

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Spartanburg Hospital for Restorative Care Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 389 Serpentine Drive Spartanburg, SC 29303	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure that the resident's food was served under sanitary conditions and that their environment was conducive for dining, related to Resident (R)7's lunch tray being placed beside a urinal containing urine during dining, for 1 of 3 residents reviewed during dining. Review of the State Operations Manual Appendix PP - Guidelines to Surveyors for Long Term Care Facilities, Rev. 232; Issued: 07-23-25, Environmental Factors: Appetite is often enhanced by the appealing aroma, flavor, form, and appearance of food. Resident-specific facility practices that may help improve intake include providing a pleasant dining experience (e.g., flexible dining environments, styles and schedules), providing meals that are palatable, attractive and nutritious (e.g., prepare food with seasonings, serve food at proper temperatures, etc.), and making sure that the environment where residents eat (e.g., dining room and/or resident's room) is conducive to dining. Review of R7's Face Sheet revealed that R7 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/01/25 revealed that R7 had a BIMS (Brief Interview for Mental Status) Score of 13. The MDS further revealed that R7's diagnosis included but not limited to other acute osteomyelitis, left tibia and fibula and diabetes mellitus. During a dining observation on 09/21/25 at approximately 12:30 PM a staff member was observed delivering a meal tray to Resident (R)7 in room [ROOM NUMBER] and leaving two urinals on the overbed table, in which one contained urine and the other was empty. The staff member sat the resident's tray on a table to right side of the room, inquired with the resident if he wanted her to remove some cups from the table, put on gloves, removed the cups, removed the gloves, sanitized her hands and placed the resident's tray on the table. R7 sat up on the side of the bed and the staff member uncovered the tray, and exited the room, leaving the urinals in place. At approximately 12:36 PM R7's call light was observed on and a nurse entered the room, and R7 was overheard saying I refuse to eat with this here. During a brief interview on 09/21/25 at 12:42 PM Registered Nurse (RN)1 revealed that the resident did not want the urinal on his table, and she removed it. During an interview on 09/21/25 at 1:50 PM the Director of Nursing (DON) revealed the facility just recently started using nutritional staff to assist with delivering meal trays. The DON states that the nutritional staff is only allowed to place the resident's tray in the room. The DON explains that she has asked the CNAs to check resident's rooms before lunch to ensure that urinals are removed from tables before they are served, however the resident may use the restroom in between the CNAs checking and the trays are served. The DON further revealed that her expectation is that staff would remove urinals before placing the resident's trays and that the nutritional staff would notify someone to have the urinal removed if it's there when they deliver the tray. During an interview on 09/22/25 at approximately 5:15 PM R7 revealed that the urinal being left on the table when his tray was placed didn't make him feel good. R7 stated that I didn't like it. R7 further stated that he understood that the staff can be forgetful, however he felt that the urinal should</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 425384	If continuation sheet Page 1 of 2

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