

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 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>47257</p> <p>Based on observation, facility policy review, record review, and interviews, the facility failed to provide adequate, routine incontinent care for 1 of 1 Resident (R)1, who was reviewed for bowel/bladder incontinence. This failure resulted in the resident acquiring multiple urinary tract infections, with the potential of causing skin irritation, rashes or developing a pressure sore.</p> <p>Findings Include:</p> <p>Review of the undated facility policy titled, Activities of Daily Living revealed, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 3. Toileting. Policy Explanation and Compliance Guidelines: 2. The facility will provide a maintenance and restorative program to assist the resident in achieving and maintaining the highest practicable outcome based on the comprehensive assessment. 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 5. The facility will maintain individual objectives of the care plan and periodic review and evaluation.</p> <p>Review of the undated facility policy titled, Incontinence revealed, Based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services. Policy Explanation and Compliance Guidelines: 4. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible.</p> <p>Review of the medical record revealed the facility admitted R1 on 10/14/22, with diagnoses including, but not limited to, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, post traumatic seizures, muscle weakness, difficulty in walking, and hypertension.</p> <p>(continued on next page)</p>

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
---	-------	-----------

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 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/06/23 revealed, R1 had a Brief Interview for Mental Status (BIMS) score of 12/15, indicating R1 had moderate cognitive impairment. R1 displayed no physical or verbal behaviors and did not reject any form of care. R1 required extensive assistance with bed mobility, transfers, locomotion on and off unit, dressing, toilet use, and personal hygiene. The MDS also revealed that R1 has frequent incontinence for urinary and bowels and is not on a toileting program. R1 is also at risk of developing pressure ulcer/injuries.</p> <p>Review of the physician's orders dated 11/29/22 indicated a laboratory order for UA C&S (a lab test to check for bacteria or other germs in a urine sample); one time only for urinary incontinence for 1 day. An order dated 12/02/22 indicated Macrobid capsule 100MG, give 1 capsule by mouth two times a day for dysuria for 7 days. A laboratory culture for UA C&S; one time only for burning with urination for 1 day. An order on 01/10/23 for Cephalexin Oral Capsule 500MG; give 1 capsule by mouth every 12 hours for burning with urination until 01/14/2023. An order on 2/27/23 for Cephalexin Oral Tablet 500MG; give 1 tablet by mouth every 12 hours for acute dysuria, painful urination with foul smell for 7 days. A laboratory culture ordered on 02/27/23 for a urine culture, okay to straight cath for urine specimen; one time only for acute dysuria, foul smell with painful urination for 3 days. A urinalysis completed on 03/06/23 prescribed for one time only for UTI for 1 day. A lab order on 03/06/23 for C&S of urine; one time only for UTI f/u for 1 day.</p> <p>Review of R1's care plan dated 03/31/23 indicates R1 has an ADL self-care performance deficit related to history of cerebrovascular accident with a goal to maintain/improve level of functioning and interventions to include, staff assistance to the extent needed to accomplish task. R1's care plan further reveals R1 is at risk for pressure areas related to impaired mobility and bladder incontinence, with a goal to have decreased risk for pressure areas with staff monitoring and interventions. Interventions include observing resident's skin with all care provided and notify nurse, medical doctor, or designee of abnormal findings, assisting with incontinent care per standards of care and prn, as needed.</p> <p>Review of an interdisciplinary note dated 12/22/22 at 4:13 AM revealed, Resident c/o having odor to urine with some discomfort. Concern placed in nurse/provider communication book for further eval.</p> <p>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.</p> <p>Review of R1's Daily Skilled Evaluation with an effective date of 04/05/23 revealed, R1 has had an UTI within the last 30 days, including that there was, Foul odor, and an UA was collected and put in specimen fridge for AM pickup.</p> <p>During an interview with R1 on 04/13/23 at 11:42 AM, R1 states that she is not getting enough assistance from staff, and they don't have enough staff to provide appropriate care. R1 includes that she rings her call bell, and no one will answer for hours on end. R1 further stated that one day her brief was not changed from that morning until 11:00 PM. She is a heavy wetter, right now she doesn't have any sores that she is aware of but sometimes it stings, and she has had a couple of UTI's. R1 concluded that she contacted the South Carolina Department of Health and Environmental Control (SCDHEC) today with a complaint and she didn't realize that the surveyor would respond that fast, but she is thankful.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Certified Nursing Assistant (CNA)1 on 04/13/23 at 12:55 PM revealed, CNA1 has been employed at this facility for seven months and usually works the 100 unit, where R1 resides. CNA1 states that she knows how to provide ADL care to residents by checking the care plan in the Kardex system. She includes that if there is an issue or concern with a resident receiving care, she would notify the nurse or check to see if the ADL care was refused or omitted. CNA1 also explains that incontinent, toileting care is provided every two hours or as needed. Each time care is provided, it is documented in the resident's chart. CNA1 concluded that she doesn't recall there being any issues with R1 not receiving any care per R1's request.</p> <p>During an interview with the Director of Nursing (DON) on 04/13/22 at 1:09 PM revealed, residents can complete a grievance if they feel they are at harm or not receiving the care that they need. The DON states that she gets involved if the Unit Manager reports anything to her and she typically follows up with the complaint the next day. The DON further states incontinent care should be provided frequently during the nurses rounding and it's not a certain number of hours. She adds that she has not had a complaint from R1 and most of the grievances that she receives are about call lights not being responded to in a timely manner. The DON concluded that a resident that is incontinent and is a heavy wetter would probably need changing more than twice a day and care should be provided as needed, no specific amount of time. Her expectation of the nursing staff would be to address requests for care within a reasonable time frame.</p> <p>During an interview with Licensed Practical Nurse (LPN)1 on 04/13/23 at 2:37 PM, LPN1 states that she has been employed with this facility for about a year. She includes that if a resident makes a complaint about not receiving care she would go and see if she can help with what they need or contact the SSD, DON, or any CNA's. LPN 1 further states that rounding is completed every two hours and there are typically three CNA's on the 100 hall. She includes that R1 would have occasional complaints, twice out of five days, but she didn't have any adverse reactions. LPN1 concluded to assist in providing incontinent care, she would make sure that the resident is drinking plenty of fluids, that they are dry, check for any adverse reactions, and check on the resident more frequently.</p>		

