. The medication with no dates was confirmed by Licensed Practical Nurse (LPN)1 and removed from the cart. During an observation on 02/23/2026 at 3:15 PM, of Medication Cart D revealed, Two Kwik Pens of Novolog Insulin with Lot #RZF05L6 in use with no open date and no expiration date. The insulin pens with no open date and no expiration date were confirmed by LPN3 and removed from the medication cart. During an observation on 02/23/2026 at 3:35 PM, of the Medication Cart F revealed, One bottle of B Complex with Lot #205801,100 tablets, was expired on 01/2026. The bottle of expired B Complex tablets was confirmed by LPN4 and removed from the medication cart.

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, and interview, the facility failed to perform Abnormal Involuntary Movement Scale (AIMS) assessments every three months as ordered by the provider for 3 out of 3 residents reviewed for psychotropic medications (Resident (R)41, R92, R97). This failure to complete AIMS assessments as ordered put residents at risk for harm due to the potential of adverse effects from psychotropic medications not being recognized in a timely manner. Findings include:Review of the facility policy titled Medication Management with a revision date of 04/17/25, revealed, . 9. The facility will monitor and document the resident's response to psychotropic medication for efficacy and adverse consequences. Monitoring will include: . F. AIMS (Abnormal Involuntary Movement Scale) testing should be completed as a baseline on admission or re-admission with an enduring antipsychotic medication, on initiation of an anti-psychotic medication, and at least every six months and with dosage changes.1. Review of R41's Face Sheet revealed he was admitted to the facility most recently on 03/31/25, with diagnoses including, but not limited to, severe bipolar disorder with psychotic features, major depressive disorder, generalized anxiety disorder, and dementia. Review of R41's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/06/26, revealed he had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating he had no cognitive deficits. R41 showed no indicators of hallucinations or delusions and exhibited no behavioral symptoms towards himself or others. His medications included antipsychotic medication. Review of R41's Care Plan revealed, [R41] is currently taking an antipsychotic r/t bipolar disorder, unspecified . The goal revealed, [R41] will receive therapeutic treatment from medication with no complications through next review. Interventions directed staff to, Licensed nurse will monitor for adverse side effects and report to physician.Review of R41's Orders revealed he was prescribed Aripiprazole 30 mg every night at bedtime. On 06/20/25, R41 had an order for an AIMS assessment to be completed every three months on the 22nd of March, June, September, and December. Review of R41's Observation History from 01/24/25 - 02/23/26, revealed an AIMS assessment was completed on 03/31/25, 12/12/25, and 01/26/26. No AIMS assessment was found for the months of 06/2025 and 09/2025, as ordered. 2. Review of R92's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, borderline personality disorder, anxiety disorder, and schizoaffective disorder. Review of R92's Annual MDS with an ARD of 02/17/26, revealed she had a BIMS score of 15 out of 15, indicating she had no cognitive deficits. R92 had no indicators of hallucinations or delusions and exhibited no behavioral symptoms towards herself or others. Her medications included antipsychotic medication. Review of R92's Care Plan revealed, [R92] is at risk for adverse consequences r/t receiving psychotropic medication for treatment of anxiety/schizoaffective disorder, bipolar. This problem was identified on 02/20/26. The goal revealed, [92R] will not exhibit sign of drug related side effects or adverse drug reactions during review period. Interventions directed staff to, Assess if the resident's behavioral symptoms present a danger to the resident and/or others. and Pharmacy consultant review. The care plan also revealed, [R92] . is having mood and behavior needs as evidenced by periods of (being) physically aggressive. This problem was identified on 03/17/25. The goal revealed, [R92] will have a reduction in unwanted mood or behaviors. Interventions directed staff to, Give medications as ordered. Monitor for side effects and effectiveness. Notify physician of changes or concerns.Review of R92's Orders revealed she was prescribed Saphris (asenapine maleate) 10 mg under her tongue twice a day. On 03/20/25, she had an order to have an AIMS assessment completed every three months on the 20th day in March, June, September, and December. Review of R92's Observation History from 01/24/25 - 02/23/26, revealed an AIMS assessment was completed on 10/19/25. No other AIMS assessments were found. 