STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER Ashley River Healthcare		STREET ADDRESS, CITY, STATE, ZI 1137 Sam Rittenberg Blvd Charleston, SC 29407	P CODE
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	catheter care, and appropriate car 47257 Based on observation, facility polic adequate, routine incontinent care incontinence. This failure resulted of causing skin irritation, rashes or Findings Include: Review of the undated facility polic resident's comprehensive assessm resident's abilities in ADLs do not of provided for the following activities 2. The facility will provide a mainte maintaining the highest practicable unable to carry out activities of dail grooming, and personal and oral h and periodic review and evaluation Review of the undated facility polic assessment, all residents that are Explanation and Compliance Guid appropriate treatment to prevent in Review of the medical record revea limited to, hemiplegia and hemipar	y titled, Activities of Daily Living reveal nent and consistent with the resident's deteriorate unless deterioration is unav of daily living: 3. Toileting. Policy Expl nance and restorative program to assis outcome based on the comprehensive y living will receive the necessary serv ygiene. 5. The facility will maintain indi	s, the facility failed to provide ewed for bowel/bladder y tract infections, with the potential ed, The facility will, based on the needs and choices, ensure a oidable. Care and services will be anation and Compliance Guidelines: at the resident in achieving and e assessment. 3. A resident who is ices to maintain good nutrition, vidual objectives of the care plan on the resident's comprehensive atment and services. Policy t of bladder or bowel will receive he extent possible. 22, with diagnoses including, but not ing right dominant side, post

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

Facility ID: 425362

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2023
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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R1's Quarterly Minimum revealed, R1 had a Brief Interview cognitive impairment. R1 displayed required extensive assistance with and personal hygiene. The MDS al is not on a toileting program. R1 is Review of the physician's orders da for bacteria or other germs in a urir dated 12/02/22 indicated Macrobid 7 days. A laboratory culture for UA 01/10/23 for Cephalexin Oral Caps urination until 01/14/2023. An order every 12 hours for acute dysuria, p 02/27/23 for a urine culture, okay to smell with painful urination for 3 da UTI for 1 day. A lab order on 03/06 Review of R1's care plan dated 03/ history of cerebrovascular accident include, staff assistance to the exter for pressure areas with staff monito all care provided and notify nurse, i incontinent care per standards of c	Data Set (MDS) with an Assessment F for Mental Status (BIMS) score of 12/19 I no physical or verbal behaviors and di bed mobility, transfers, locomotion on a so revealed that R1 has frequent incon also at risk of developing pressure ulce ated 11/29/22 indicated a laboratory or the sample); one time only for urinary indi- capsule 100MG, give 1 capsule by mo C&S one time only for burning with uri- ule 500MG; give 1 capsule by mouth er or on 2/27/23 for Cephalexin Oral Tablet ainful urination with foul smell for 7 day to straight cath for urine specimen; one f ys. A urinalysis completed on 03/06/23 //23 for C&S of urine; one time only for 1 31/23 indicates R1 has an ADL self-ca with a goal to maintain/improve level of ent needed to accomplish task. R1's can red mobility and bladder incontinence, y pring and interventions. Interventions in medical doctor, or designee of abnormal	Reference Date (ARD) of 04/06/23 5, indicating R1 had moderate id not reject any form of care. R1 and off unit, dressing, toilet use, tinence for urinary and bowels and er/injuries. der for UA C&S (a lab test to check continence for 1 day. An order buth two times a day for dysuria for ination for 1 day. An order on very 12 hours for burning with 500MG; give 1 tablet by mouth vs. A laboratory culture ordered on time only for acute dysuria, foul prescribed for one time only for UTI f/u for 1 day. re performance deficit related to of functioning and interventions to re plan further reveals R1 is at risk with a goal to have decreased risk clude observing resident's skin with al findings, assisting with
	Review of R1's ADL task sheet from 03/15/23 to 04/13/23 (30) days, for Bowel and Bladder Elimination revealed that nine of thirty days, R1 was only provided incontinent care one to two times within a 24-hour period. Review of R1's Daily Skilled Evaluation with an effective date of 04/05/23 revealed, R1 has had an UTI within		
	AM pickup. During an interview with R1 on 04/ from staff, and they don't have eno bell, and no one will answer for hou that morning until 11:00 PM. She is of but sometimes it stings, and she	e was, Foul odor, and an UA was colle 13/23 at 11:42 AM, R1 states that she i ugh staff to provide appropriate care. R urs on end. R1 further stated that one d s a heavy wetter, right now she doesn't has had a couple of UTI's. R1 conclud Environmental Control (SCDHEC) tod bond that fast, but she is thankful.	s not getting enough assistance A1 includes that she rings her call lay her brief was not changed from have any sores that she is aware led that she contacted the South

