

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER Brightwater Skilled Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 171 Brightwater Drive Myrtle Beach, SC 29579	

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. Based on record review and interview, the facility failed to provide a timely Five-Day Follow-up report for 1 of 7 reportable incident, as required by regulation. Findings include: Review of a reportable submitted to the State Agency revealed a 2-Hour Initial Report dated 10/07/25 indicating Resident (R)6 had a bone or joint fracture. An interview with the Director of Nursing (DON) on 12/02/2025 at approximately 2:15 PM revealed she was unable to find R6's Five Day Follow-up reportable. She stated, Nobody can find it; I did not send in the reportable for R6. The previous Administrator should have done it. The DON reported she is in charge when the Administrator is absent.

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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on review of the facility policy, observation, and interviews, the facility failed to have a full-time Administrator to oversee the day-to-day operations of the facility. Findings include: Review of the facility's policy titled Administrator, Policy Statement, revised March 2021, indicates: A licensed administrator is responsible for the day-to-day functions of the facility. The governing board of this facility has appointed an administrator who is duly licensed in accordance with federal and state requirements. The administrator is responsible for, but not limited to: a. Managing day-to-day functions of the facility. An observation of the Administrator license on the wall of the facility, revealed the Administrator of a sister facility's license. A review of the Surveyor Notes Worksheet dated 10/30/2025 indicated the current Administrator's start date was 10/23/2025. The previous Administrator's end date was 10/22/2025. The current Director of Nurses (DON)'s start date was 01/23/24. An interview with the DON on 12/02/2025 at approximately 10:30 AM revealed that there was no Administrator in the building today, and the facility does not currently have a full-time administrator. The DON indicated that the Administrator is at the sister facility, which is her main location. She stated the facility utilizes Administrator services from a sister facility, and the Administrator from the sister facility maybe comes to facility one time a week. The DON reports she is in charge when the Administrator is absent, but she is not a licensed Administrator.</p>		