Printed: 12/22/2024 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	ne's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		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

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			NO. 0930-0391
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, ZI 1800 Eagle Landing Blvd Charleston, SC 29410	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Charleston, SC 29410 e's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		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. Iteep 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. Icility was not able to provide an Board) with a revision date of management and operation of the ming board. 3. The governing board is in accordance with professional imment equipped and staffed to November 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
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
The Reserve Healthcare and Rehabilitation		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 DEFICI (Each deficiency must be preceded by f		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	4	
	[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)		

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		STREET ADDRESS, CITY, STATE, ZI	P 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 DEFICE (Each deficiency must be preceded by f		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	66.97	
	[NAME] Collections Services-re:Me	ed Pass- \$62.87	
	Rotech- \$1,420.00		
	Sapphire Background Check- \$4,69	93.43	
	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 E] Op LLC, [NAME] Op LLC [NAME] Confendants noted: A. Defendants Are In Items of the real property located at 1137 anding Boulevard, [NAME], South Carolitached to the Verified Complaint and in items of [NAME] (the [NAME] Facility) and acilities). (Ex. A, [NAME] Aff., 4.) 3. Statents of Rent under the Lease and have December 2022, January 2023, Februal and owing under the Lease is a sure of the Lease in [NAME] County and	gs, 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 rting 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

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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
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	IP CODE
The Reserve Healthcare and Rehabilitation		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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0835	1. [NAME] Medical Staffing, LLP v.	[NAME] OP, LLC d/b/a Viviant	
Level of Harm - Immediate	Healthcare of [NAME], [NAME] Co	unty, Case # 2023-CP-08-	
jeopardy to resident health or safety	0067, filed Summons & Complaint	on 3/1/2023.	
Residents Affected - Many	2. [NAME] Medical Staffing, LLP v.	[NAME] OP, LLC d/b/a Viviant	
	Healthcare of [NAME], [NAME] Con	unty, Case # 2023-CP-10-	
	01057, filed Summons & Complain	t 3/2/2023.	
	3. A&G Healthcare Staffing Agency	y, LLC v. [NAME] OP LLC d/b/a	
	Viviant Healthcare of [NAME], [NAI	ME] County, Case # 2022-	
	CP-08-02853, filed Summons & Co	omplaint on 11/22/2022.	
	4. Prime Staffing, LLC v. [NAME] C	P LLC d/b/a Viviant	
	Healthcare of [NAME] f/k/a [NAME]] Rehabilitation and	
	Nursing Center-[NAME], SC, LLC, [NAME] County, Case #		
	2022-CP-10-02774, filed Summons and Complaint 6/21/2022.		
	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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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 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 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:

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425289

CTATEMENT OF DEFICIENCIES	(VI) DDO//DED/CUES/ 155 /01 · ·	(V2) MILITIDI E CONSTRUCTIO::	(VZ) DATE CURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) 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			
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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	me's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		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 ave 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 he supplies that we have on hand. A precived an email stating PCC was echnician helping us get PCC back have access to provide the bility to see anything, invoices. The put the transportation until as due, but I don't have nition to the past due vendors is to lity team and at the facility level. Itching of vendors was before my exercices are not going to be cut ted he was unaware of the full evided documentation and full around the company #1, nor was he aware of the full evided documentation and full around the facility is sever services being ut of his pocket. Ility's sewer services, the and a current bill due of \$3,963.83 d.

			10. 0930-0391
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		STREET ADDRESS, CITY, STATE, Z	IP CODE
The Reserve Healthcare and Rehabilitation 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 DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
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

