Printed: 02/22/2025 Form Approved OMB No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/13/2023 |
|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER The Reserve Healthcare and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Eagle Landing Blvd Charleston, SC 29410 | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact 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) | | on) |
| F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Honor the resident's right to a dign her rights. **NOTE- TERMS IN BRACKETS IN Based on random observations an improperly exposed during investig refer F 921. Findings include: R3 was admitted to the facility on [benign prostatic hypertrophy and of 15 with 13-15 meaning intact cogn. Observation from the hallway on 4, with R3 lying in the bed next to the exposed and three urinals containi open doorway. In addition, R3's be and the bedside table beside the b. During an interview on 04/13/23 at to leave his wheelchair at the foot of his urinals. During an interview on 04/13/23 at the three urinals hanging from R3's open door to the hallway. She contained and public hair and that the room we moving his high-rise electric wheel frequently has to move R 3's wheel R 2's bed so that he can be lifted in | ified existence, self-determination, com HAVE BEEN EDITED TO PROTECT C d interviews, the facility failed to assure gation occurring with 1 of 4 complaint in DATE] with diagnoses including, but no perebral infarct. R 2 has a BIMS (Brief I | on on on the control of the control |

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: 425289

If continuation sheet Page 1 of 11

| | | | NO. 0936-0391 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/13/2023 |
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| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG | (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | on) |
| F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many | Administer the facility in a manner **NOTE- TERMS IN BRACKETS IN Based on review of facility policy, remanner that enabled it to use its fire to have a system in place to ensure provided to the residents. This failuon 004/13/23 at 1:31 PM the Admin vendors, utility services, and critical Jeopardy (IJ) at F835. The facility was unable to present a survey team was not able to valida F835 at a scope and severity of L (survey team exited the facility on 00 On 04/13/23 at 1:31 PM, the survey Jeopardy (IJ) Template and inform 70 - Administration. On 04/13/23 the survey team exite acceptable IJ Removal Plan. Findings Include: Review of a facility policy titled, Ad October 2017 revealed, The govern facility. 2. The Administrator is app is responsible for, but not limited to standards of practice and principles maintain the facility and services; Review of a facility policy titled, Ve vendors have an equal opportunity selection of vendors is the respons 4. All vendors must be referred to the Review of a spreadsheet printed t | that enables it to use its resources effer HAVE BEEN EDITED TO PROTECT Contector of the ecord review, and interviews, the facility and efficiency all financial obligations are met to guare has the potential to affect all 86 resinistrator was notified that the failure to kell services provided to the residents of the enable | ctively and efficiently. ONFIDENTIALITY** 37781 y failed to be administered in a ntly. Specifically, the facility failed arantee care and services are dents residing in the facility. seep up to date with payment to the facility constituted Immediate mediate jeopardy. Therefore, the remained out of compliance at idents' health and safety). The a copy of the CMS Immediate The IJ was related to 42 CFR 483. cility was not able to provide an Board) with a revision date of management and operation of the ming board. 3. The governing board are in accordance with professional ment equipped and staffed to lovember 2009 revealed, All ment used by the facility. 1. The eration with department supervisors. |
| | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/13/2023 | |
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| NAME OF PROVIDER OR SUPPLIE | ER | STREET ADDRESS, CITY, STATE, ZI | P CODE | |
| The Reserve Healthcare and Rehabilitation | | 1800 Eagle Landing Blvd Charleston, SC 29410 | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC | CIENCIES full regulatory or LSC identifying informati | on) | |
| F 0835 | American Health Associates- \$10,5 | 588.94 | | |
| Level of Harm - Immediate | AOAK Farms- \$269.20 | | | |
| jeopardy to resident health or safety | ARJO, Inc \$222.33 | | | |
| Residents Affected - Many | ARM Solutions, Inc \$2,434.36 | | | |
| | Ashpa Management- \$13,505.10 | | | |
| | ATC Healthcare- \$23,051.37 | | | |
| | Cleaning Solutions and Supplies- \$400.00 | | | |
| | Concentra- \$108.00 | | | |
| | [NAME] Dizzia LLP- \$62.97 | | | |
| | Curana Health- \$469,343.00 | | | |
| | Dynalink Communications- \$304.84 | | | |
| | [NAME]- \$5,994.65 | | | |
