

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER Oak Hollow of Sumter Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1761 Pinewood Road Sumter, SC 29154	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>42991</p> <p>Based on observation, interviews, and record review, the facility failed to ensure Physician's Orders were followed as evidenced by observation on 4/15/25 at 11:42 a.m. in dining room, a resident (Resident (R)38) was observed to have red, swollen legs and did not have TED hose when the Physician's order required them. Failure to wear TED hose could increase the risk of blood clots, pain and ineffective treatment. The facility also failed to provide timely incontinent care to R2. The resident required staff assistance but did not receive it promptly, resulting in extended periods in a soiled brief.</p> <p>Findings include:</p> <p>During an observation 4/15/25 at 11:42 a.m., R38 was in the dining room and both of his/her legs appeared red and swollen.</p> <p>In an interview on 4/16/25 at 12:30 p.m. with R38, he/she stated he/she had not worn TED hose in two (2) weeks. R38 stated their legs hurt because of this. R38 stated that his/her TED hose was destroyed after being washed in the washing machine.</p> <p>In an interview on 4/16/25 at 12:31 p.m., Certified Nurse Aide (CNA)1 stated they were agency staff. CNA1 stated they were not aware of R38's order to wear TED hose. CNA1 stated they were informed of care by another staff member from a previous shift. CNA1 stated they should not rely on word or mouth and should've reviewed the residents' Kardex (quick reference of patient care plan) to identify care needs.</p> <p>In an interview on 4/16/25 at 12:33 p.m., Licensed Practical Nurse (LPN)4 stated they have worked at facility for over a year and provide care for R38. LPN4 stated that not wearing TED hose can cause swelling of the legs and TED hose are to be worn when out of bed.</p> <p>Review of Physician Orders for R38 documented apply compression stockings to legs covering hematoma every day and night shift for hematoma while out of bed. Stockings may be removed when showering and bathing.</p> <p>In an interview on 4/18/25 at 12:16 p.m., the Director of Nursing (DON) stated they were not aware R38 did not have on TED hose on 4/15/25. The DON stated it was important to wear them due to vascular insufficiency and to increase blood flow. The DON stated that nurses were responsible for applying TED hose to residents. The DON stated there was no policy regarding following Physician's Orders.</p> <p>(continued on next page)</p>

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/15/25 at 11:30 a.m. observation during the initial tour revealed the resident was self-propelling in a wheelchair (w/c) and wearing weather-appropriate clothing with non-skid shoes. During the observation, an interview was conducted and the resident verbalized that staff treated him/her like crap and stated that he/she was unable to get needed assistance.</p> <p>Review of the clinical record for R2 revealed:</p> <p>admitted : 7/20/20 Readmitted : 5/28/24 Diagnoses: Anxiety Disorder, Depression, Schizophrenia, and Hemiparesis</p> <p>The resident's most recent quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 3/6/25 noted a Brief Interview Mental Status (BIMS) score of 8 which indicated moderately impaired cognition. The assessment showed no mood or behavior symptoms, and the resident was assessed as consistently incontinent of bowel and bladder.</p> <p>The Resident Concern/Grievance Response Form dated 3/28/24 documented that R2's Power of Attorney (POA) reported the resident needed changing, however, staff informed once he was placed in the bed and incontinent care was provide, staff would not allow the resident to get back out of bed. A subsequent grievance on 8/28/24 noted the resident requested incontinent care and, after waiting for one hour, requested assistance again, but was told to wait. R2 report that he/she waited an additional two (2) hours before staff came to provided incontinent care.</p> <p>Review of a Nursing Progress Note dated 4/13/25 documented that after R2 returned from church service, the resident and his/her family requested twice for Licensed Practical Nurse (LPN)3 to provide incontinent care for R2. The family member reported skin irritability, but the LPN indicated the resident's assigned Certified Nursing Assistant (CNA) was unavailable.</p> <p>R2's Behavior Care Plan, revised on 3/6/25, identified that R2 had attention-seeking behaviors. The care plan goal was to reduce attention-seeking episodes through anticipating and meeting the resident's needs. The interventions included: to anticipate and meet the resident ' s needs; to monitor behavior episodes and attempt to determine the underlying cause; when determining the underlining cause consider location, time of day, persons involved, and situations.