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 been employed at this facility for set states that she knows how to provid She includes that if there is an issu check to see if the ADL care was reprovided every two hours or as need CNA1 concluded that she doesn't request. During an interview with the Director complete a grievance if they feel th that she gets involved if the Unit Ma complaint the next day. The DON fin nurses rounding and it's not a certa and most of the grievances that she The DON concluded that a resident more than twice a day and care she of the nursing staff would be to add During an interview with Licensed F been employed with this facility for receiving care she would go and set CNA's. LPN 1 further states that roo on the 100 hall. She includes that F have any adverse reactions. LPN1 	ursing Assistant (CNA)1 on 04/13/23 a ven months and usually works the 100 de ADL care to residents by checking ti e or concern with a resident receiving of fused or omitted. CNA1 also explains ided. Each time care is provided, it is d ecall there being any issues with R1 nd or of Nursing (DON) on 04/13/22 at 1:0 ey are at harm or not receiving the care anager reports anything to her and she urther states incontinent care should be in number of hours. She adds that she e receives are about call lights not bein t that is incontinent and is a heavy wett bould be provided as needed, no specifi- ress requests for care within a reasona Practical Nurse (LPN)1 on 04/13/23 at 2 about a year. She includes that if a res- te if she can help with what they need of unding is completed every two hours a R1 would have occasional complaints, to concluded to assist in providing inconti of fluids, that they are dry, check for any	 unit, where R1 resides. CNA1 he care plan in the Kardex system. care, she would notify the nurse or that incontinent, toileting care is ocumented in the resident's chart. ot receiving any care per R1's 9 PM revealed, residents can e that they need. The DON states typically follows up with the e provided frequently during the has not had a complaint from R1 g responded to in a timely manner. er would probably need changing c amount of time. Her expectation able time frame. 2:37 PM, LPN1 states that she has ident makes a complaint about not or contact the SSD, DON, or any nd there are typically three CNA's wice out of five days, but she didn't inent care, she would make sure

AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(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		agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		IENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner the **NOTE- TERMS IN BRACKETS H Based on review of facility policy, re manner that enabled it to use its fin to have a system in place to ensure provided to the residents. This failu On 04/13/23 at 1:30 PM the Admini vendors, utility services, and critical Jeopardy (IJ) at F835. The facility was unable to present a survey team was not able to validat F835 at a scope and severity of L (survey team exited the facility on 04 On 04/13/23 at 1:30 PM, the survey Jeopardy (IJ) Template and informa 70 - Administration. On 04/13/23 the survey team exited acceptable IJ Removal Plan. Findings Include: Review of a facility policy titled, Add October 2017 revealed, The govern facility. 2. The Administrator is appor is responsible for, but not limited to standards of practice and principles maintain the facility and services;. Review of a facility policy titled, Ver vendors have an equal opportunity selection of vendors is the responsi 4. All vendors must be referred to the Review of two emails from Electric the following:	that enables it to use its resources effectively and efficience and interviews, the facility ancial resources effectively and efficience all financial obligations are met to guare has the potential to affect 89 of 89 resistrator was notified that the failure to k an acceptable plan of removal of the imite that the IJ was removed. The facility widespread immediate jeopardy to resist/13/23 with an ongoing IJ. y team provided the Administrator with ead the facility IJ existed as of 04/05/23. d the facility with an ongoing IJ. The face the facility of facility care and services; g. Provision of a safe physical environed of the Purchasing Agent in coope the Purchasing Agent. Company #1 to the Administrator, date of the face of the purchasing Agent in coope the Purchasing Agent.	ctively and efficiently. DNFIDENTIALITY** 43322 y failed to be administered in a ntly. Specifically, the facility failed arantee care and services are esidents in the facility. eep up to date with payment to he facility constituted Immediate mediate jeopardy. Therefore the remained out of compliance at dents health and safety). The a copy of the CMS Immediate The IJ was related to 42 CFR 48: cility was not able to provide an fooard) with a revision date of management and operation of the ning board. 3. The governing boar res in accordance with professionar nment equipped and staffed to lovember 2009 revealed, All hent used by the facility. 1. The aration with department supervisor ad 04/05/23 at 10:43 AM revealed

