STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425173	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Conway at Conway Medical Center	2379 Cypress Circle Conway, SC 29526

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review and interview, the facility failed to develop a comprehensive care plan for Resident (R)25, for 1 of 37 sampled residents.Findings include: Review of the facility policy titled, Care Plans revealed, Policy Statement: It is the policy of the health care center for each patient/resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment Instrument (RAI) Manual and patient/resident choice.admission Comprehensive Plan of Care:.3. The comprehensive person-centered care plan is developed to include measurable goals and timeframes to meet a patient/resident's medical, nursing and psychosocial needs, the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, an psychosocial needs that are identified in the comprehensive assessment. Review of R25's clinical record indicated R25 was admitted to the facility on [DATE], with diagnoses including but not limited to cerebral infarction due to occlusion or stenosis of small artery, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, respiratory failure, and atrial fibrillation. Review of R25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 02/12/26, indicated a Brief Interview for Mental Status (BIMS) score of 7 out of 15, indicating severe cognitive decline. Review of Section O (Special Treatments, Procedures, and Programs) of the MDS, indicated R25 received oxygen therapy. Review of R25's Physician Orders revealed an order for oxygen at two liters per minute via nasal canula as needed to maintain pulse ox equal to or greater than 90%. Review of R25's Care Plan last with a reviewed/revised date of 04/05/26, indicated no care plan was in place to address R25's use of oxygen. During an interview on 05/08/26 at 10:02 AM, the Minimum Data Set (MDS) Coordinator indicated she was responsible for ensuring care plans were in place to ensure oxygen was addressed. The MDS Coordinator confirmed that R25 did not have a care plan in place to address oxygen use. She stated she was not sure how this was overlooked. During an interview on 05/08/26 at 10:10 AM, the Administrator and Director of Nursing (DON) acknowledged R25 should have a care plan in place to address oxygen use, and confirmed there was no care plan related to oxygen use in place at the time of review.ˆ

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
	425173	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Conway at Conway Medical Center	2379 Cypress Circle Conway, SC 29526

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record review, observation, and interview, the facility failed to ensure respiratory equipment was maintained in a sanitary manner and in accordance with facility policy, and failed to ensure physician orders were in place for oxygen equipment maintenance for 1 of 12 residents reviewed who receive oxygen, Resident (R)25. Findings include: Review of the facility policy titled, Oxygen Administration indicated, Policy Statement: It is the policy of [NAME] Health Hospice and Healthcare Centers/Veterans Homes to provide oxygen safely and accurately to appropriate patients/residents. Infection Control Policy of O2 (oxygen) Humidifier Bottles.4. Change all oxygen tubing when there is visible soiling with respiratory secretions and mucous and weekly.10. Clean exterior of concentrators weekly and between each patient/resident use with bactericidal surface cleaner. Review of R25's clinical record indicated R25 was admitted to the facility on [DATE], with diagnoses including but not limited to cerebral infarction due to occlusion or stenosis of small artery, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, respiratory failure, and atrial fibrillation. Review of R25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 02/12/26, revealed a Brief Interview for Mental Status (BIMS) score of 7 out of 15, indicating severe cognitive decline. Review of Section O (Special Treatments, Procedures, and Programs) of the MDS, indicated R25 received oxygen therapy. Review of R25's Physician Orders indicated an order for oxygen at two liters per minute via nasal canula as needed to maintain pulse ox equal to or greater than 90%. During an observation on 05/06/26 at 1:39 PM, R25 was observed lying in bed receiving oxygen via nasal canula. The oxygen tank was visibly dusty. No date was found on the oxygen tubing indicating when it was last changed. A nebulizer machine was sitting on the dresser in the room with a mask that was not in a bag or dated.ˆ Additionally, the facility did not provide additional evidence of tracking when the last time the oxygen machine was cleaned or the tubing changed. During an interview on 05/08/26 at 10:10 AM, the Administrator and Director of Nursing (DON) acknowledged nursing staff was expected to clean the oxygen tank and change the oxygen tubing and water bottles weekly on Sundays. They stated, this should be included in resident orders. They confirmed there were no orders to clean the oxygen tank and change the tubing/humidifier bottle. They did not provide evidence of tracking when the oxygen tank and tubing was cleaned or changed. ˆ