</p> <p>The resident's Incontinent Care Plan, revised 3/6/25, identified bowel and bladder incontinence. Interventions included:</p> <p>Maintaining resident cleanliness, dryness, and comfort through the next review</p> <p>Frequent checks and provision of incontinent care</p> <p>An interview with the Director of Nursing (DON) on 4/16/25 at 12:15 p.m. revealed the facility maintained a No Pass Zone policy (policy requested but not provided), that indicated every employee should answer the call light, and then find the appropriate staff member to assist the resident.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/17/25 at 1:45 p.m., an interview was conducted with an agency CNA8 who explained that the previous shift gave verbal report about resident care needs. The CNA voiced that since most residents require a mechanical lift (to include R2), two staff members must work together, which often created delays in care. Staff members were expected to ask other CNAs for assistance rather than requesting assistance from nurses.</p> <p>In an interview with LPN3, on 4/17/25 at 1:55 p.m. she/he acknowledged that staff should assist residents when care was requested. The LPN recalled R2's 4/13/25 progress note. She/he stated R2, and a family member demanded for the resident to be changed. However, the resident's assigned CNA was busy providing care for another resident. The LPN acknowledge that she/he instructed the resident to wait for needed care before having another CNA assist the resident. The LPN stated she was busy which was why she/he was unable to assist.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>42072</p> <p>Based on observation, record review, and interviews, the facility failed to have a full time certified dietary manager (CDM) or a certified food service manager (CFSM) to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population. This deficient practice had the potential to affect all the residents.</p> <p>The findings include:</p> <p>During the initial tour of the kitchen on 4/15/25 at 11:05 a.m., observation revealed two staff members (Cook 1 and [NAME] 2) were in the kitchen.</p> <p>On 4/15/25 at 11:05 a.m., [NAME] 1 stated, We do not have a Dietary Manager in this place, not even a supervisor; everyone is on their own. We just need to get the job done.</p> <p>On 4/15/25 at 11:05 a.m., [NAME] 2 stated that her shift started at 5:00 a.m. and ended at 2:00 p.m. [NAME] 2 also stated that the kitchen did not have a Dietary Manager.</p> <p>On 4/15/25 at 3:38 p.m., the CDM stated, I was not here last week; no, the entire week. I was over two other buildings helping out. I started working here like two weeks ago. I am the regional manager managing a total of three buildings. I haven't had time to come here to sit down with the administration and train the staff.</p> <p>On 4/18/2025 at 9:06 AM, Registered Nurse (RN) Consultant stated, Don't quote me on this, but right now he (CDM) is a vendor. He is in between two buildings. We have a full-time CDM coming next week. But I will find out.</p> <p>During an interview with the Administrator on 4/18/2025 at 9:47 a.m. regarding the CDM job description and responsibility, the Administrator stated that the CDM started coming either last week or two weeks ago. The Administrator stated that the CDM was a full-time Dietary Manager. The Administrator then stated that the Dietary Manager was at the facility all day last week, He was here last week and worked 40 hours. He/she is a full-time Manager here. When he/she started, I was on medical leave. He/she came last week.</p> <p>The Administrator was informed that the Dietary Manager reported he was not in the building for 40 hours last week, the Administrator stated, I left the building at 1:00 p.m. last week. I don't know if he left after I left. But he was here last week. I saw him in the morning, for at least 3 days last week.</p> <p>The Administrator was informed that the Dietary Manager said he was not in the building last week because he was in two other buildings. The Administrator then stated, I'm not sure. I would go with what he said. If he said he wasn't here last week, maybe he wasn't, because I was only here half of the day and only for 3 days.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Administrator further stated, They (the dietary staff) know because I was not here when HSG (Healthcare Services Group) came. They made their transition and did a whole inservice with the staff. I assumed that they told them that they had a new manager because I was not here when they came. The [CDM] would have to tell you how the company made the switchover. One of my staff members told me they were in the conference room with HSG. I would have to get the date when the transition happened and when the Dietary Manager started.