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NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI		
Ashley River Healthcare		1137 Sam Rittenberg Blvd Charleston, SC 29407		
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 DEFIC (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	ion)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety	\$7,379.94. Account Balance: \$10,9 Review of a spreadsheet printed th	r electric/gas meter will be disconnecte 013.91 Gas#[xxxxxxxx] rough Stampli (software that keeps tra oproximately 11:00 AM revealed the fol	ck of vendor invoices), provided by	
Residents Affected - Many	vendors:			
	Acme Linen (Demand Letter) - \$8,127.57			
	Allstate Medical Supplies - \$11,238.01			
	American Health Associates - \$9,734.05			
	Ashpa Management - \$3,682.06			
	Atlantic Respiratory Services - \$20,180.00			
	Bristol - \$62,706.41			
	Carolina Chillers - \$1,958.15			
	Carolina Services Inc - \$7,950.00			
	[NAME] Water System - \$19,414.94			
	Cleaning Solutions and Supplies - \$5,254.46			
	[NAME] Dizzia LLP - \$2,005.00			
	CrownCare - \$5,400.00			
	CSI - \$7,950.00			
	[NAME] - \$1,969.56			
	Curana Health - \$47,207.66			
	Direct Supply - \$3,486.49			
	Docusystems - \$277.98			
	Ecolab - \$3,892.03			
	Transport Company - \$13,329.17			
	Guardin - \$7,942.64			
	[NAME] - \$2,514.15			
	(continued on next page)			

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F 0835	ImageOne - \$13,460.57			
Level of Harm - Immediate	Industrial Chem Labs - \$102.86			
jeopardy to resident health or safety	Innovative Supply Group - \$10,821	.53		
Residents Affected - Many	Joerns Healthcare - \$2,105.54			
	KCI - \$23,597.09			
	L&S Electronics - \$108.00			
	[NAME] \$40,270.89			
	Lowcountry Lawn - \$2,025.00			
	MAS Medical Staffing - \$10,588.94			
	Medpass - \$107.55			
	Mobilex usa - \$11,224.25			
	NurseSpring - \$9,236.93			
	Personal Care Ambulance - \$41,42	24.28		
	Pharmerica - \$33,487.70			
	Pioneer Technologies - \$9,843.82			
	[NAME] Clean - \$3,065.89			
	Roto Rooter - \$569.44			
	Sapphire Background Check - \$20,215.47			
	Stericycle - \$1,655.90			
	TK Elevator - \$8,001.42			
	Trident USA - \$7,001.73			
	Vital Records Control - \$3,351.26			
	WellSky - \$5,995.00			
	(continued on next page)			

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of a Notice Of Motion And an electronic filing date of 03/28/23 Holdings, LLC, Plaintiffs, vs. [NAMI 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 Healthcare of [NAME] (th Facility, collectively, the Facilities). failing to make timely payments of payments in November 2022, Dece amount that is currently past due a 3 staffing agencies have sued the I failure to pay the agencies, which r	Motion For Appointment Of Receiver E: B revealed, [NAME] Sc Property Holding E] Op LLC, [NAME] Op LLC [NAME] Ca affendants noted: A. Defendants Are In E ars of the real property located at 1137] anding Boulevard, [NAME], South Carol tached to the Verified Complaint and im- ese Properties from Plaintiffs and manage he [NAME] Facility) and Viviant Healthor (Ex. A, [NAME] Aff., 4.) 3. Starting in O Rent under the Lease and have continu- ember 2022, January 2023, February 2 ind owing under the Lease is a sum of a Lessees in [NAME] County and [NAME] aises very serious concerns and doubt er care for the residents. The following if [NAME] OP, LLC d/b/a Viviant unty, Case # 2023-CP-08- on 3/1/2023. [NAME] OP, LLC d/b/a Viviant unty, Case # 2023-CP-10- it 3/2/2023. y, LLC v. [NAME] OP LLC d/b/a ME] County, Case # 2022- omplaint on 11/22/2022. OP LLC d/b/a Viviant] Rehabilitation and [NAME] County, Case #	xpedited Hearing Requested with 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 care of [NAME] (the [NAME] October 2022, Defendants began ued to fail to make timely Rent 023, and March 2023. The total at least \$2,250,436.13. 14. At least] County for breach of contract and s as to whether the Facilities are

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZII 1137 Sam Rittenberg Blvd	(X3) DATE SURVEY COMPLETED 04/13/2023 P CODE
Ashley River Healthcare		Charleston, SC 29407	
For information on the nursing home's pla	an to correct this deficiency, please cont	act the nursing home or the state survey a	agency.
	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f	IENCIES full regulatory or LSC identifying information	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or	24. Therefore, not only do Lessees providing medical supplies and serv	lack the money to pay Plaintiffs, Lesse rices to the residents at the Facilities, w insolvency puts the residents at the Fa	es also lack money to pay vendors vhich is a particularly dangerous

