

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Opus Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Agape Drive West Columbia, SC 29169	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and review of facility policy, the facility neglected the needs of Resident (R)1 by failing to ensure the resident had access to their call light, after a Certified Nursing Assistant (CNA) removed the call light from the resident's reach for 1 of 1 resident reviewed. Findings include: Review of the facility policy titled Prevention of and Prohibition Against Abuse, with a revision date of 12/2023, indicated the facility will provide oversight and monitoring to ensure that its staff, who are agents of the facility, deliver care and services in a way that promotes and respects the rights of the residents to be free from abuse. Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses including, but not limited to, muscle weakness, cognitive communication deficit, hypertension, lack of coordination, need for assistance with personal care, and abnormalities of gait and mobility. Review of R1's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/12/25 revealed R1 had a Brief Interview for Mental Status (BIMS) score of 09 out of 15, indicating R1 was moderately cognitively impaired. Review of R1's Care Plan with an initiated date of 03/27/2025 revealed a problem area: [R1] has activities of daily living (ADL), self care performance deficit related to muscle weakness, respiratory failure, guillian-barre syndrome, and parkinson's. Interventions directed staff to: TOILET USE: Requires staff assistance with toileting needs. Date Initiated: 03/27/2025 Revision on: 03/29/2025 TRANSFER: Requires assistance with transfers. Date Initiated: 03/27/2025 Revision on: 03/29/2025 BED MOBILITY: Requires assistance with bed mobility. Date Initiated: 03/27/2025 Revision on: 03/28/2025 BATHING: Requires assistance with bathing needs. Date Initiated: 03/27/2025 Revision on: 03/29/2025 PERSONAL HYGIENE ROUTINE: Requires assistance with personal hygiene. Date Initiated: 03/27/2025 Revision on: 03/28/2025 DRESSING: Requires assistance with dressing. Date Initiated: 03/27/2025 Revision on: 03/28/2025 EATING: Requires assistance with eating. Date Initiated: 03/27/2025 Revision on: 03/29/2025. Further review of R1's Care Plan revealed a problem area: Dependent on staff for activities, cognitive stimulation, social interaction r/t Immobility, Physical Limitations . During an interview on 12/04/25 at 11:30 AM, R1 revealed that he remembers the incident and the alleged perpetrator, CNA, but he has not seen the alleged perpetrator, CNA, since the incident. R1 stated that the current CNAs help him with his Activities of Daily Living (ADLs) and revealed that all the other staff members treat him nicely. R1 does not feel unsafe, and staff members are not unprofessional towards him. R1 stated that they feel safe living in the facility and believe that he is protected from harm. An attempted interview on 12/04/25 at 11:33 AM with the alleged CNA was unsuccessful. An attempted interview on 12/04/25 at 11:40 AM with R1's representative (son) was unsuccessful. During an interview on 12/04/25 at 11:55 AM, the Director of Nursing (DON) stated that the alleged perpetrator CNA admitted to taking his call light and putting it out of reach, and that's why she was terminated. There were no negative or adverse outcomes during the period when R1 did not have his call light, but the facility still fired the alleged perpetrator because removing the call light is unacceptable and should not have happened.</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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