STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425397	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare - Bluffton	3039 Okatie Highway Okatie, SC 29909

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to ensure that Resident (R)6 received necessary behavioral health services in a timely manner. R6 consented to behavioral health services on 07/17/25, the facility did not acknowledge the consent/referral until 11/20/25. During this lapse of behavioral health services, R6 had several depressive and anxiety related symptoms, this non-compliance had the potential to place the resident at risk for further emotional distress, for 1 of 4 residents reviewed for mood/behaviors. Findings include:Record review of facility policy titled Patient Care Policies last revised 03/25 revealed Physician or physician extender requested consultations including but not limited to, dental services, podiatry, optometry, audiology, physiatry or mental health services will be arranged by the center with the consent of the patient or patient representative. A non-physician practitioner (NPP) may request and/or perform a consultation service within the scope of practice and licensure requires for the NPP in the State where he/she practices and the requirement for physician collaboration and physician supervision are met.Review of R6's Face Sheet revealed R6 was admitted to the facility on [DATE], with diagnoses including but not limited to, congestive heart failure, depression, anxiety, and muscle weakness.Review of R6's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/15/25, revealed that R6 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicates that R6 was cognitively intact. Review of R6's mood assessment revealed that in the past two weeks (during time of assessment) R6 had little interest or pleasure doing things, had been feeling bothered for 2 - 6 days, stated yes for feeling down, depressed, or hopeless and had been bothered by feeling down for 2 - 6 days. R6's total severity score during this assessment period was 2 which indicates that he has minimal depression. Review of R6's Social Services Progress Notes dated 05/27/25 at 3:30 PM, revealed Social Worker (SW) visited resident after therapy noted that resident appeared to show some depressive symptoms today. Resident informed SW that he feels down and has been feeling like this on and off for a few weeks. Resident expressed boredom however declined to participate in the group activity. SW discussed future group activities. Resident denies any harmful thoughts. SW asked would make him feel better right now and resident was unable to tell SW. Resident discussed his poor appetite and sleep. Resident and SW discussed his family dynamics, SW provided emotional support to resident. SW offered a psychiatric referral, but resident declined but states that he will think about it. SW will continue to check in with resident and provide support. Review of R6's Social Services Progress Notes dated 05/28/25 at 10:36 AM, revealed SW visited resident who was in bed and appeared to be down. SW was informed that resident declined to get up this morning. SW contacted [R6's Resident Representative (RR)] and informed him of the resident's recent depressive symptoms. [RR] states that he is aware that and has visited [R6] recently. On recent most recent visit with [R6] he stated that he had to provide encouragement to [R6] to get out of bed. [RR] states that he believes that [R6] has not fully accepted some recent issues with incontinence SW will continue to be in communication with resident and family support.Review of R6's Social Services Progress Notes dated 05/25/25 at 5:02 PM, revealed SW was informed that resident made a comment regarding no (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425397	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare - Bluffton	3039 Okatie Highway Okatie, SC 29909

