STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425372	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethea Baptist Healthcare Center	157 Home Avenue Darlington, SC 29532

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 - Many	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interviews and record reviews, the facility failed to develop comprehensive person-centered care plans related to Advance Directives for 14 of 18 residents (Resident(R)1, R5, R7, R10, R18, R23, R25, R33, R34, R35, R41, R42, R43, and R67) in accordance with their wishes. Findings include: A review of the undated facility policy titled, Residents' Rights Regarding Treatment and Advance Directives revealed the definition of an advance directive and, Policy Explanation and Compliance Guidelines: 1. On admission, the facility will determine if the resident has executed an advance directive, and determine whether the resident would like to formulate an advance directive. 7. During the care planning process, the facility will identify, clarify, and review with the resident or legal representative whether they desire to make any changes related to any advance directives. 8. Decisions regarding advance directives and treatment will be periodically reviewed as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions. A review of the undated facility policy titled, Comprehensive Assessment and the Care Delivery Process revealed, Policy Interpretation and Implementation. 1. Comprehensive assessments, care planning, and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions. 7. Completed assessments (baseline, comprehensive, MDS, etc.) are maintained in the resident's active record for a minimum of 15 months. These assessments are used to develop, review and revise the resident's comprehensive care plan. Review of R1's Advance Directive revealed wishes to remain a full code. The care plans with a review date of 03/26/26 were reviewed and indicated there was no care plan to address the resident's wishes. A review of R5's medical record revealed an advance directive with a code status of Do Not Resuscitate (DNR). A review of R5's care plan dated 02/19/26 revealed there was no care plan to address her advance directive. A review of R7's medical record revealed an advance directive with a code status of DNR. A review of R7's care plan dated 04/09/26 revealed there was no care plan addressing her advance directive. A review of R10's medical record revealed an advance directive with a code status of DNR. A review of R10's care plans dated 11/25/25 when R10 was admitted , and a reviewed and continued date of 03/05/26 revealed there was no care plan addressing her advance directive. (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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of R18's Advance Directive revealed wishes for Do Not Resuscitate (DNR). The care plans with a review date of 02/07/26 were reviewed and indicated there was no care plan to address the residents' wishes. Review of R23's Advance Directive revealed wishes for DNR. The care plans with a review date of 04/03/26 were reviewed and indicated there was no care plan to address the resident's wishes. Review of R25's Advance Directive revealed wishes to remain a full code. The care plans with a review date of 04/16/26 were reviewed and indicated there was no care plan to address the resident's wishes. A review of R33's medical record revealed an advance directive with a code status of Full Code. A review of R33's care plans dated 12/01/25 on admission and had a reviewed and continued date of 03/05/26. There was no care plan addressing R33's advance directive. A review of R34's medical record revealed an advance directive with a code status of FULL CODE. A review of R34's care plan dated 02/05/26 revealed there was no care plan addressing her advance directive. A review of R35's medical record revealed an advance directive with a code status of DNR. A review of R35's care plan dated 03/19/26 revealed there was no care plan addressing her advance directive. Review of R41's Advance Directive revealed wishes to remain a full code. The care plans with a review date of 03/23/26 were reviewed and indicated there was no care plan to address the resident's wishes. Review of R42's Advance Directive revealed wishes to remain a full code. The care plans with a review date of 04/19/26 were reviewed and indicated there was no care plan to address the resident's wishes. A review of R43's medical record revealed an advance directive with a code status of full code. A review of R43's care plan dated 03/12/26 revealed there was no care plan addressing her advance directive. Review of R67's Advance Directive revealed wishes to remain a full code. A review of R67's care plan dated 04/16/26 revealed there was no care plan addressing advance directive. During an interview on 04/23/26 at 11:19 AM with the Minimum Data Set (MDS) Coordinator, she stated she does not do Advance Directives care plans. She stated her care plans were developed based on Care Area Assessments (CAAs) identified during the MDS process. She indicated she had not read the policy on comprehensive care plans and was not sure what it says. She also stated that when she was trained, developing an Advance Directives care plan was not taught to her. During an interview on 04/23/26 at 11:34 AM with the Director of Nursing (DON), she stated she was not sure if Advance Directive care plans were supposed to be implemented. She indicated the resident's Advance Directives are discussed during Care Conference Meetings at least quarterly. She confirmed residents did not have an Advance Directive care plan. During an interview on 04/24/26 at 9:10 AM with the Administrator revealed he was unaware resident's Advance Directives needed to be addressed on the care plan.ˆ