</p> <p>On 4/18/2025 at 10:04 a.m., the CDM stated that he started April 1, 2025, two weeks ago. He then stated, I was not here last week. My first week, I was getting everybody on board. The next week, I was supposed to be here, but they pulled me to go to another building. I was planning to start working by training them, but I had got pulled to go to another building for a week. This week I'm here. I actually was in another building this week, then I got pulled from it, so I can be here this week because I got three (3) buildings to manage. All three buildings started at around the same time. So, I'm trying to get training for all of the employees. He went on to state, Honestly, I haven't had time to really sit down and work with the ones that are here. I hired a couple managers for the other buildings. I was providing them with training. They're training the other buildings right now because I've been getting pulled with these three new startups. I have hired a new Manager for this building but will not start until the second week of May. I'm just trying to think. I can't remember what day, but I know it's after May 6, the week after May 6. I guess that's what he/she said, the week after May 6 she can start. So, I have a manager for this building, and I have managers for the other two buildings. I've been pulling out to go help out. I just had them to start on their own because they couldn't do their part, so I've done the 2 other buildings. Those two managers are training those employees right now, so I'm here training trying to help train these people when I get time. Honestly, I'm supposed to be a full-time manager, but because of the schedule I become an interim manager.</p> <p>Review of the Dietary Manager's Job description, titled Dining Services Director/Account Manager, noted that it was a full-time position. The position summary also noted, Manages the dining services program in a single site according to Healthcare Services Group (HCSG) policies and procedures, and federal/state requirements. Must hold state and/or federal required credential within no more than three months of placement in Dining Services Director/Account Manager position. Provides leadership, support and guidance to ensure that food quality standards, inventory levels, food safety guidelines and customer service expectations are met.</p> <p>Consistently embodies the characteristics necessary to drive the Company's Purpose, Vision, Values, and DNA. Maintains records of income and expenditures, food, supplies, personnel and equipment and provides reports to HCSG District Manager on such. Make sure the facility has sufficient supplies. Takes periodic inventories of supplies and materials, trains new employees, and recommends dismissals. Acts as liaison between building occupants, client managers or administrators and HCSG and staff. The Manager must be able to communicate effectively all directives from client managers, building occupants and administrators and HSCG staff. Must be able to perform the essential job functions of dietary aide, cook, and dishwasher positions for purposes of training and assisting when there are call-outs. Training, quality control and in-servicing staff to HSCG standards is an essential part of the Manager's responsibility and includes touring the kitchen several times per day to assess work quality using QCIs for documentation purposes. The Manager is a department head in the facility and must conduct themselves and their department in a professional manner.</p> <p>The Dietary Manager's job description also listed:</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Job Function:</p> <p>People Management & Management.</p> <p>Interviews, hires and orients of dietary staff for the dietary department.</p> <p>Maintains proper staffing levels, scheduling all dietary staff. Maintains personnel files in a locked cabinet.</p> <p>Supervises, coordinates and evaluates the work of all dining services employees in preparing and serving food, and cleaning facilities and utensils in a production kitchen.</p> <p>Drives employee engagement through championing PVV and Company recognition program/s.</p> <p>All other duties as assigned.[sic]</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42072</p> <p>Based on observations and interviews, the facility failed to ensure that facility staff followed the proper protocols of sanitation to decrease the risk of spread of infection and maintain kitchen equipment in a clean and sanitary manner to prevent the outbreak of foodborne illness. This was evidenced by the facility staff not using the correct test strip to check the sanitation concentrations for the dish machine and the three compartment sink to monitor the sanitation level. This deficient practice had the potential to affect all the residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 4/15/25 at 11:05 a.m., observation revealed a trash bin in front of the three doors of the refrigerator without a lid/cover. Further observation revealed dust, and debris were on top of the dishwashing machine.