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	425362	B. Wing	04/13/2023
NAME OF PROVIDER OR SUPPLIE Ashley River Healthcare	R	STREET ADDRESS, CITY, STATE, ZI 1137 Sam Rittenberg Blvd Charleston, SC 29407	P CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES / full regulatory or LSC identifying information)	
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Property Holdings, LLC, And [NAMI LLC, [NAME] Capital Management record in this case, the Court finds in has the statutory power to order the interests in commercial real propert Plaintiffs have met their burden to a Property, which includes the assets this Order, appointing a receiver ov Defendants have failed to meet the rights and remedies, including, with necessary to protect both the reside the Personal Property are being suid diminution in value, misappropriatio Plaintiffs and the residents. Moreove insolvency. Based upon the foregoi GRANTED. 2. Appointment. [Receive over the Lessees, the Facilities and is effective as of April 17, 2023 and Court on April 6, and pending the A parties shall not dispose of any proj otherwise, except such actions as w Receiver shall schedule weekly me receivership. 3. [NAME] of Receive appointment by further Order of the the Facilities and Lessees' business limitation, the Personal Property (co not required, to perform all servicess manage, care for, maintain, repair, without further order of the Court, ir of, custody of, and control over the property and assets of Lessees. Fo include all business operations and connection with the Facilities, include records, bank accounts, keys, comfi intangibles. d. To direct Defendants immediately to turn over and delive which is owned by the Defendants i Operations including, without limitat books, records, accounts, operating Property and Operations. e. To neg other instruments in the name of the Receiver with the Facilities and the . h. To collect and receive all earning Lessees' Personal Property and Op Order. i. To (a) continue to maintair for deposits and disbursements of t Defendants in the bank accounts re the Facilities as a single business e Facilities and to use such revenues	ever with an electronic filing date of OP E] Sc Property Holdings, LLC, Plaintiffs LLC, Sc Two Op Holdings LLC, And [C and concludes: 2. Under South Carolin e appointment of a receiver to protect a y and personal property related to or u uppoint a receiver for the Lessees, the I and Operations described in the Motic er the Lessees, the Facilities, and the F ir obligations under the Lease, and Pla out limitation, the right to have a receive ents of the Facilities and the rights of P bjected to or are in danger of impairme in, and dissipation, and a further delay er, the Lessees appear to be insolvent ng, it is hereby, ORDERED AND ADJL ver] is qualified to act as Receiver in th the Personal Property and Operations continues until further order of this Cor pril 17, 2023 Effective Date for the app perty or do anything adverse with any p vould occur during the normal course a etings with Plaintiffs to provide informa r. As of the Effective Date, and ending Court, Receiver is authorized to take p s operations, assets, and property, of w ollectively, the Personal Property and Op and take all actions necessary or advi insure, protect, and preserve the Person cluding, but not limited to, the following Facilities and all of the Personal Proper r the avoidance of doubt, the Personal all personal property of any kind owned ing all intellectual property, fixtures, etc onations for locks, passwords or other and their officers, agents, employees r or cause to be delivered to the Receive and relates in any manner to the Facilit tion, all keys, combinations for looks, p g statements, reserve accounts and the obtate all bills, drafts, loan documents (e Lessees. g. To retain and pay profess management and administration of the ges rents, issues, incurred by both F and utilize Lessees' deposit accounts he Revenues and (b) direct payors to c lated to the Facilities. Receiver shall bi- nterprise, including commingling the re- to pay the liabilities incurred by both F	 k. Vs. [NAME] Op LLC, [NAME] Op Dwner], Defendants. Based on the a's Receivership Act, the Court party's business and property sed to operate the business. 4. Facilities, and the Personal on. 6. Good cause exists for issuing Personal Property and Operations. intiffs are entitled to enforce their er appointed. A receiver is laintiffs because the Facilities and nt, waste, loss, substantial would cause an injustice to the or in imminent danger of JDGED: 1. The Motion is is action and is appointed Receiver ut. As previously ordered by the ointment of the Receiver the action of the Receiver, the property, real, financial, or and scope of business. The tion on the status of the upon termination of such possession, custody and control of vhatever nature, including, without perations), and is authorized, but sable to oversee, carry on, anal Property and Operations, stall diby the Lessees used in quipment, inventory, books and access to information, and or other representatives ver or his designee all personal with Plaintiff or others), notes or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and assist e Personal Property and Operations or sionals to advise and property of this and the personal Property of this and tay be earned after entry o