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43322</p> <p>Based on review of facility policy, record review, and interviews, the facility failed to be administered in a manner that enabled it to use its financial resources effectively and efficiently. Specifically, the facility failed to have a system in place to ensure all financial obligations are met to guarantee care and services are provided to the residents. This failure has the potential to affect 89 of 89 residents in the facility.</p> <p>On 04/13/23 at 1:30 PM the Administrator was notified that the failure to keep up to date with payment to vendors, utility services, and critical services provided to the residents of the facility constituted Immediate Jeopardy (IJ) at F835.</p> <p>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 F835 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.</p> <p>On 04/13/23 at 1:30 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 04/05/23. The IJ was related to 42 CFR 483.70 - Administration.</p> <p>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.</p> <p>Findings Include:</p> <p>Review of a facility policy titled, Administrative Management (Governing Board) with a revision date of October 2017 revealed, The governing board shall be responsible for the management and operation of the facility. 2. The Administrator is appointed by and accountable to the governing board. 3. The governing board is responsible for, but not limited to: a. Oversight of facility care and services in accordance with professional standards of practice and principles; g. Provision of a safe physical environment equipped and staffed to maintain the facility and services;.</p> <p>Review of a facility policy titled, Vendor Selection with a revision date of November 2009 revealed, All vendors have an equal opportunity to bid or quote on supplies and equipment used by the facility. 1. The selection of vendors is the responsibility of the Purchasing Agent in cooperation with department supervisors. 4. All vendors must be referred to the Purchasing Agent.</p> <p>Review of two emails from Electric Company #1 to the Administrator, dated 04/05/23 at 10:43 AM revealed the following:</p> <p>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#[xxxxxxx]</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>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]</p> <p>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:</p> <p>Acme Linen (Demand Letter) - \$8,127.57</p> <p>Allstate Medical Supplies - \$11,238.01</p> <p>American Health Associates - \$9,734.05</p> <p>Ashpa Management - \$3,682.06</p> <p>Atlantic Respiratory Services - \$20,180.00</p> <p>Bristol - \$62,706.41</p> <p>Carolina Chillers - \$1,958.15</p> <p>Carolina Services Inc - \$7,950.00</p> <p>[NAME] Water System - \$19,414.94</p> <p>Cleaning Solutions and Supplies - \$5,254.46</p> <p>[NAME] Dizzia LLP - \$2,005.00</p> <p>CrownCare - \$5,400.00</p> <p>CSI - \$7,950.00</p> <p>[NAME] - \$1,969.56</p> <p>Curana Health - \$47,207.66</p> <p>Direct Supply - \$3,486.49</p> <p>Docusystems - \$277.98</p> <p>Ecolab - \$3,892.03</p> <p>Transport Company - \$13,329.17</p> <p>Guardin - \$7,942.64</p> <p>[NAME] - \$2,514.15</p> <p>(continued on next page)</p>		