3. Review of R97's Face Sheet revealed he was admitted to the facility on [DATE], with (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diagnoses including, but not limited to, schizoaffective disorder, pseudobulbar affect, depressive episodes, generalized anxiety disorder, and vascular dementia. Review of R97's Annual MDS with an ARD of 11/22/25, revealed R97 had a BIMS score of 06 out of 15, indicating he had severe cognitive impairment. R97 showed no indicators of hallucinations or delusions and exhibited no behavioral symptoms towards himself or others. His medications included antipsychotic medication.Review of R97's Care Plan revealed, [R97] . is having mood and behavior needs. The goal revealed, [R97] will have a reduction in unwanted mood or behaviors, for an increased quality of life as evidenced by documentation in the medication record. Interventions directed staff to, Give medications as ordered. Monitor for side effects and effectiveness. Notify physician of changes or concerns. The Care Plan also revealed, [R97] is at risk for medication side effects r/t psychotropic drug use. The goal revealed, [R97] will not have any side effects from medication through next review. Interventions directed staff to, Monitor for side effects and report to MD.Review of R97's Orders revealed he was prescribed haloperidol 5 mg once every evening and haloperidol decanoate solution 100 mg/ml 1 ml injected into the muscle every 28 days. On 04/04/24, R97 had an order to have an AIMS assessment completed every three months on the 2nd day in January, April, June, and October. Review of R97's Observation History from 01/25/25 - 02/24/26, revealed an AIMS assessment was completed on 04/02/25, 07/02/25, 12/12/25, and 01/02/26. No AIMS assessment was found for June or October as ordered. During an interview with the Director of Nursing (DON) on 02/23/26 at 3:35 PM, she revealed while looking for the missing AIMS assessments for R92, We are looking for them. I only see the one you saw from October. I just completed the one that needed to be done in January. I'm giving you a copy of it with the October one.During a second interview with the DON on 02/24/26 at approximately 3:45 PM, she revealed, Our MDS nurse keeps the schedule of the AIMS assessments. She will notify me and the Unit Manager in our morning meetings which ones need to be completed. Either me, the Unit Manager, or the nurse taking care of the Resident will complete it. I was surprised our policy says, at least every six months. I am used to them being completed every three months. Since I am relatively new, I can only speak for what has happened since then. Since October, I have been trying to get the schedule for the AIMS assessments back on track. My expectation is they are completed as ordered.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, and interview, the facility failed to complete a Significant Change Minimum Data Set (MDS) for 1 of 1 resident reviewed for Hospice care and services. Specifically, R92 began receiving Hospice care on 01/09/26, and a Significant Change MDS assessment was not completed as required. This failure had the potential for harm due to the Resident not being comprehensively assessed at the time of the significant change in her status. Findings include:Review of the facility policy titled Significant Change with a revision date of 05/05/23, revealed, Policy: 1. The nursing staff, as well as the interdisciplinary team, will evaluate the patient's/resident's change in status in accordance with the established guidelines from the Resident Assessment Instrument (RAI). Procedures: 4. All residents that are referred to Hospice need to have a Significant Change MDS completed.Review of the facility policy titled Minimum Data Set (MDS) with a revision date of 09/28/23, revealed, . 10. Each resident who experiences a significant change in status is comprehensively assessed using the CMS-specified RAI process . A significant change is required when: A. A resident enrolls in a hospice program.Review of the facility policy title Hospice Care with a revision date of 05/05/23, revealed, . 