

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER L.M.C.- Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 815 Old Cherokee Road Lexington, SC 29072	
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 - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on review of facility policy, record reviews, and interviews the facility failed to submit an initial report of an allegation of staff-to-resident abuse to the state survey agency within two hours for 1 Resident (R)21 of 6 sampled residents reviewed for abuse. Review of a facility policy titled, Standard Policy/Procedure, approved 10/21/22, revealed the section titled, DHEC [Department of Health and Environmental Control] Certification and the facility Administrator shall be notified immediately but not later than 2 hours after alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source or misappropriation of resident property are made if the events that cause the allegation involve abuse or result in serious bodily injury. Review of R21's Face Sheet revealed the facility admitted R21 on 11/22/24. According to R21's Face Sheet, the resident had a medical history that included diagnoses of depression, cognitive communication deficit, transient ischemic attack, cerebral infarction, and malignant neoplasm of the left breast and brain. Review of R21's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/31/25, revealed R21 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. The MDS indicated the resident required substantial assistance with most activities of daily living (ADLs) except the resident required partial/moderate assistance with upper body dressing and set-up help with eating. R21's Care Plan included a problem statement dated 07/09/25, that indicated the resident required the use of psychotropic/psychoactive medications for diagnoses of depression and glioblastoma brain cancer. Interventions initiated 03/11/25 directed staff to observe and document any changes in cognitive status, which included changes in mood and behavior (i); provide support and monitor for psychosocial concerns; and schedule a psychological consult as needed. R21's Care Plan, included a problem statement dated 06/16/25, that indicated the resident had the potential for behaviors related to a diagnosis of glioblastoma, which included refusal of baths/showers, refusal of meals, making sexual comments about themselves and their spouse, delusions, and fabricated stories about staff. Interventions directed staff to approach the resident in a calm and non-threatening manner (initiated 02/17/25); do not place the resident near another resident who may increase agitation, behavior, and mood (initiated 02/17/25); redirect the resident if they express sexual comments or are aggressive or combative and try to channel the resident in constructive physical and social activities as needed (initiated 03/05/25); two staff members to assist with ADL care (initiated 06/06/25); and redirect and reassure the resident when the resident states, Make sure that resident doesn't get in my bed, when nobody was in their room (initiated 06/13/25). Review of a Five-Day Follow-Up Report, dated 06/10/25, revealed R21 had reported allegations of physical and sexual abuse. The Five-Day Follow-Up Report indicated Certified Nursing Assistant (CNA)1 and Licensed Practical Nurse (LPN)2 were the alleged perpetrators. The Report indicated that on 06/06/25 R21 reported some concerns to Social Worker (SW)12, and SW12 brought LPN8 with her to hear what the resident had to say. R21 stated that they had been talking to a staff member's boyfriend, everyone was talking about it, the staff member learned that R21 was talking to the staff member's boyfriend, and the staff member pinched R21 while providing care. During the investigation of physical abuse, the Assistant Director of Nursing (ADON) 5, who was the Abuse Coordinator, and the Staff Development Director interviewed R21, where R21 repeated the physical abuse allegation and added an allegation of sexual abuse. During this interview, R21 stated that a week or two prior, when the resident used their call light for assistance to be changed, the boyfriend came to their room and while changing the resident's brief fondled the resident. When ADON5 asked R21 the boyfriend's name the resident was unable to state the name; however, R21 described the boyfriend and stated he was a nurse. LPN2 was suspended. The facility's investigation file for R21 did not include an initial report related to the allegation of sexual abuse that was made on 06/09/25. During an interview on 07/24/25 at 11:50 AM, ADON5 stated that she did not submit an initial report regarding R21's second allegation of sexual abuse involving LPN2. ADON5 stated R21 made the allegation on 06/09/25 during the follow-up interview for the Five-day Report, and she considered it to be part of the original allegation. During an interview on 07/25/25 at 4:01 PM, the Administrator stated that usually the initial report was completed immediately within two hours, but they had combined the second allegation of abuse with the first allegation and considered them one investigation. The Administrator stated the Ombudsman was at the facility on the day the Five-Day Report was sent in, and the Ombudsman thought that it was acceptable to mention the second allegation on the Five-Day Report. During an interview on 07/25/25 at 4:44 PM the Director of Nursing (DON) stated the</p>		