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	425362	B. Wing	04/13/2023
NAME OF PROVIDER OR SUPPLIE	ĒR	STREET ADDRESS, CITY, STATE, ZI	P CODE
Ashley River Healthcare		1137 Sam Rittenberg Blvd Charleston, SC 29407	
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety	During an interview with the Administrator on 04/12/23 at 10:35 AM revealed, the facility does not have access to Point Click Care (PCC) (software system that manages the residents electronic medical record), this is due to non payment. The Administrator further stated, At the facility level we are doing everything we can. We approve the invoices to be paid, but we don't have control over cutting the check. The owner should be locked up.		
Residents Affected - Many	last year. We've been aware and its	dsman on 04/12/23 at 10:45 AM reveal s been reported. We knew there was a her stated, A lot of the facilities in the [N	lot debt but we didn't know how
	Nurse Consultant (NC), Administrat (Heartland of [NAME]), on 04/12/23 corporate staff or management to p paid except for the transportation of submitted this last Sunday. I sent a We are current on payroll, there is a services that are currently shut off. we have on hand. A PCC represen email stating PCC was down. I will helping us get PCC back up. Not al access to provide the information s anything, invoices. The accounts th transportation until yesterday. We h don't have documentation to show vendors is to reimburse them, decis facility level. We never dropped a m	viant Leadership team which included; tor of Viviant of [NAME], and the Admir at 1:00 PM revealed, It is a Jewish ho rovide the information requested. All the ompany. There were some invoices that pproval but there is no one that I can can no invoice for agency staff, we don't us Since there are no documents to revier tative is working on facility access to the provide the survey team with the contal I the invoices have been paid. The elect howing the electricity bills have been prive at I said were paid was only transportanave payment agreements with other vi- we have payment plans set up with the sions to move on to new vendors is don ew vendor because of an outstanding y is not going to provide us with a letter	histrator of Viviant of [NAME] liday, holy week, and we have no be previous invoices have been at needed to be approved and all to get this information facilitated. e agency staff. There are no w, you can see the supplies that e system (PCC). I received an ct information for the technician ctric bill is current. I don't have aid. I don't have the ability to see tion. I didn't find out about the endors who are pass due but I m. My intentions to the past due he by our quality team and at the balance. Switching of vendors was

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	425362	A. Building B. Wing	04/13/2023
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For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.
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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	this facility since January 23, 2023. of the problem was the initial purch- have found out about this as time h staffing agency was probably Octol staffing agency, but I am sure there have 2 accounts for this facility and billed monthly and go straight to co payment. I don't know if there are a facility) is still outstanding. Mobile X is still an outstanding balance, I thir any invoices for [NAME] foods, I be I don't know if they are pass due. O provides laundry and dishwasher cl experience as an Administrator its a about financial issues. It's a big cor line is to the CEO and he pushes th had these types of problems before During a phone interview with the M unaware of the financial status of th regarding residents being transport Viviant has contracted with and SC During a phone interview with a PC survey exit) revealed, the facility ha PCCRep stated multiple notices we of Services Notice, and Disablemer	Medical Director (MD) on 04/13/23 at 2: the facility. The MD stated she felt like h ed for appointments. The MD conclude House Calls pays me. C Representative (PCCRep) on 04/14/ is an outstanding balance of \$42,657.9 the sent to the facility to include; Deman th of Login Notice. A request was made the PCCRep replied she would have to o	t has always been a struggle. Part r a while. Paying there vendors, I yroll. The last time we using a aware of any past due balances for vide services to this facility. We utstanding. Both accounts are ed to the CEO and they took care of ME] Water (provides water to the o resume services, not sure if there s provides our food, I haven't seen provides our laundry services, and do 1 million dollars. Ecolab anding balance. In my professional al with, I have never had to worry er management regularly. My direct n operational change. I have never 35 PM revealed, the MD was er orders were being followed ad, I work for SC House Calls which (23 at 3:44 PM (returned call after 5 dating back to June 2022. The nd of Payment Notice, Termination e for documentation related to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(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
Ashley River Healthcare		1137 Sam Rittenberg Blvd Charleston, SC 29407	
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		IENCIES full regulatory or LSC identifying informati	ion)
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 mather facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43322		
Residents Affected - Many	governing body in place to ensure p Specifically, the facility's governing were met to guarantee care and se 89 residents residing in the facility. On 04/13/23 at 1:30 PM the Admini	ecord review, and interviews, the facilit proper management and operation of t body failed to have a system in place rvices are provided to the residents. The strator was notified that the failure to k	he facility's financial resources. to ensure all financial obligations his failure had the potential to 89 o ceep up to date with payment to
	survey team was not able to validat F837 at a scope and severity of L (survey team exited the facility on 04	In acceptable plan of removal of the im that the IJ was removed. The facility widespread immediate jeopardy to res 4/13/23 with an ongoing IJ. y team provided the Administrator with	remained out of compliance at idents' health and safety). The
	Jeopardy (IJ) Template and informed the facility IJ existed as of 04/05/23. The IJ was related to 42 CFR 483 70(d) - Governing Body. On 04/13/23 the survey team exited the facility with an ongoing IJ. The facility was not able to provide an		
	acceptable IJ Removal Plan.		
	October 2017 revealed, The govern facility. 1.The facility's governing bo for the management and operation governing board. 3. The governing services in accordance with profess and duties of the officers and comm administrative programs governing Program; (3) Quality Assurance and environment equipped and staffed the Administrator reports to the gov Administrator and legal/medical con- responsibilities, privileges and auth	ninistrative Management (Governing E ning board shall be responsible for the bard 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 nittes of the governing board; d. Establ facility management and operations, in d Performance Improvement program; to maintain the facility and services; j. I erning body . 5. The Governing Board nsultants, have developed bylaws/med ority assigned to designated individual	management and operation of the all legal authority and responsibility appointed by and accountable to the d to: a. Oversight of facility care an oles; b. Delineation of the powers ishment and ongoing review of all ncluding: (1) Corporate Compliance g. Provision of a safe physical Establishment of a system whereb , with the assistance of the lical practices that outline specific

