

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER McCoy Memorial Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 207 Chappell Drive Bishopville, SC 29010	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, food code review, and interviews, the facility failed to ensure the kitchen was cleaned and equipment was maintained to ensure a cleanable surface for one of one kitchen. This failure had the potential to contribute to contamination and unclean food preparation practices for 113 of 115 census residents consuming food in the kitchen. Findings include: Review of the 2022 Food Code by the U.S. Food and Drug Administration, dated 01/18/23, revealed in Chapter 3-18 Food shall be protected from contamination that may result from a factor or source not specified. Chapter 4-5 revealed Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance. Chapter 4-3 revealed Nonfood-contact surfaces of equipment that are exposed to splashes, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosive-resistant, non-absorbent, and smooth material. Chapter 4-16 revealed Equipment shall be maintained in a state of repair and condition that meets the requirement specified. During an observation on 07/29/26 at 2:48 PM alongside the Dietary Manager (DM), the DM stated the gas stove had been in the facility since the 1980's. The stove top revealed a thick black carbon build-up with a bubbled, disintegrated texture. The surface revealed a non-cleanable texture with uneven, flaky, bubbling carbonization throughout. One of the burners reflected a thick carbon build-up with food debris imbedded within and was non-functioning. The outside, and sides of the stove, oven, and fryer had a greasy buildup, and food spatter throughout. The DM stated they just wiped the stove top with a sanitizer rag to try and clean it. There was a five-well and a four-well steam table side by side. The wells had exposed heating elements, with the sides and bottom rusted and disintegrated throughout, with some insulation exposed. The bottom of the wells had loose disintegrated metal and rusted loose debris. This was a non-cleanable surface. The DM stated she thought a new steam table was ordered prior than two days ago. She stated she had asked for the water wells, instead of the electric wells. She stated the electric steam tables did not last long. She stated they were still using the steam tables, with pans, foil, etc. and were able to maintain temperature. At 3:04 PM, the DM stated there was no plan for the stove top or the four well steam table. During an interview on 07/30/26 at 7:10 AM, the Kitchen Supervisor (KS) stated they had a five well and a four well steam table for over two years. He stated they sand blasted the stove top years ago and it was clean at that time. At 7:17 AM, the DM stated she tried to chisel the carbonization build-up yesterday to see if she could get it off. The area remained with carbon build-up. She stated it did not take long for the carbon to accumulate. She confirmed the exposed insulation coming out of the insides of the two steam table wells. At 7:28 AM, there were vents in the ceiling with excess lint (one (continued on next page)		

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	above the tray line area and one above the dish machine area). The ceiling above the steam table and food prep areas of the kitchen had food spatter and lint throughout. The walls behind the clean knife storage revealed food spatter. The DM stated maintenance had the ladder and she asked maintenance if they could paint the vents. She stated that they were last cleaned about six months ago. During an interview on 07/30/26 at 9:35 AM, the Administrator stated the new owners identified areas that need to be fixed. He stated the five well had been there since he started, about five years ago, and the four well table was purchased about three years ago. He confirmed that a new five well steam table was ordered two days ago. He stated there was no plan for the four well steam table at this time. He stated they tried to sand blast the stove once a year.		

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on job description review, interviews, and facility policy review, the facility failed to ensure a qualified Infection Preventionist (IP) was designated to oversee program implementation to prevent and control infections for 115 census residents. This failure had the potential to interfere with the skills and knowledge of the staff overseeing infections. Findings include: Review of the facility's policy titled, Infection Preventionist, implemented 05/24, revealed The facility will designate a qualified individual as Infection Preventionist (IP). The IP must have obtained specialized IPC [Infection Prevention and Control] training beyond initial professional training or education prior to assuming the role and must provide evidence of training through a certificate(s) of completion or equivalent documentation. Review of the job description titled, Infection Preventionist, signed by the IP on 04/20/26 and provided by the facility, revealed Required Qualifications. Must also meet state requirements for relevant licensures or certifications. Education, training, experience, or certification in infection control and prevention. Completed specialized training in infection prevention and control through accredited continuing education. During an interview on 07/29/26 at 2:05 PM, the IP stated she was in the IP course but had not completed it yet. She stated she was in Module 12. She stated the Director of Nursing (DON) assisted her, but she was not receiving assistance from anyone with an IP training certification. During an interview on 07/30/26 at 9:12 AM, the IP stated she had been in the position since April 2026. She stated she had been going through a notebook from the previous IP, had been using the DON as a resource, and there were two corporate staff resources available. During an interview on 07/30/26 at 9:15 AM, the DON stated they had two nurse consultants with IP certification. She stated she was aware of the IP training and education requirements. During an interview on 07/30/26 at 9:35 AM, the Administrator stated the IP was working on her certification and had additional resources.		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review, staff interview, and facility policy review, the facility failed to ensure the resident or the resident's authorized representative received timely written notification of Medicare non-coverage through the Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) or the Notice of Medicare Non-Coverage (NOMNC) for two residents (Resident (R) 2 and R48) of three residents reviewed for beneficiary notification, out of a total sample of 23 residents. This deficient practice had the potential to affect all residents receiving Medicare-covered services when the facility failed to obtain the resident's or authorized representative's signature acknowledging receipt of the SNFABN or NOMNC, failed to document telephone notification or notification attempts, failed to identify the individual contacted, and failed to document that written notices were mailed when telephone contact could not be verified. As a result, the facility could not demonstrate the residents or their authorized representatives received timely written notice of Medicare non-coverage or their appeal rights. Findings include: Review of the facility's policy titled, SNF Beneficiary Notices of Medicare Non-Coverage Determination, revised 04/2018, indicated: Residents or persons acting on their behalf are to be advised in writing at least two days before Medicare-covered services end. If the representative cannot be personally notified, the facility must: document the telephone contact, complete at least two documented telephone attempts if unable to reach the representative, mail the written notice and maintain documentation of these actions. The policy also requires the beneficiary or authorized representative to sign the SNFABN or NOMNC, or, if refusing to sign, the refusal must be documented and witnessed. 1. Review of R2's Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN), form provided by the Business Office Manager (BOM), revealed Beginning on 06/18/26 you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs. The care was identified as Skilled services covered by Medicare part A and the Reason Medicare May Not Pay: [R2] no longer requires Medicare skilled services. [R2] will convert to Medicaid on 06/18/26. The Signature of Patient or Authorized Representative signature line reflected Left voicemail w/RP (with Responsible Party), dated 06/11/26. The form did not contain the signature of the resident or authorized representative. There was no documentation identifying the individual who was notified, documenting telephone contact, documenting multiple contact attempts, or indicating the written notice had been mailed to the authorized representative. R2 remained at the facility. 2. The Business Office Manager (BOM) did not provide R48 or R48's authorized representative a SNFABN for Medicare Part A skilled services that were scheduled to end on 07/13/26. R48 discharged from the facility on 07/24/26. During an interview on 07/30/26 at 11:30 AM, the BOM stated residents or their representatives were notified when Medicare-covered skilled or therapy services were ending. The BOM stated a call was placed to R2's responsible party and left a message. The BOM said that she did not follow up with the responsible party and did not receive a call back if a decision was made about R2's care. The BOM said that R48's family said on admission that they did not want R48 to stay beyond 20 days and felt that it was a family-initiated discharge and did not require a SNFABN. The BOM said that although R48 (continued on next page)		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	stayed past 20 days and received therapy services, the BOM still thought that it was a family-initiated discharge, and a form was not required.		