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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. Number of residents sampled: 21 residents on EBPNumber of residents cited: 1Based on observation, interview, and record review, the facility failed to follow Enhanced Barrier Precautions (EBP) during two of two observations [Certified Nurse Aide (CNA) BB and Licensed Practical Nurse (LPN) AA] during high-contact resident care activities for one of 21 residents (including 11 supplemental residents) reviewed for precautions (Resident (R)5). This was evidenced by an LPN and a CNA failing to don the required PPE while performing wound care and linen changes. Findings include: A review of the undated facility policy titled, Infection Prevention and Control Program revealed, Policy Explanation and Compliance Guidelines: . 2. All staff are responsible for following all policies and procedures related to the program . 4. Standard Precautions: . c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE . 5. Isolation Protocol (Transmission-Based Precautions): . a. A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines.12. Linens: a. Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection.A review of the undated facility policy titled, Enhanced Barrier Precautions revealed, .Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. Policy Explanation and Compliance Guidelines: Policy Explanation and Compliance Guidelines: 1. Prompt recognition of need: a. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. 2. Initiation of Enhanced Barrier Precautions: . b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds. 3. Implementation of Enhanced Barrier Precautions: . b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities . 4. High-contact resident care activities include: . g. Wound care: any skin opening requiring a dressing. A review of the facility policy dated 01/01/25 titled, Personal Protective Equipment revealed, . Personal protective equipment, or PPE, refers to a variety of barriers . to protect mucous membranes, skin, and clothing from contact with infectious agents. It includes gloves, gowns. Policy Explanation and Compliance Guidelines: . 1. All staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate during resident care activities and other times in which exposure to blood, body fluids, or potentially infectious materials is likely. 7. Staff will receive training on the why, what, and how of PPE upon hire, annually, when new products are introduced, and as needed. A review of the facility policy dated 1/1/25 titled, Handling Soiled Linen revealed, .Definitions: Linen includes sheets, blankets, pillows, towels, washcloths, and similar items from departments such as nursing. Contaminated linen is linen that has been soiled with blood or other potentially infectious materials. The policy did not identify PPE or other procedures for the handling of linen in relation to residents on enhanced barrier precautions. A review of the Centers for Disease Control (CDC) publication dated June 2021 and titled, Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, revealed, Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities Enhanced Barrier Precautions can be applied . to residents with any of the following: Wounds or indwelling medical devices . Consistent with 2019-2020 CDC EBP interim guidance . examples of high contact resident care activities include . changing linens . and wound care. A review of R5's medical record revealed she had diagnoses of right and left below-the-knee amputations with the most recent being of the left lower extremity on 01/02/26, which continues with a wound at the surgical site. Current physician orders dated [date of the order reviewed] were reviewed and indicated [specific orders as identified in the order, including the specific wound care to be provided]. A review of LPNAA's staff training record revealed that she had completed a course titled, Annual Federal Training Summary which included a course titled, Infection Prevention Control on 10/09/25. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review revealed that LPNAA completed a training course titled Knowledge Check: Personal Protective Equipment Use on 10/28/25. A review of CNABB's staff training records revealed that she had completed a course titled, Annual Federal Training Summary which included a course titled, Infection Prevention Control on 10/02/25. Further review revealed that CNABB completed a training course titled Knowledge Check: Personal Protective Equipment Use on 10/02/25. An observation on 04/21/26 at 10:35 AM, of a sign posted on the doorframe of R5's room, revealed, a laminated single-page notice in color containing images of two stop signs, and it read, Enhanced Barrier Precautions. Everyone Must: . Providers and Staff Must Also: Wear gloves and a gown for the following High-Contact Resident Care Activities: . Changing Linens.Wound Care: any skin opening requiring a dressing. An observation on 04/23/26 at 10:35 AM of LPNAA revealed she entered R5's room to perform wound care without donning a gown. LPNAA performed wound care on R5's left below-the-knee amputation surgical site and exited the room. An observation on 04/23/26 at 11:15 AM revealed CNABB changing bed linens in R5's room without wearing a gown or gloves.^ In an interview on 04/23/26 at 10:55 AM, LPNAA acknowledged the presence of the sign for EBP and explained it was in place for infection prevention related to R5's wound and that wound care was considered direct patient care. She read the sign and stated, I forgot the gown. An interview on 04/23/26 at 11:20 AM with the Director of Nursing (DON) revealed it was her expectation that a gown and gloves be worn during a dressing change for a resident who is on EBP. When asked if a gown and gloves should be worn during linen changes for a resident on EBP, she said, No, not when changing linens only; when the resident is not receiving direct care at the time, this contradicted the instructions on the posted sign and the EBP sign provided for review. An interview on 04/23/26 at 12:55 PM with CNABB revealed she was uncertain if gowns and gloves were required to be used when changing bed linens for a resident on EBP.^