5. The facility will complete an OBRA MDS SCSA and schedule an interdisciplinary care plan meeting for the facility team, hospice provider, and the resident and/or resident's family .Review of R92's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, chronic kidney disease, Type 2 diabetes mellitus, heart disease, congestive heart failure, chronic pain syndrome, chronic obstructive pulmonary disease, anxiety disorder, and schizoaffective disorder.Review of R92's Orders revealed R92 was admitted to Gentiva Hospice on 01/09/26.Review of R92's MDS Assessments revealed a Quarterly MDS was completed on 11/17/26, and an Annual MDS was completed on 02/17/26. No Significant Change MDS assessment was listed as having been completed in 01/2026 in response to R92's election for Hospice care and services. Review of R92's Comprehensive MDS with an Assessment Reference Date (ARD) of 02/17/26, revealed R92 was receiving Hospice care at the time of that assessment.During an interview on 02/24/26 at 10:15 AM, the Regional MDS Coordinator revealed, We usually learn about significant changes in the morning meeting. We will also pull orders in the morning to make sure we don't miss anything. A Significant Change MDS should have been done for [R92] when she was put into Hospice. There's no doubt about that. It should have been done. Usually, we have two Nurse Assessment Coordinators (NACs), but we were down to only one. Then, in early January, she just left. We just hired a new one two weeks ago.During an interview on 02/24/26 at 2:30 PM, the Social Services (SS) Director revealed, When a provider feels a Resident is appropriate for Hospice, I will call the family to discuss it with them and give them the names of the Hospice agencies we are contracted with for them to choose the Hospice provider. In [R92's] case, they chose Gentiva. I will then send the Resident's information to the Hospice provider. They will come and do an evaluation, and if the Resident is accepted, they will send me the Medicaid Election Form. I believe she was referred for Hospice because of her severe kidney disease for which she refused treatment.During an interview on 02/24/26 at approximately 3:45 PM, the Director of Nursing (DON) revealed, Our NAC nurse left in December, so we had a gap of having no NAC nurse. That is probably why the Significant Change MDS assessment wasn't done. I only started in this position officially in December.During an interview on 02/24/26 at approximately 4:15 PM, the Administrator revealed, Our NAC nurse was out the first few weeks of January. It is not normal for us to miss a Significant Change MDS. Our NAC nurse was out from 01/09/26 through 01/26/26, and she resigned on 01/27/26.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility policy review, and interview, the facility failed to update the Care Plan for Resident (R)2, who changed from a Full Code status to a Do Not Resuscitate (DNR) status, for 1 of 1 resident reviewed for Hospice care and services. Specifically, R92 changed from a Full Code status to a DNR status on 11/24/25, and her Care Plan was not updated to reflect this change until 02/24/26. Findings include:Review of the facility policy titled Person-Centered Care Plan with a revision date of 06/09/23, revealed, . Procedures: . 3. The person-centered care plan is interdisciplinary and created to guide facility staff in providing treatment, care, and services necessary for the patient/resident to obtain and maintain the highest physical, mental, and psychosocial well-being possible. The plan is also used to promote patient/resident and family involvement in planning care.Review of R92's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, chronic kidney disease, Type 2 diabetes mellitus, heart disease, congestive heart failure, chronic pain syndrome, chronic obstructive pulmonary disease, anxiety disorder, and schizoaffective disorder.Review of R92's Orders revealed an order for Code Status: Do Not Resuscitate dated 11/24/25. Review of R92's Care Plan on 02/22/26 revealed, Problem: [R92] is currently a Full Cardio-Pulmonary Resuscitation-Full Code . The Goal revealed, [R92] will be informed of her right to complete advanced directives to direct her medical care and make her values and treatment goals know. [R92] stated desires through the next review period will be honored . The Approach directed staff to, [R92] has completed the following advanced directives and copies are in the medical record: Full Code. The problem and goal start dates were 03/12/25. The problem and goal were both edited on 02/20/26 with no changes. The approach was started and last edited on 03/17/25. During an interview on 02/24/26 at 2:30 PM, the Social Services (SS) Director revealed, When someone changes their advanced directives, either me or the Nurse Assessment Coordinator (NAC) will change the Care Plan. We usually learn about it in the Clinical Meeting as a change in condition. I've already changed her Care Plan today to show she is a DNR.During an interview on 02/24/26 at approximately 3:45 PM, the Director of Nursing (DON) revealed, Our NAC nurse left in December, so we had a gap of having no NAC nurse. I only started in this position officially in December.During an interview on 02/24/26 at approximately 4:15 PM, the Administrator revealed, Our NAC nurse was out the first few weeks of January. The care plan not being changed when [R92] changed to a DNR status was probably due to this. Our NAC nurse was out from 01/09/26 through 01/26/26, and she resigned on 01/27/26.