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
TLOUL	B. Wing	04/13/2023	
	STREET ADDRESS, CITY, STATE, ZI	P CODE	
NAME OF PROVIDER OR SUPPLIER Ashley River Healthcare		1137 Sam Rittenberg Blvd Charleston, SC 29407	
an to correct this deficiency, please cont	act the nursing home or the state survey a	agency.	
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
Review of two emails from Dominion Energy to the Administrator, dated 04/05/23 at 10:43 AM revealed the following: 1. Final Notice Good Morning, Your electric/gas meter will be disconnected 4/6/23 for the Past Due Amount - \$58,773.44. Account Balance: \$66,208.48 Electric#[xxxxxxxx]			
			2. Final Notice Good Morning, Your electric/gas meter will be disconnected 4/6/23 for the Past Due Amount - \$7,379.94. Account Balance: \$10,913.91 Gas#[xxxxxxx]
Review of a spreadsheet printed through Stampli (software that keeps track of vendor invoices), provided by the Administrator on 04/12/23 at approximately 11:00 AM revealed the following outstanding balances due to vendors:			
Acme Linen (Demand Letter) - \$8,127.57			
Allstate Medical Supplies - \$11,238.01			
American Health Associates - \$9,734.05			
Ashpa Management - \$3,682.06			
Atlantic Respiratory Services - \$20,180.00			
Bristol - \$62,706.41			
Carolina Chillers - \$1,958.15			
Carolina Services Inc - \$7,950.00			
[NAME] Water System - \$19,414.94			
Cleaning Solutions and Supplies - \$5,254.46			
[NAME] Dizzia LLP - \$2,005.00			
CSI - \$7,950.00			
[NAME] - \$1,969.56			
Curana Health - \$47,207.66			
Direct Supply - \$3,486.49			
(continued on next page)			
	an to correct this deficiency, please cont SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by 1 Review of two emails from Dominio following: 1. Final Notice Good Morning, Your \$58,773.44. Account Balance: \$66, 2. Final Notice Good Morning, Your \$7,379.94. Account Balance: \$10,9 Review of a spreadsheet printed the the Administrator on 04/12/23 at ap vendors: Acme Linen (Demand Letter) - \$8,1 Allstate Medical Supplies - \$11,238 American Health Associates - \$9,73 Ashpa Management - \$3,682.06 Atlantic Respiratory Services - \$20, Bristol - \$62,706.41 Carolina Chillers - \$1,958.15 Carolina Services Inc - \$7,950.00 [NAME] Water System - \$19,414.94 Cleaning Solutions and Supplies - \$ [NAME] Dizzia LLP - \$2,005.00 CrownCare - \$5,400.00 CSI - \$7,950.00 [NAME] - \$1,969.56 Curana Health - \$47,207.66	1137 Sam Rittenberg Blvd Charleston, SC 29407 an to correct this deficiency, please contact the nursing home or the state survey a SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information Review of two emails from Dominion Energy to the Administrator, dated Of following: 1. Final Notice Good Morning, Your electric/gas meter will be disconnected \$58,773.44. Account Balance: \$66,208.48 Electric#[xxxxxxxx] 2. Final Notice Good Morning, Your electric/gas meter will be disconnected \$7,379.94. Account Balance: \$10,913.91 Gas#[xxxxxxxx] Review of a spreadsheet printed through Stampli (software that keeps tract the Administrator on 04/12/23 at approximately 11:00 AM revealed the foll vendors: Acme Linen (Demand Letter) - \$8,127.57 Allstate Medical Supplies - \$11,238.01 American Health Associates - \$9,734.05 Ashpa Management - \$3,682.06 Atlantic Respiratory Services - \$20,180.00 Bristol - \$62,706.41 Carolina Chillers - \$1,958.15 Carolina Services Inc - \$7,950.00 [NAME] Water System - \$19,414.94 Cleaning Solutions and Supplies - \$5,254.46 [NAME] Dizzia LLP - \$2,005.00 CrownCare - \$5,400.00 CSI - \$7,950.00 [NAME] - \$1,969.56 Curana Health - \$47,207.66 Direct Supply - \$3,486.49 Docusystems - \$277.98	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425362	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER Ashley River Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1137 Sam Rittenberg Blvd Charleston, SC 29407	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	TIENCIES full regulatory or LSC identifying information	on)
F 0837	Guardin - \$7,942.64		
Level of Harm - Immediate	[NAME] - \$2,514.15		
jeopardy to resident health or safety	ImageOne - \$13,460.57		
Residents Affected - Many	Industrial Chem Labs - \$102.86		
	Innovative Supply Group - \$10,821.53		
	Joerns Healthcare - \$2,105.54		
	KCI - \$23,597.09		
	L&S Electronics - \$108.00		
	[NAME] \$40,270.89		
	Lowcountry Lawn - \$2,025.00		
	MAS Medical Staffing - \$10,588.94		
	Medpass - \$107.55		
	Mobilex usa - \$11,224.25		
	NurseSpring - \$9,236.93		
	Personal Care Ambulance - \$41,424.28		
	Pharmerica - \$33,487.70		
	Pioneer Technologies - \$9,843.82		
	[NAME] Clean - \$3,065.89		
	Roto Rooter - \$569.44		
	Sapphire Background Check - \$20,215.47		
	Stericycle - \$1,655.90		
	TK Elevator - \$8,001.42		
	Trident USA - \$7,001.73		
	Vital Records Control - \$3,351.26		
	(continued on next page)		