| | Health Technologies- \$1,920.00 | | | |
| | ImageOne- \$4,482.00 | | | |
| | Industrial Chem Labs- \$102.86 | | | |
| | Innovative Supply Group- \$11,238. | 01 | | |
| | Joerrns Healthcare- \$2,547.80 | | | |
| | Johnson Controls- \$3,615.00 | | | |
| | Leader Stat- \$107.76 | | | |
| | LimRic Plumbing- \$18, 830.53 | | | |
| | MAS Medical Staffing- \$11,224.25 | | | |
| | Merch- \$20,205.37 | | | |
| | [NAME] Factors, Inc \$1,315.00 | | | |
| | NetSmart- \$285.12 | | | |
| | (continued on next page) | | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC | CIENCIES full regulatory or LSC identifying informati | on) |
| F 0835 | Personal Care Ambulance- \$62,700 | 6.41 | |
| Level of Harm - Immediate | Pharmaceutical Healthcare- \$480.0 | 00 | |
| jeopardy to resident health or safety | Pioneer Technologies- \$10,821.53 | | |
| Residents Affected - Many | [NAME]- \$505.68 | | |
| | [NAME]-[NAME] Fire & Safety- \$56 | 6.97 | |
| | [NAME] Collections Services-re:Me | ed Pass- \$62.87 | |
| | Rotech- \$1,420.00 | | |
| | Sapphire Background Check- \$4,693.43 | | |
| | SC Healthcare Association- \$10,192.50 | | |
| | Signal Technologies- \$2,420.35 | | |
| | Stericycle- \$1,720.00 | | |
| | Trident USA- \$13,281.75 | | |
| | Vecmar- \$305.00 | | |
| | Vital Records Control- \$3,769.58 | | |
| | Totaling \$758,185.61 | | |
| | an electronic filing date of 03/28/23 Holdings, LLC, Plaintiffs, vs. [NAME Op Holdings LLC, And [Owner], De Insolvent. 1. Plaintiffs are the owne Carolina 29407 and 1800 Eagle La which appear in Exhibit A and B att Properties). The Lessees lease the thereon known as Viviant Healthcal [NAME] Facility, collectively, the Fa began failing to make timely payme Rent payments in November 2022, total amount that is currently past d least 3 staffing agencies have sued contract and failure to pay the ager | Motion For Appointment Of Receiver E revealed, [NAME] Sc Property Holding [Op LLC, [NAME] Op LLC [NAME] C: fendants noted: A. Defendants Are In I rs of the real property located at 1137 nding Boulevard, [NAME], South Carol ached to the Verified Complaint and in se Properties from Plaintiffs and manare of [NAME] (the [NAME] Facility) and acilities). (Ex. A, [NAME] Aff., 4.) 3. States of Rent under the Lease and have December 2022, January 2023, Februare and owing under the Lease is a sur I the Lessees in [NAME] County and [Name] | ps, LLC, And [NAME] Sc Property apital Management LLC, Sc Two Breach of Contract and Are [NAME] Boulevard, [NAME], South ina 29410, the legal descriptions of corporated herein (collectively, the ge two skilled nursing facilities Viviant Healthcare of [NAME] (the ting in October 2022, Defendants continued to fail to make timely lary 2023, and March 2023. The m of at least \$2,250,436.13. 14. At IAME] County for breach of ns and doubts as to whether the |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 425289 NAME OF PROVIDER OR SUPPLIER The Reserve Healthcare and Rehabilitation | CLIA (X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Eagle Landing Blvd Charleston, SC 29410 | | |
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| | 1800 Eagle Landing Blvd | | |
| | 1800 Eagle Landing Blvd | | |
| | Charleston, SC 29410 | | |
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| (X4) ID PREFIX TAG SUMMARY STATEMENT OF (Each deficiency must be prece | DEFICIENCIES ded by full regulatory or LSC identifying information) | | |
| F 0835 1. [NAME] Medical Staffing, | LLP v. [NAME] OP, LLC d/b/a Viviant | | |
| Level of Harm - Immediate Healthcare of [NAME], [NAM | E] County, Case # 2023-CP-08- | | |
| jeopardy to resident health or safety 0067, filed Summons & Com | plaint on 3/1/2023. | | |
| Residents Affected - Many 2. [NAME] Medical Staffing, | LLP v. [NAME] OP, LLC d/b/a Viviant | | |
| Healthcare of [NAME], [NAM | E] County, Case # 2023-CP-10- | | |
| 01057, filed Summons & Cor | mplaint 3/2/2023. | | |
| 3. A&G Healthcare Staffing A | 3. A&G Healthcare Staffing Agency, LLC v. [NAME] OP LLC d/b/a | | |
| Viviant Healthcare of [NAME | Viviant Healthcare of [NAME], [NAME] County, Case # 2022- | | |
| CP-08-02853, filed Summon | CP-08-02853, filed Summons & Complaint on 11/22/2022. | | |
| 4. Prime Staffing, LLC v. [NA | 4. Prime Staffing, LLC v. [NAME] OP LLC d/b/a Viviant | | |
| Healthcare of [NAME] f/k/a [I | NAME] Rehabilitation and | | |
| Nursing Center-[NAME], SC, | Nursing Center-[NAME], SC, LLC, [NAME] County, Case # | | |
| 2022-CP-10-02774, filed Sur | 2022-CP-10-02774, filed Summons and Complaint 6/21/2022. | | |
| providing medical supplies a | 24. Therefore, not only do Lessees lack the money to pay Plaintiffs, Lessees also lack money to pay vendors providing medical supplies and services to the residents at the Facilities, which is a particularly dangerous situation. 26. As such, Defendants 'insolvency puts the residents at the Facilities in serious risk. | | |
| (continued on next page) | | | |
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Printed: 02/22/2025 Form Approved OMB No. 0938-0391