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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, and record review, the facility failed to ensure Resident (R)7 and R37 were offered and/or assisted with hand hygiene prior to meal service for 2 of 2 residents observed during meal service. Findings include: Review of the facility's policy titled Infection Prevention and Control Policies and Procedures Subject: Hand Hygiene/Handwashing, indicated under the Procedures section that hand hygiene/handwashing is to be performed before eating and before preparing, distributing, handling, or serving food.Review of R7's electronic medical record (EMR) revealed R7 had an admission date of 08/12/25, with diagnoses including but not limited to, vascular dementia, muscle weakness, schizophrenia, bipolar disorder and dysphagia oropharyngeal phase.Review of R7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/06/26, revealed R7 had a Brief Interview for Mental Status (BIMS) score of 99 out of 15, which indicates R7 was severely cognitively impaired. Further review of the MDS revealed R7 requires setup or clean-up assistance with eating.Review of R37's EMR revealed R37 had an admission date of 01/14/28, with diagnoses including but not limited to, polyarthritis, hypertensive heart disease with heart failure and muscle weakness.Review of 37's MDS with an ARD of 01/21/26, revealed R37 had a BIMS score of 15 out of 15, which indicates R37 was cognitively intact.During a dining observation on 02/24/26 at 8:30 AM, R7 was not offered hand hygiene before their breakfast was served by Certified Nurse Aide (CNA)1. During a dining observation on 02/24/26 at 8:44AM, R37 was not offered hand hygiene before their breakfast was served by CNA1.During a dining observation on 02/24/26 at 12:26 PM, R7 was not offered hand hygiene before their lunch was served by CNA3. During a dining observation on 02/24/26 at 12:36 PM, R37 was not offered hand hygiene before their lunch was served by CNA2. During an interview on 02/24/26 at 11:00 AM, (R)7, when ask did the aide offer her to clean her hands before she ate breakfast, she shook her head yes.During an interview on 02/24/26 at approximately 12:40 PM, (R)37, when asked did the aide offer her hand hygiene before her lunch was served, she stated No, not today.During an interview on 02/24/26 at approximately 12:43 PM, (R)37's Representative, her son, started he is at the facility every day between 9:15 AM and 3:00 PM, and no one ever offers his mother hand hygiene before her meals.During an interview on 02/24/26 at 1:03 PM, CNA1 revealed she has worked at the facility for almost 2 years. She stated it's procedure and policy to clean resident hands before serving meals. She confirmed that she did not offer hand hygiene today to the residents as she forgot too.During an interview on 02/24/26 at approximately 1:10 PM, CNA2 revealed she has worked at the facility for almost 4 years. She stated it's procedure and policy to clean resident hands before serving meals. She stated R37 usually cleans her hands herself. When asked with what, she stated she has hand sanitizer. When asked did R37 clean them today, she stated No.During an interview on 02/24/26 at approximately 1:42 PM, CNA3 revealed she is unsure of the procedure and policy regarding hand hygiene before serving meals. When asked how she knows any procedures and policy when working at the facility, she revealed that staff will tell her. CNA3 confirmed that she did not offer hand hygiene to any of the residents that she served meals to today.During interview on 02/24/26 at 1:48 PM, the Administratar revealed that she would love staff to offer hand hygiene to each resident before meals. She would like them to have warm clean cloth, and at the very least hand sanitizer. She stated it is her expectation to offer hand hygiene to residents before serving meals.