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 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)
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>ImageOne - \$13,460.57</p> <p>Industrial Chem Labs - \$102.86</p> <p>Innovative Supply Group - \$10,821.53</p> <p>Joerns Healthcare - \$2,105.54</p> <p>KCI - \$23,597.09</p> <p>L&S Electronics - \$108.00</p> <p>[NAME] \$40,270.89</p> <p>Lowcountry Lawn - \$2,025.00</p> <p>MAS Medical Staffing - \$10,588.94</p> <p>Medpass - \$107.55</p> <p>Mobilex usa - \$11,224.25</p> <p>NurseSpring - \$9,236.93</p> <p>Personal Care Ambulance - \$41,424.28</p> <p>Pharmerica - \$33,487.70</p> <p>Pioneer Technologies - \$9,843.82</p> <p>[NAME] Clean - \$3,065.89</p> <p>Roto Rooter - \$569.44</p> <p>Sapphire Background Check - \$20,215.47</p> <p>Stericycle - \$1,655.90</p> <p>TK Elevator - \$8,001.42</p> <p>Trident USA - \$7,001.73</p> <p>Vital Records Control - \$3,351.26</p> <p>WellSky - \$5,995.00</p> <p>(continued on next page)</p>

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of a Notice Of Motion And Motion For Appointment Of Receiver Expedited Hearing Requested with an electronic filing date of 03/28/23 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 noted: A. Defendants Are In Breach of Contract and Are Insolvent. 1. Plaintiffs are the owners of the real property located at 1137 [NAME] Boulevard, [NAME], South Carolina 29407 and 1800 Eagle Landing Boulevard, [NAME], South Carolina 29410, the legal descriptions of which appear in Exhibit A and B attached to the Verified Complaint and incorporated herein (collectively, the Properties). The Lessees lease these Properties from Plaintiffs and manage two skilled nursing facilities thereon known</p> <p>as Viviant Healthcare of [NAME] (the [NAME] Facility) and Viviant Healthcare of [NAME] (the [NAME] Facility, collectively, the Facilities). (Ex. A, [NAME] Aff., 4.) 3. Starting in October 2022, Defendants began failing to make timely payments of Rent under the Lease and have continued to fail to make timely Rent payments in November 2022, December 2022, January 2023, February 2023, and March 2023. The total amount that is currently past due and owing under the Lease is a sum of at least \$2,250,436.13. 14. At least 3 staffing agencies have sued the Lessees in [NAME] County and [NAME] County for breach of contract and failure to pay the agencies, which raises very serious concerns and doubts as to whether the Facilities are adequately staffed to provide proper care for the residents. The following is a listing of the lawsuits filed by the staffing agencies,</p> <ol style="list-style-type: none"> [NAME] Medical Staffing, LLP v. [NAME] OP, LLC d/b/a Viviant Healthcare of [NAME], [NAME] County, Case # 2023-CP-08-0067, filed Summons & Complaint on 3/1/2023. [NAME] Medical Staffing, LLP v. [NAME] OP, LLC d/b/a Viviant Healthcare of [NAME], [NAME] County, Case # 2023-CP-10-01057, filed Summons & Complaint 3/2/2023. A&G Healthcare Staffing Agency, LLC v. [NAME] OP LLC d/b/a Viviant Healthcare of [NAME], [NAME] County, Case # 2022-CP-08-02853, filed Summons & Complaint on 11/22/2022. Prime Staffing, LLC v. [NAME] OP 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. <p>(continued on next page)</p>		

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>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. m. To maintain existing or open new accounts with or negotiate compromise or otherwise</p>		