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 The Reserve Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 1800 Eagle Landing Blvd	P CODE
The reserve fleatificate and refla	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 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.		he facility's financial resources. to ensure all financial obligations
	On April 13, 2023, at 1:31 PM, the indicating IJ existed at F837 with a	Administrator was provided with an Imi scope and severity level of L.	mediate Jeopardy (IJ) Template
	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.	d, Administrative Management (Governing Board) with a revision date of governing board shall be responsible for the management and operation of the ing board is the supreme authority and has all legal authority and responsibility ration of our facility. 2. The Administrator is appointed by and accountable to the training board is responsible for, but not limited to: a. Oversight of facility care and professional standards of practice and principles; b. Delineation of the powers committees of the governing board; d. Establishment and ongoing review of all training facility management and operations, including: (1) Corporate Compliance and Performance Improvement program; g. Provision of a safe physical affed to maintain the facility and services; j. Establishment of a system whereby the governing body . 5. The Governing Board, with the assistance of the call consultants, have developed bylaws/medical practices that outline specific diauthority assigned to designated individuals. 7. Copies of the Articles of ments and other legal documents pertaining to the ownership and operation of diministrative office, and a copy of such information has been provided to agencies.	
	(continued on next page)		

			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		STREET ADDRESS, CITY, STATE, ZIP CODE	
The Reserve Healthcare and Reha	bilitation	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 DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	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. Th Since there are no documents to re have been paid. The electric bill is the electricity bills have been paid. The electric bill is the electricity bills have been paid. The allow that I said were paid was only trans quality staff was available on Sundwith other vendors who are past duthem. My intention to past due vento your 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 Adnithe CEO stated there is no system Corporate Office being closed due cash that can be used but does not During an interview with the Admin large amounts of cash, the facility's on what systems to use, or given h	at 1:00 PM, the Chief Executive Office agement available to provide informating paid except for the transportation combinated this last Sunday, so I sent them in facilitated. We are current with payrole are no services that are currently provide the provided in paid and the supplies that we current; however, I don't have access to I don't have the ability to see anything prortation. I didn't find out about the transportation. I didn't find out about the transportation. I didn't find out about the transportation. I didn't have documentation to state of the component of the original services are not going to be currently in the services are not going to service	ion requested related to financials. In pany. There were some invoices in for approval but there is no one I, there is no invoices for agency rending shut off that I am aware of. It have on hand. Not all the invoices of provide the information showing related to invoices. The accounts insportation until yesterday. The invoices we have payment agreements from the wendors is done and the weak of the w

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF BROWIDER OR SUBBLU		STREET ADDRESS, CITY, STATE, ZI	D CODE
The Reserve Healthcare and Reha	NAME OF PROVIDER OR SUPPLIER The Descript Healthcare and Debabilitation		PCODE
The Reserve Healthcare and Renabilitation		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	(4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0921	Make sure that the nursing home a public.	rea is safe, easy to use, clean and con	nfortable for residents, staff and the
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 25335
Residents Affected - Few	1	cord reviews, interviews and policy rev ot assure that Resident (R)2 could man nvolving R2. Cross refer F 550.	•
	Findings include:		
	Review of the facility's policy revised March 2018 titled, Activities of Daily Living (ADLs), Supporting showed Residents will ((sic) (as written)) provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). and Appropriate care and services will be provided for residents who are unable to carry out ADLs independently including support and assistance with .Mobility (transfer and ambulation)		
	paraplegia and polyneuropathy. Re	DATE] with diagnoses including but no view of an unspecified Mininum Data score of 15, indicating he is cognitively	Set (MDS) revealed R2 has a BIMS
	During an interview on 04/13/23 at approximately 10:46 AM, R2 stated that once lifted from his bed into his high-rise electric wheel chair, that he frequently cannot get from his end of the room to the door, so he can be out and about because his roommate's (R3)wheelchair and other stuff blocks him from getting out of the room, until someone can come and moves things.		
	During an interview on 04/13/23 at approximately 11:00 AM, Certified Nursing Assistant (CNA)2 stated that the room is congested with R3's wheelchair and belongings blocking R2 from moving his high-rise electric wheelchair from the area near his bed to the door. CNA2 further stated she has to move R3's wheelchair and belongings in order to maneuver a Hoyer lift (mechanical lift) to R2's bed so that he can be lifted into his wheelchair and that R3 has been asked repeatedly not to block the way with his wheelchair.		
	I .		