</p> <p>On 4/15/25 at 2:44 p.m. Observation of Dietary Staff 1 completed the test strip sanitation for the three-compartment sink for the wash and the rinse; the concentration read zero (0). The test strip stayed with the original color, orange. Dietary Staff 1 was observed performing the test strip for the dishwashing machine. The test trip also read zero (0).</p> <p>On 4/15/25 at 2:46 p.m. observed a dish machine log on the wall. The log was up to date for the month of April 2025. Observed the log to reveal daily testing was conducted three (3) times a day with chlorine concentration equal to 100 parts per million (ppm) for breakfast, lunch, and dinner from April 1, 2025, through April 15, 2025.</p> <p>On 4/15/25 at 3:35 p.m., the Certified Dietary Manager (CDM) stated that the staff used the wrong test trip, and that was the reason the chlorine concentration read zero (0). The CDM then stated that he/she had just given education to the staff about using the test trips, specifically the difference between the test trip for the washing machine and the three-compartment sink.</p> <p>On 4/15/25 at 3:35 p.m., the CDM stated that he/she agreed that the kitchen needed some cleaning. When pointed on top of the dishwashing machine, the CDM stated, Yes. That needs to be cleaned. We'll clean it. The CDM also observed a trash bin in the kitchen with no lid.</p> <p>On 4/15/25 at 3:35 p.m., the CDM was observed while he/she performed the chlorine concentration test trip for both the three-compartment sinks and the dishwasher machine, and they read 100 ppm.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42991</p> <p>Based on observations, interviews and record review, the facility failed to develop and implement an action plan for repairing and improving the facility environment. This affected all residents' safety and quality of life.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Quality Assurance and Performance Improvement (QAPI) Plan, dated 4/1/25 documented., 1. Purpose and Mission - The purpose of this QAPI Plan is to support and sustain a culture of continuous quality improvement at Oak Hollow of [NAME], ensuring residents receive the highest quality of care in a safe, effective, and person-centered environment. Our mission is to provide compassionate, individualized care that respects the dignity and needs of every resident, guided by data-driven strategies and interdisciplinary collaboration . 4. Design and Scope of Activities - QAPI activities will be comprehensive and focused on both clinical care and facility operations. Priority areas include: -Resident safety (falls, infections, medication errors) - Quality of life (pain management, social engagement, satisfaction) Care planning and delivery - Staff training and competency - Compliance with CMS [Centers for Medicare and Medicaid Services] Quality Measures and Five-Star domains</p> <p>An observation on 4/15/25 at 1:48 p.m. in room [ROOM NUMBER], revealed fall mat edges were sticking up.</p> <p>An observation on 4/15/25 at 1:50 p.m. in room [ROOM NUMBER], revealed nail holes in the wall next to window.</p> <p>An observation on 4/15/25 at 1:55 p.m. in room [ROOM NUMBER], revealed a floor mat that had a rip at least seven (7) inches long and two (2) inches wide. The floor mat also curled up on the ends.</p> <p>In an interview on 4/16/25 at 12:30 p.m. with Resident (R)38, he/she stated they had to use the bathroom down the hall. R38 stated this had been this way for a few months.</p> <p>An interview on 4/17/25 at 3:55 p.m. with the Administrator revealed the Quality Assurance and Assessment Committee were aware the toilets were not working and they had not developed a Performance Improvement Plan (PIP).</p> <p>In an interview on 4/18/25 at 10:45 a.m., the Corporate Executive stated that they had worked on fixing the many issues. The Corporate Executive stated they have not discussed any of the repairs with the Quality Assurance and Performance Improvement (QAPI) Committee.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29216</p> <p>Based on observation, interview, record review and facility policy and procedure review, the facility failed to maintain an effective infection control program across three (3) of three (3) units (Units 100, 300, and 400) and in the facility's kitchen and main dining room, which potentially increased the risk of disease and infection transmission for all residents who resided in the facility.</p> <p>Findings include:</p> <p>The facility's Handwashing/Hand Hygiene policy (Version 2.0, H5MAPL0300) undated, identified hand hygiene as the primary method of infection prevention. This policy required all personnel to receive regular training on proper hand hygiene techniques to prevent healthcare-associated infections. Staff must use either alcohol-based hand rub or soap and water before and after direct resident contact, including when touching residents' intact skin and assisting with meals.