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>During an interview with the Ombudsman on 04/12/23 at 10:45 AM revealed, This has been going on since last year. We've been aware and its been reported. We knew there was a lot debt but we didn't know how much it was. The Ombudsman further stated, A lot of the facilities in the [NAME] region are close to capacity.</p> <p>During a virtual meeting with the Viviant Leadership team which included; Chief Executive Office (CEO), Nurse Consultant (NC), Administrator of Viviant of [NAME], and the Administrator of Viviant of [NAME] (Heartland of [NAME]), on 04/12/23 at 1:00 PM revealed, It is a Jewish holiday, holy week, and we have no corporate staff or management to provide the information requested. All the previous invoices have been paid except for the transportation company. There were some invoices that needed to be approved and submitted this last Sunday. I sent approval but there is no one that I can call to get this information facilitated. We are current on payroll, there is no invoice for agency staff, we don't use agency staff. There are no services that are currently shut off. Since there are no documents to review, you can see the supplies that we have on hand. A PCC representative is working on facility access to the system (PCC). I received an email stating PCC was down. I will provide the survey team with the contact information for the technician helping us get PCC back up. Not all the invoices have been paid. The electric bill is current. I don't have access to provide the information showing the electricity bills have been paid. I don't have the ability to see anything, invoices. The accounts that I said were paid was only transportation. I didn't find out about the transportation until yesterday. We have payment agreements with other vendors who are pass due but I don't have documentation to show we have payment plans set up with them. My intentions to the past due vendors is to reimburse them, decisions to move on to new vendors is done by our quality team and at the facility level. We never dropped a new vendor because of an outstanding balance. Switching of vendors was before my time. The utility company is not going to provide us with a letter saying the services are not going to be cut off.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview with the Administrator on 04/12/2023 at 2:21 PM revealed the Administrator has been at this facility since January 23, 2023. The Administrator stated, Financially it has always been a struggle. Part of the problem was the initial purchase of the building was unable to bill for a while. Paying there vendors, I have found out about this as time has gone on. We have never missed payroll. The last time we using a staffing agency was probably October or November of last year. I am not aware of any past due balances for staffing agency, but I am sure there are some. Dominion energy does provide services to this facility. We have 2 accounts for this facility and I don't know why. Both accounts are outstanding. Both accounts are billed monthly and go straight to corporate. Dominion energy was escalated to the CEO and they took care of payment. I don't know if there are any outstanding balances currently. [NAME] Water (provides water to the facility) is still outstanding. Mobile X (imaging services) was paid enough to resume services, not sure if there is still an outstanding balance, I think it was about \$1,50000. [NAME] foods provides our food, I haven't seen any invoices for [NAME] foods, I believe they are up to date. Rya services provides our laundry services, and I don't know if they are pass due. Our monthly expenses are usually around 1 million dollars. Ecolab provides laundry and dishwasher chemical services and there is an outstanding balance. In my professional experience as an Administrator its usually clinical issues that I have to deal with, I have never had to worry about financial issues. It's a big concern here. I voice my concerns to upper management regularly. My direct line is to the CEO and he pushes things up when he can. I hope there is an operational change. I have never had these types of problems before.</p> <p>During a phone interview with the Medical Director (MD) on 04/13/23 at 2:35 PM revealed, the MD was unaware of the financial status of the facility. The MD stated she felt like her orders were being followed regarding residents being transported for appointments. The MD concluded, I work for SC House Calls which Viviant has contracted with and SC House Calls pays me.</p> <p>During a phone interview with a PCC Representative (PCCRRep) on 04/14/23 at 3:44 PM (returned call after survey exit) revealed, the facility has an outstanding balance of \$42,657.95 dating back to June 2022. The PCCRRep stated multiple notices were sent to the facility to include; Demand of Payment Notice, Termination of Services Notice, and Disablement of Login Notice. A request was made for documentation related to the notices and outstanding balance, the PCCRRep replied she would have to check with her supervisor and get back to me. No documentation was provided.</p>		