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	longer wanting to live. SW completed a suicide risk assessment with resident. Resident denied any suicidal thought, intent, or plan and denied saying anything to that extent to another staff member. Resident stated that he only meant to express care concerns, which were discussed with SW. Resident shows low risk on suicide risk assessment due to denying thoughts and intent to harm. However, he does continue to show depressive symptoms, Unit Manager (UM) and Medical Doctor (MD) were made aware and consulted with, SW will continue to monitor resident and assist as needed.Review of a Suicide Risk Assessment Checklist dated 05/25/25, revealed Resident recently has been struggling with decline in continence. Resident denies thoughts, intent, or plan at time of this assessment. Resident made indirect statement of intent to suicide to another staff member and he later denied. Resident has mental health diagnosis of depression and anxiety. [R6] scored a low risk for the overall suicide risk assessment.Review of R6's Social Services Progress Notes dated 07/14/25 at 2:23 PM, revealed SW spoke with resident regarding depressive symptoms and comments. Resident denied suicidal thoughts or intent, Resident states that he is upset about his dependence on others for transfers and mobility. Therapy is aware of these comments and continue to work with resident on his goals. Resident continues to decline psychiatric referral, family states that they are trying to encourage the resident for the psychiatric referral to [R6]. Resident also informed SW of an issue with his jaw, UM and MD informed. SW provided emotional support and encouragement to resident and will continue to provide ongoing support and check ins. Family came in to visit with resident ton [sic] this day and family informed of resident's symptoms/comments.Review of R6's Social Services Progress Notes dated 07/17/25 at 9:51 AM, revealed SW spoke with resident this morning, who was up out of bed in his wheelchair and had just finished breakfast. Resident smiled and had a pleasant conversation with SW. SW addressed their previous conversation and asked about depressive symptoms. Resident reports that he has been feeling better this week. SW spoke with resident about coping mechanisms and preventative measures. Resident agreed to receive psychiatric services and signed a referral SW submitted psychiatric referral on 07/17/25.Review of R6's Social Services Progress Notes dated 07/25/25 at 11:54 AM, revealed SW contacted and spoke with [R6's RR] regarding resident's current behaviors and mood. RR reports that at times [R6] has trouble stating his needs and wants space from people. SW informed RR of telepsychiatry referral, RR states he plans to come visit with resident today. Review of R6's Social Services Progress Notes dated 08/01/25 at 11:53 AM, revealed Social Work Quarterly Progress Note, [R6] scores a 15 out of 15 on his BIMS assessment, indicating that he is cognitively intact. [R6] scores a 02 on the mood assessment indicating minimal depression. [R6] expressed that he has had two - three days in the last two weeks that he felt little to no interest or pleasure doing things and two - three days of feeling down/depressed. Resident and SW discussed new intervention from his care plan and psychiatric referral made. Resident has periods where he experiences being down and has difficulty expressing his wants/needs during those time SW, UM, MD, and family are aware. [R6] family/[RR] is helpful for the resident during these times.Review of R6's Social Services Progress Notes dated 10/22/25 at 11:48 AM, revealed SW asked to speak with resident due to behaviors and using inappropriate language with staff and negative mood this morning. Resident informed SW that he was offered to get up earlier than he wanted to this morning and then was offered a second time to get up, he was already in a negative mood and declined to get out bed. He also would like all staff to know that he prefers to be cleaned in the morning in the bathroom compared to in bed. SW provided emotional support and was able to talk through the situation with resident and he calmed down enough to get cleaned up and get up for the day Certified Nursing Assistant (CNA) on duty assisted resident with resident's needs and resident reports no further concerns.Review of R6's Social Services Progress Notes dated 10/31/25 at 11:29 AM, revealed SW spoke with resident about his behaviors/mood this week. SW asked resident about a comment he made about thoughts of purposefully falling out of bed. Resident states that he did not mean it, but states I have a big mouth when I'm upset. Resident discussed that he was in a negative mood that day and made that comment out of anger. Resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425397	A. Building B. Wing	01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare - Bluffton	3039 Okatie Highway Okatie, SC 29909

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	denied any thoughts of self-harm and states that he would never do something to harm himself. [R6] and SW discussed things he can do when he is angry or upset to calm himself and regulate his emotions. [R6] likes to talk on the phone with his RR when he is upset. SW reminded resident about Resident Council, where resident can express his thoughts/suggestions. SW will continue to provide support to resident and monitor his mood/behaviors. Review of R6's Behavioral Health Patient Intake Form dated 11/20/25, revealed that the SW completed a second consent for the resident to be seen by behavioral health services.Review of R6's Care Plan with a problem start date of 11/14/23 and last revised on 12/11/25 revealed Mood/coping/psychosocial: resident has episodes of increased anxiety and/or agitation evidenced by observable signs and/or verbalizations of distress, diagnosis of depression. Interventions include: participate in psychology/behavioral health services available (created on 12/11/25), empathize with resident, encourage resident to vent feelings, focus on residents' strengths when talking with them, provide sensory stimulation, redirect resident and ask family about what strategies have worked, and validate residents' strength.During an interview on 01/27/26 at 11:23 AM, R6 revealed that the resident has a diagnosis of anxiety and depression. R6 stated, I have anxiety and at times when I feel frustrated (with staff) I can blow up. Some staff understand me but a lot of them don't, I don't mean to get upset but they should not take this personally, but some do. During an interview on 01/30/26 at 4:12 PM, R6's Social Worker revealed [R6] at times gets frustrated with himself, has anxiety and depression, seeing psych services, referral submitted 7/17/25 started psychiatric services, facility is now with a different company for behavioral health and was unsure of why the resident was not seen by psychiatric services sooner. A suicide assessment was completed in May 2025, scored low risk after the resident made a comment feeling like he no longer wanted to live, had no intent to harm himself.During an interview on 01/30/26 at 5:10 PM, the Administrator revealed that the facility had switched from a different behavioral health company and also had a turnover with the Social Work Director staff, which caused the delay with the resident being seen by psychiatric services.