</p> <p>A review of the policy and procedures document titled, Infection Control Manual Standard Precautions And Enhance Barrier Precautions last revised 4/24, noted: Purpose: Standard Precautions, first-tier, will be utilized on all residents. Enhanced Barrier Precautions will be utilized to reduce transmission of multidrug-resistant organisms (MDRO) that is not currently targeted by the CDC [Center for Disease Control]. The Transmission-Based Precautions (Contact, Droplet, Airborne), second-tier, will be utilized as applicable. The nurse will have the authority to initiate precautions without a physician's order in an emergency. The facility will utilize the Two-Tier Transmission Based Precautions as recommended by The Centers for Disease Control and Prevention (CDC).</p> <p>Observation during the initial tour from 9:05 a.m. through 10:30 a.m. of the 100 Unit on 4/15/25 revealed multiple bathrooms with signage displayed out of order. Further observation of the 300 Unit during the initial tour revealed the isolation cart was outside of a resident's room but the room lacked signage to indicate the resident was required infection control precautions (Resident (R)1.</p> <p>Observation on 4/15/25 at 11:30 a.m. revealed Certified Nursing Assistant (CNA)8 entered room [ROOM NUMBER] (same room without signage) to utilize 304-B's phone charger for another resident. The aide left the phone on top of the resident's chest of drawers. No hand sanitization was performed by CNA8 before or after entering the room.</p> <p>Observation of the lunch meal service in the main dining room on 4/15/25 from 11:45 a.m. through 12:00 p.m. revealed residents in the dining area were not provided with hand sanitization before meal service.</p> <p>Interview with CNA5 during meal service on 4/15/25 at 12:10 p.m. revealed sanitizer wipes were available for resident use but at times residents may get missed due to moving in and out of dining room.</p> <p>Observation during room meal service on 4/15/25 at 12:15 p.m. to room [ROOM NUMBER]-A revealed meal set-up was provided, but the resident was not offered hand hygiene prior to service.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation in the dining room on 4/15/25 at 1:30 p.m. revealed the wall mounted hand sanitizer located between the dining room and room [ROOM NUMBER] was empty. Continued observation throughout the survey revealed the hand sanitizer at this location remained empty until 4/18/25 at 10:45 a.m.</p> <p>In an interview on 4/16/25 at 9:45 a.m., the Director of Nursing (DON) informed the surveyor that anyone on enhanced barrier precautions needed to wear a gown and gloves before entering a resident's room for any reason. In a follow-up interview on 4/18/25 at 11:55 a.m., the DON indicated the Infection Control Nurse provided him/her education on when to utilize enhance barrier precautions. The DON stated PPE was required when direct care was provided.</p> <p>Observation on 4/16/25 at 2:40 p.m. revealed that the wall mounted hand sanitizer located between the beauty shop and room [ROOM NUMBER] was empty. Additional observations on 4/18/25 at 11:00 a.m. revealed the same hand sanitizer remained empty.</p> <p>Observation of R1 on 4/17/25 at 9:15 a.m. revealed agency CNA2 was providing personal hygiene care to the resident without wearing proper Personal Protective Equipment (PPE). Observation outside of the resident's room revealed no Enhance Barrier Precautions signage was posted.</p> <p>R1's clinical record review revealed a diagnosis of Urinary Retention that required the use of a suprapubic catheter.</p> <p>Interview on 4/17/25 at 1:35 p.m. with agency CNA2 revealed that on the first day working in the facility, the Unit Manager (UM) instructed him/her on the R1's care needs, but the aide was not instructed on Enhance Barrier Precautions.</p> <p>In a phone interview conducted on 4/17/25 at 11:00 p.m. Licensed Practical Nurse (LPN)1 revealed that he/she was employed with the facility for over a year. She/he stated that plumbing had been an issue since her employment. Therefore, residents and staff had to share bathrooms.</p> <p>Observation on 4/18/25 at 9:15 a.m. revealed CNA4 entered the kitchen to retrieve a carton of milk. CNA4 entered the kitchen without a hair covering and without performing hand sanitation.</p> <p>Following the observation, an interview was conducted with CNA4 who indicated no one should enter a dietary area without hair covering and hand hygiene. The CNA stated due to being busy at times, he/she forgot to utilize hand hygiene.