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| NAME OF PROVIDER OR SUPPLIER The Reserve Healthcare and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 1800 Eagle Landing Blvd Charleston, SC 29410 | |
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(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

(Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0835

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Many

Review of an Order Appointing Receiver with an electronic filing date of 04/14/23 revealed, [NAME] Sc Property Holdings, LLC, And [NAME] Sc Property Holdings, LLC, Plaintiffs, Vs. [NAME] Op LLC, [NAME] Op LLC, [NAME] Capital Management LLC, Sc Two Op Holdings LLC, And [Owner], Defendants. Based on the record in this case, the Court finds and concludes: 2. Under South Carolina's Receivership Act, the Court has the statutory power to order the appointment of a receiver to protect a party's business and property interests in commercial real property and personal property related to or used to operate the business. 4. Plaintiffs have met their burden to appoint a receiver for the Lessees, the Facilities, and the Personal Property, which includes the assets and Operations described in the Motion. 6. Good cause exists for issuing this Order, appointing a receiver over the Lessees, the Facilities, and the Personal Property and Operations. Defendants have failed to meet their obligations under the Lease, and Plaintiffs are entitled to enforce their rights and remedies, including, without limitation, the right to have a receiver appointed. A receiver is necessary to protect both the residents of the Facilities and the rights of Plaintiffs because the Facilities and the Personal Property are being subjected to or are in danger of impairment, waste, loss, substantial diminution in value, misappropriation, and dissipation, and a further delay would cause an injustice to the Plaintiffs and the residents. Moreover, the Lessees appear to be insolvent or in imminent danger of insolvency. Based upon the foregoing, it is hereby, ORDERED AND ADJUDGED: 1. The Motion is GRANTED. 2. Appointment. [Receiver] is qualified to act as Receiver in this action and is appointed Receiver over the Lessees, the Facilities and the Personal Property and Operations. The appointment of the Receiver is effective as of April 17, 2023 and continues until further order of this Court. As previously ordered by the Court on April 6, and pending the April 17, 2023 Effective Date for the appointment of the Receiver, the parties shall not dispose of any property or do anything adverse with any property, real, financial, or otherwise, except such actions as would occur during the normal course and scope of business. The Receiver shall schedule weekly meetings with Plaintiffs to provide information on the status of the receivership. 3. [NAME] of Receiver. As of the Effective Date, and ending upon termination of such appointment by further Order of the Court, Receiver is authorized to take possession, custody and control of the Facilities and Lessees' business operations, assets, and property, of whatever nature, including, without limitation, the Personal Property (collectively, the Personal Property and Operations), and is authorized, but not required, to perform all services and take all actions necessary or advisable to oversee, carry on, manage, care for, maintain, repair, insure, protect, and preserve the Personal Property and Operations, without further order of the Court, including, but not limited to, the following: a. To take immediate possession of, custody of, and control over the Facilities and all of the Personal Property and Operations and all other property and assets of Lessees. For the avoidance of doubt, the Personal Property and Operations shall include all business operations and all personal property of any kind owned by the Lessees used in connection with the Facilities, including all intellectual property, fixtures, equipment, inventory, books and records, bank accounts, keys, combinations for locks, passwords or other access to information, and intangibles. d. To direct Defendants and their officers, agents, employees or other representatives immediately to turn over and deliver or cause to be delivered to the Receiver or his designee all personalty which is owned by the Defendants and relates in any manner to the Facilities or the Personal Property and Operations including, without limitation, all keys, combinations for looks, passwords or other access codes, books, records, accounts, operating statements, reserve accounts and the like pertaining to the Personal Property and Operations. e. To negotiate all bills, drafts, loan documents (with Plaintiff or others), notes or other instruments in the name of the Lessees. g. To retain and pay professionals to advise and assist Receiver with the Facilities and the management and administration of the Personal Property and Operations . h. To collect and receive all earnings, rents, issues, income, profits, and other revenues of the Facilities and Lessees' Personal Property and Operations now due and unpaid or that may be earned after entry of this Order. i. To (a) continue to maintain and utilize Lessees' deposit accounts, which shall be used exclusively for deposits and disbursements of the Revenues and (b) direct payors to deposit funds due and owing to Defendants in the bank accounts related to the Facilities. Receiver shall be expressly authorized to operate the Facilities as a single business enterprise, including commingling the revenues generated from both Facilities and to use such revenues to pay the liabilities incurred by both Facilities during the course of the Receivership in To maintain existing or open new accounts with or negotiate, compromise or otherwise