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	425362	B. Wing	04/13/2023
NAME OF PROVIDER OR SUPPLIE	ĒR	STREET ADDRESS, CITY, STATE, ZI	P CODE
Ashley River Healthcare		1137 Sam Rittenberg Blvd Charleston, SC 29407	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information	on)
F 0837	WellSky - \$5,995.00		
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	an electronic filing date of 03/28/23 Holdings, LLC, Plaintiffs, vs. [NAMI 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 Healthca [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 Exprevealed, [NAME] Sc Property Holding E] Op LLC, [NAME] Op LLC [NAME] Ca fendants noted: A. Defendants Are In E rs of the real property located at 1137 [nding Boulevard, [NAME], South Carol ached to the Verified Complaint and im- se Properties from Plaintiffs and manag- re of [NAME] (the [NAME] Facility) and acilities). (Ex. A, [NAME] Aff., 4.) 3. Star ants of Rent under the Lease and have December 2022, January 2023, Febru lue and owing under the Lease is a sun the Lessees in [NAME] County and [N ncies, which raises very serious concern provide proper care for the residents.	s, LLC, And [NÅME] 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 ary 2023, and March 2023. The n of at least \$2,250,436.13. 14.At IAME] County for breach of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425362	B. Wing	04/13/2023
NAME OF PROVIDER OR SUPPLIE Ashley River Healthcare	R	STREET ADDRESS, CITY, STATE, ZI 1137 Sam Rittenberg Blvd Charleston, SC 29407	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying information	on)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Property Holdings, LLC, And [NAM LLC, [NAME] Capital Management record in this case, the Court finds has the statutory power to order the interests in commercial real propert Plaintiffs have met their burden to a Property, which includes the assets this Order, appointing a receiver ov Defendants have failed to meet the rights and remedies, including, with necessary to protect both the resid- the Personal Property are being su diminution in value, misappropriatic Plaintiffs and the residents. Moreov insolvency. Based upon the foregoi GRANTED. 2. Appointment. [Recei over the Lessees, the Facilities and is effective as of April 17, 2023 and Court on April 6, and pending the A parties shall not dispose of any pro otherwise, except such actions as v of Receiver. As of the Effective Dat the Court, Receiver is authorized to business operations, assets, and p Property (collectively, the Personal all services and take all actions neor repair, insure, protect, and preserve including, but not limited to, the folle the Facilities and all of the Personal For the avoidance of doubt, the Pei all personal property of any kind ow intellectual property, fixtures, equip for locks, passwords or other access Financial Services, or such other m Plaintiffs, to manage the Facilities of Defendants and relates in any man without limitation, all keys, combina accounts, operating statements, ref Operations. e. To negotiate all bills instruments in the name of the Less with the Facilities and the manager collect and receive all earnings, rer Lessees' Personal Property and Op Order. i. To (a) continue to maintair for deposits and disbursements of t Defendants in the bank accounts ref the Facilities as a single business of	ceiver with an electronic filing date of O E] Sc Property Holdings, LLC, Plaintiffs LLC, Sc Two Op Holdings LLC, And [C and concludes: 2. Under South Carolin e appointment of a receiver to protect a ty and personal property related to or u appoint a receiver for the Lessees, the I is and Operations described in the Motio er the Lessees, the Facilities, and the I ir obligations under the Lease, and Pla bout limitation, the right to have a receive ents of the Facilities and the rights of P bjected to or are in danger of impairme on, and dissipation, and a further delay rer, the Lessees appear to be insolvent ing, it is hereby, ORDERED AND ADJU ver] is qualified to act as Receiver in the the Personal Property and Operations continues until further order of this Co upril 17, 2023 Effective Date for the app perty or do anything adverse with any p would occur during the normal course a e, and ending upon termination of such to take possession, custody and control roperty, of whatever nature, including, w Property and Operations), and is author cessary or advisable to oversee, carry of a the Personal Property and Operations buying: a. To take immediate possession I Property and Operations shall in uned by the Lessees used in connection ment, inventory, books and records, bas to information, and intangibles. b. To anagement company as Receiver may on terms and condition acceptable to Pl ts, employees or other representatives the Receiver or his designee all person ner to the Facilities or the Personal Pro- tions for looks, passwords or other acc serve accounts and the like pertaining for the set on av due and unpaid or that m is and utilize Lessees' deposit accounts the Revenues and (b) direct payors to c eleted to the Facilities. Receiver shall b enterprise, including commingling the re- to nav the liabilities incurred by both F	s, Vs. [NAME] Op LLC, [NAME] Op Dwner], Defendants. Based on the a's Receivership Act, the Court party's business and property sed to operate the business. 4. Facilities, and the Personal on. 6. Good cause exists for issuing Personal Property and Operations. initiffs are entitled to enforce their ver appointed. A receiver is laintiffs because the Facilities and nt, waste, loss, substantial would cause an injustice to the or in imminent danger of JDGED: 1. The Motion is is action and is appointed Receiver s. The appointment of the Receiver urt. As previously ordered by the property, real, financial, or and scope of business. 3. [NAME] in appointment by further Order of of the Facilities and Lessees' without limitation, the Personal prized, but not required, to perform on, manage, care for, maintain, s, without further order of the Court, n of, custody of, and control over r property and assets of Lessees. clude all business operations and n with the Facilities, including all ank accounts, keys, combinations engage Legacy Healthcare e select in consultation with taintiffs and Receiver. d. To direct immediately to turn over and alty which is owned by the operty and Operations including, tess codes, books, records, to the Personal Property and or others), notes or other s to advise and assist Receiver I Property and Operations . h. To evenues of the Facilities and hay be earned after entry of this , which shall be used exclusively deposit funds due and owing to e expressly authorized to operate evenues generated from both