</p> <p>Interview with LPN2, who was also the Infection Control Nurse, on 4/18/25 at 10:00 a.m. revealed there were no infection control systems in place when she/he assumed the role three (3) months ago. The LPN verbalized that it was important for staff to adhere to Enhanced Barrier Precautions to protect the residents and staff from possible infections. LPN2 verbalized when a resident was on enhance barrier precaution, PPE should only be worn when direct care was provided. She/he acknowledged that surveillance was performed often, and was unsure how some rooms were missing Enhance Barrier signage. LPN2 acknowledged hand sanitation should also be provided to residents who choose to eat meals in their rooms. Also, it was everyone's responsibility to notify housekeeping when hall hand sanitizers were empty. The purpose of hall hand sanitizers was to provide easy access for hand hygiene.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425310	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER Oak Hollow of Sumter Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1761 Pinewood Road Sumter, SC 29154	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0910</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure resident rooms meet each resident's needs.</p> <p>42991</p> <p>Based on observation, interview and review of the facility policy, the facility failed to maintain patient care electrical equipment in safe operating condition for Resident (R)1.</p> <p>Findings include:</p> <p>The facility did not have a policy regarding maintaining patient care electrical equipment.</p> <p>On 4/15/25 at 10:46 a.m., observation revealed R1 was lying in bed with an alternating pressure mattress. The resident reported having to sit in the front lobby area on 4/14/25 due to his mattress malfunctioning. He stated on that prior day his mattress felt like he/she was lying on rocks.</p> <p>A request was made to review the maintenance personal care electrical inspection record for the mattress; however, there was no documentation available.</p> <p>In an interview on 4/18/25 at 11:45 a.m., the Corporate Executive revealed the Maintenance Director was not aware of the electrical testing requirement of the mattress; therefore, a record had not been maintained.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42991</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe, functional, sanitary and comfortable homelike environment for residents and staff.</p> <p>Findings include:</p> <p>The environment observed during the survey period from 4/15/25-4/18/25 revealed the following environmental concerns but not limited to:</p> <p>room [ROOM NUMBER] exhibited cracked drywall. In room [ROOM NUMBER], a chest of drawers displayed extensive paint chipping, and the bathroom contained thick black substances in all corners. room [ROOM NUMBER] showed multiple layers of chipped paint. room [ROOM NUMBER] had exposed drywall, while room [ROOM NUMBER]-1 demonstrated paint chipping behind the resident's bed.</p> <p>Resident (R)4's manual wheelchair was observed with torn and damaged black foam on the left armrest. room [ROOM NUMBER] revealed multiple layers of exposed paint through chipping. room [ROOM NUMBER] contained unpainted patched holes throughout, and Bed-A showed a longitudinal crack extending the entire length of the footboard. room [ROOM NUMBER] exhibited paint peeling above the baseboard trim.</p> <p>room [ROOM NUMBER] displayed peeling paint in multiple colors (pink, tan, and dark tan), with black residue visible on the ceiling near two (2) fan vents. room [ROOM NUMBER] showed extensive peeling paint without touch-up work, including multiple scratches measuring approximately 1.5 x 1.5 feet at the head of the bed. The room also contained a deteriorated blue chair with worn fabric, and both the main room and bathroom ceilings showed black residue from air vents. room [ROOM NUMBER]'s bathroom walls were peeling, and door jams were cracked.</p> <p>During an interview on 4/15/25 at 10:45 a.m., Certified Nursing Assistant (CNA)1, an agency staff member, reported that due to plumbing issues, staff and residents were required to share bathroom facilities.</p> <p>In a telephone interview conducted on 4/17/25 at 11:00 a.m., Licensed Practical Nurse (LPN)1 confirmed ongoing plumbing concerns since the beginning of their employment and verified the shared bathroom situation between staff and residents.</p> <p>On 4/18/25 at 12:30 p.m., an unsampled resident was interviewed regarding the facility's wall conditions. The resident stated, It's been like this a long time, I can't remember how long. The resident's room contained three (3) walls of different colors, with one wall displaying two distinct colors where painting had been initiated, but not completed.</p> <p>During an interview with the Corporate Executive on 4/18/25 at 11:45 a.m., it was revealed that the facility's owner had left the property, leaving numerous concerns including poor plumbing (reference F 867).</p> <p>44785</p>		