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 6 of 11

| | | | NO. 0930-0391 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/13/2023 |
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| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC | CIENCIES full regulatory or LSC identifying informati | ion) |
| F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many | last year. We've been aware and it much it was. The Ombudsman furt During a virtual meeting with the Vi Nurse Consultant (NC), Administra 04/12/23 at 1:00 PM revealed, It is management to provide the informat transportation company. There were Sunday. I sent approval but there is payroll, there is no invoice for ager currently shut off. Since there are representative is working on formation showing the electricity accounts that I said were paid was yesterday. We have payment agree documentation to show we have pare reimburse them, decisions to move We never dropped a new vendor bime. The utility company is not goi off. During an interview with the Admin financial status of the facility due to transparency. He stated he did not the payment status. The Administra made high efforts to change the cultivate high efforts to change the cultivate it comes to finances. During a follow-up virtual call with the Representatives on 04/13/23 at 10 disconnected while the quality office. During a telephone interview with Serepresentative indicated the facility additional. She indicated that autopuring a telephone interview with Serepresentative with serepresentative indicated that autopuring a telephone interview with Serepresentative indicated the facility additional. | dsman on 04/12/23 at 10:45 AM reveats been reported. We knew there was a ther stated, A lot of the facilities in the [I viant Leadership team which included tor of Viviant of [NAME], and the Admiral Jewish holiday, holy week, and we hation requested. All the previous invoice some invoices that needed to be applying a not one that I can call to get this informacy staff, we don't use agency staff. The condocuments to review, you can see the facility access to the system (PCC). I remove the contact information for the temperature of the electric bill is current. I don't bills have been paid. I don't have the anonly transportation. I didn't find out about the electric bill is current. I don't bills have been paid. I don't have the anonly transportation. I didn't find out about the electric with other vendors who are parament plans set up with them. My interest on the new vendors is done by our quality and the electric plans at 4:30 PM, he stated the facility are access to the billing from Electric lature and outlook of the facility, but he desire the CEO, Administrators, Company reported to the CEO, Administrators, Company reported at the facility, but he can be company #1, provider of the fact had a past due balance of \$3,893.74 and a pa | a lot of debt, but we didn't know how NAME] region are close to capacity. Chief Executive Office (CEO), nistrator of Heartland of [NAME], on lave no corporate staff or es have been paid except for the proved and submitted this last mation facilitated. We are current on ere are no services that are ne supplies that we have on hand. A seceived an email stating PCC was echnician helping us get PCC back have access to provide the bility to see anything, invoices. The pout the transportation until es due, but I don't have ention to the past due vendors is to dity team and at the facility level. In itching of vendors was before my exercises are not going to be cut ented he was unaware of the full rovide documentation and full to Company #1, nor was he aware of the sum of the services are not facility level at the services and State Agency in threat to services being ut of his pocket. Self PM, the automated teller line |