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NAME OF PROVIDER OR SUPPLIER Ashley River Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1137 Sam Rittenberg Blvd Charleston, SC 29407	
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	IENCIES full regulatory or LSC identifying informati	on)
F 0837 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	 doing everything we can. We approcheck. The owner should be locked During an interview with the Ombudlast year. We've been aware and it' much it was. During a virtual meeting with the Vi Nurse Consultant (NC), Administrati (Heartland of [NAME]), on 04/12/23 corporate staff or management to p to be approved and submitted this linformation facilitated. Since there a hand. The electric bill is current. I dhave been paid. I don't have the ab vendors who are pass due, but I do During an interview with the Adminia a struggle. Part of the problem was their vendors, I have found out abo was probably October or Novembe agency, but I am sure there are son accounts for this facility, and I don't monthly and go straight to corporate payment. I don't know if there are a facility) is still outstanding. Mobile X professional experience as an Adm had to worry about financial issues. regularly. My direct line is to the CE change. I have never had these type 	dsman on 04/12/23 at 10:45 AM reveal s been reported. We knew there was a viant Leadership team which included tor of Viviant of [NAME], and the Admir 8 at 1:00 PM revealed, It is a Jewish ho rovide the information requested. There iast Sunday. I sent approval but there i are no documents to review, you can s on't have access to provide the informa- ility to see anything, invoices. We have in't have documentation to show we have istrator on 04/12/2023 at 2:21 PM reve the initial purchase of the building was ut this as time has gone on. The last thir r of last year. I am not aware of any pa me. Dominion Energy does provide ser know why. Both accounts are outstan- e. Dominion Energy was escalated to the inistrator its usually clinical issues that It's a big concern here. I voice my cor EO, and he pushes things up when he of les of problems before. Medical Director (MD) on 04/13/23 at 2:	It have control over cutting the ed, This has been going on since lot debt but we didn't know how Chief Executive Office (CEO), histrator of Viviant of [NAME] Jiday, holy week, and we have no re were some invoices that needed s no one that I can call to get this ee the supplies that we have on ation showing the electricity bills e payment agreements with other ive payment plans set up with then aled, Financially it has always been s unable to bill for a while. Paying me we are using a staffing agency st due balances for staffing vices to this facility. We have 2 ding. Both accounts are billed he CEO and they took care of ME] Water (provides water to the o resume services. In my I have to deal with, I have never icerns to upper management can. I hope there is an operational