| | | | 10. 0930-0391 |
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| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, Z | IP CODE |
| The Reserve Healthcare and Reha | abilitation | 1800 Eagle Landing Blvd Charleston, SC 29410 | |
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| F 0835 Level of Harm - Immediate jeopardy to resident health or safety | the financial status of the facility. T | Director (MD) on 04/13/23 at 2:35 PM he MD stated she felt like her orders w pointments. The MD concluded, I work the Calls pays me. | ere being followed regarding |
| Residents Affected - Many | | of the survey on 04/19/23 at 10:04 ANne facility was past due \$64,618.95. | 1 from a representative from |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | 425289 | A. Building B. Wing | 04/13/2023 |
| NAME OF PROVIDER OR SUPPLIER | | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| The Reserve Healthcare and Rehabilitation | | 1800 Eagle Landing Blvd Charleston, SC 29410 | |
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| F 0837 Level of Harm - Immediate jeopardy to resident health or safety | Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 37781 | | |
| Residents Affected - Many | Based on review of facility policy, record review, and interviews, the facility failed to have an effective governing body in place to ensure proper management and operation of the facility's financial resources. Specifically, the facility's governing body failed to have a system in place to ensure all financial obligations were met to guarantee care and services are provided to the residents. This failure had the potential to affect all 86 residents residing in the facility. | | |
| | On April 13, 2023, at 1:31 PM, the Administrator was provided with an Immediate Jeopardy (IJ) Template indicating IJ existed at F837 with a scope and severity level of L. | | |
| | The facility was unable to present an acceptable plan of removal of the immediate jeopardy. Therefore, the survey team was not able to validate that the IJ was removed. The facility remained out of compliance at F837 at a scope and severity of L (widespread immediate jeopardy to residents' health and safety). The survey team exited the facility on 04/13/23 with an ongoing IJ. | | |
| | On 04/13/23 the survey team exited acceptable IJ Removal Plan. | d the facility with an ongoing IJ. The fac | cility was not able to provide an |
| | Findings include: | | |
| | October 2017 revealed, The govern facility. 1.The facility's governing befor the management and operation governing board. 3. The governing services in accordance with profess and duties of the officers and commadministrative programs governing Program; (3) Quality Assurance an environment equipped and staffed the Administrator reports to the governing Administrator and legal/medical corresponsibilities, privileges and auth Incorporation, bylaws, agreements the facility are on file in the administrator appropriate federal and state agence. | ministrative Management (Governing B ning board shall be responsible for the pard is the supreme authority and has a of our facility. 2. The Administrator is a board is responsible for, but not limited sional standards of practice and princip nittees of the governing board; d. Estable facility management and operations, in d Performance Improvement program; to maintain the facility and services; j. Everning body . 5. The Governing Board, insultants, have developed bylaws/med and other legal documents pertaining the strative office, and a copy of such informatices. | management and operation of the all legal authority and responsibility appointed by and accountable to the d to: a. Oversight of facility care and bles; b. Delineation of the powers blishment and ongoing review of all including: (1) Corporate Compliance g. Provision of a safe physical Establishment of a system whereby, with the assistance of the ical practices that outline specific s. 7. Copies of the Articles of to the ownership and operation of |
| | (continued on next page) | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/13/2023 |
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| NAME OF PROVIDED OF CURRUED | | STREET ADDRESS, CITY, STATE, ZI | D CODE |
| NAME OF PROVIDER OR SUPPLIER The Reserve Healthcare and Rehabilitation | | 1800 Eagle Landing Blvd | PCODE |
| The Neserve Healthcare and Nema | Dilitation | Charleston, SC 29410 | |
| For information on the nursing home's | plan to correct this deficiency, please con | tact the nursing home or the state survey | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFIC | CIENCIES full regulatory or LSC identifying informati | ion) |
| F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many | During a virtual meeting on 04/12/2 holiday, so we have no staff or mar All the previous invoices have beer that needed to be approved and su that I can call to get this informatior staff, we don't use agency staff. The Since there are no documents to rehave been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity staff was available on Sundwith other vendors who are past due them. My intention to past due vendo by our Quality team in the Corporate because of an outstanding balance going to provide us with a letter say. During a follow up call with the Adnin the CEO stated there is no system Corporate Office being closed due cash that can be used but does not buring an interview with the Admin large amounts of cash, the facility's on what systems to use, or given he A phone interview with the Medical the financial status of the facility. The | 23 at 1:00 PM, the Chief Executive Offinagement available to provide informating paid except for the transportation control bimitted this last Sunday, so I sent them facilitated. We are current with payrol ere are no services that are currently peview, you can see the supplies that we current; however, I don't have access I don't have the ability to see anything sportation. I didn't find out about the trainay, Monday, and Tuesday of this week are, but I don't have documentation to slodors is to reimburse them. Decisions to the Office and at the facility level. We note: Switching of vendors was before my ying the services are not going to be current; however, I don't have access to large amounts of cash is trator on 04/13/23 at 11:15 AM, he stated that have access to large amounts of cash is istrator on 04/13/23 at 11:15 AM, he stated that control is the MD stated she felt like her orders we continued. The MD concluded, I work to the manufacture of the MD stated she felt like her orders we continued. | cer (CEO) stated, this is a Jewish ion requested related to financials. In pany. There were some invoices in for approval but there is no one il, there is no invoices for agency bending shut off that I am aware of the have on hand. Not all the invoices to provide the information showing related to invoices. The accounts insportation until yesterday. The when we have payment agreements how we have payment plans with the move on to new vendors is done ever dropped a new vendor time. The utility company is not at off. In officials on 04/13/23 at 9:46 AM, in charge of operations with the me facility has a debit card and petty in present to settle bills. In attended to the move the settle bills. In a the did not have access to the anagement had not educated him in the monitor its financial status. In revealed, the MD was unaware of the end of the settle bills and the settle bills are the settle bills and the settle bills |

| | | | No. 0938-0391 |
|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/13/2023 |
| NAME OF PROVIDER OR SUPPLIE | | STREET ADDRESS, CITY, STATE, Z | P CODE |
| The Reserve Healthcare and Rehabilitation | | 1800 Eagle Landing Blvd Charleston, SC 29410 | FCODE |
| For information on the nursing home's | plan to correct this deficiency, please con | I tact 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Make sure that the nursing home a public. **NOTE- TERMS IN BRACKETS IN Based on random observations, repolicies and procedures and did not for 1 of 4 complaint investigations in Findings include: Review of the facility's policy revise Residents will ((sic) (as written)) primprove their ability to carry out act provided for residents who are unawith .Mobility (transfer and ambulated R2 was admitted to the facility on [In paraplegia and polyneuropathy. Referred (Brief Interview for Mental Status) subject of the pout and about because his room room, until someone can come and During an interview on 04/13/23 at the room is congested with R3's with wheelchair from the area near his belongings in order to maneuver a | rea is safe, easy to use, clean and cor IAVE BEEN EDITED TO PROTECT Coord reviews, interviews and policy revit assure that Resident (R)2 could mannyolving R2. Cross refer F 550. End March 2018 titled, Activities of Daily ovided with care, treatment and service tivities of daily living (ADLs). and Approble to carry out ADLs independently intion) DATE] with diagnoses including but no exiew of an unspecified Mininum Data Secore of 15, indicating he is cognitively approximately 10:46 AM, R2 stated the frequently cannot get from his end cannot set (R3) wheelchair and other stuff | nfortable for residents, staff and the ONFIDENTIALITY** 25335 liew, the facility failed to follow their euver safely throughout his room Living (ADLs), Supporting showed as as appropriate to maintain or opriate care and services will be including support and assistance It limited to cerebral infarct, Set (MDS) revealed R2 has a BIMS intact. Let once lifted from his bed into his of the room to the door, so he can blocks him from getting out of the lessing Assistant (CNA)2 stated that from moving his high-rise electric he has to move R3's wheelchair and so that he can be lifted into his |
| | | | |