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 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)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43322</p> <p>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 89 of 89 residents residing in the facility.</p> <p>On 04/13/23 at 1:30 PM the Administrator was notified that the failure to keep up to date with payment to vendors, utility services, and critical services provided to the residents of the facility constituted Immediate Jeopardy (IJ) at F837.</p> <p>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.</p> <p>On 04/13/23 at 1:30 PM, the survey team provided the Administrator with a copy of the CMS Immediate 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.</p> <p>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.</p> <p>Findings Include:</p> <p>Review of a facility policy titled, Administrative Management (Governing Board) with a revision date of October 2017 revealed, The governing board shall be responsible for the management and operation of the facility. 1.The facility's governing board is the supreme authority and has all legal authority and responsibility for the management and operation of our facility. 2. The Administrator is appointed by and accountable to the governing board. 3. The governing board is responsible for, but not limited to: a. Oversight of facility care and services in accordance with professional standards of practice and principles; b. Delineation of the powers and duties of the officers and committees of the governing board; d. Establishment and ongoing review of all administrative programs governing facility management and operations, including: (1) Corporate Compliance Program; (3) Quality Assurance and Performance Improvement program; g. Provision of a safe physical environment equipped and staffed to maintain the facility and services; j. Establishment of a system whereby the Administrator reports to the governing body . 5. The Governing Board, with the assistance of the Administrator and legal/medical consultants, have developed bylaws/medical practices that outline specific responsibilities, privileges and authority assigned to designated individuals. 7. Copies of the Articles of Incorporation, bylaws, agreements and other legal documents pertaining to the ownership and operation of the facility are on file in the administrative office, and a copy of such information has been provided to appropriate federal and state agencies.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of two emails from Dominion Energy to the Administrator, dated 04/05/23 at 10:43 AM revealed the following:</p> <p>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]</p> <p>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#[xxxxxxxx]</p> <p>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:</p> <p>Acme Linen (Demand Letter) - \$8,127.57</p> <p>Allstate Medical Supplies - \$11,238.01</p> <p>American Health Associates - \$9,734.05</p> <p>Ashpa Management - \$3,682.06</p> <p>Atlantic Respiratory Services - \$20,180.00</p> <p>Bristol - \$62,706.41</p> <p>Carolina Chillers - \$1,958.15</p> <p>Carolina Services Inc - \$7,950.00</p> <p>[NAME] Water System - \$19,414.94</p> <p>Cleaning Solutions and Supplies - \$5,254.46</p> <p>[NAME] Dizzia LLP - \$2,005.00</p> <p>CrownCare - \$5,400.00</p> <p>CSI - \$7,950.00</p> <p>[NAME] - \$1,969.56</p> <p>Curana Health - \$47,207.66</p> <p>Direct Supply - \$3,486.49</p> <p>Docusystems - \$277.98</p> <p>Ecolab - \$3,892.03</p> <p>(continued on next page)</p>		

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 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)
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Guardin - \$7,942.64</p> <p>[NAME] - \$2,514.15</p> <p>ImageOne - \$13,460.57</p> <p>Industrial Chem Labs - \$102.86</p> <p>Innovative Supply Group - \$10,821.53</p> <p>Joerns Healthcare - \$2,105.54</p> <p>KCI - \$23,597.09</p> <p>L&S Electronics - \$108.00</p> <p>[NAME] \$40,270.89</p> <p>Lowcountry Lawn - \$2,025.00</p> <p>MAS Medical Staffing - \$10,588.94</p> <p>Medpass - \$107.55</p> <p>Mobilex usa - \$11,224.25</p> <p>NurseSpring - \$9,236.93</p> <p>Personal Care Ambulance - \$41,424.28</p> <p>Pharmerica - \$33,487.70</p> <p>Pioneer Technologies - \$9,843.82</p> <p>[NAME] Clean - \$3,065.89</p> <p>Roto Rooter - \$569.44</p> <p>Sapphire Background Check - \$20,215.47</p> <p>Stericycle - \$1,655.90</p> <p>TK Elevator - \$8,001.42</p> <p>Trident USA - \$7,001.73</p> <p>Vital Records Control - \$3,351.26</p> <p>(continued on next page)</p>

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 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)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>WellSky - \$5,995.00</p> <p>Review of a Notice Of Motion And Motion For Appointment Of Receiver Expedited Hearing Requested with an electronic filing date of 03/28/23 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 noted: A. Defendants Are In Breach of Contract and Are Insolvent. 1. Plaintiffs are the owners of the real property located at 1137 [NAME] Boulevard, [NAME], South Carolina 29407 and 1800 Eagle Landing Boulevard, [NAME], South Carolina 29410, the legal descriptions of which appear in Exhibit A and B attached to the Verified Complaint and incorporated herein (collectively, the Properties). The Lessees lease these Properties from Plaintiffs and manage two skilled nursing facilities thereon known as Viviant Healthcare of [NAME] (the [NAME] Facility) and Viviant Healthcare of [NAME] (the [NAME] Facility, collectively, the Facilities). (Ex. A, [NAME] Aff., 4.) 3. Starting in October 2022, Defendants began failing to make timely payments of Rent under the Lease and have continued to fail to make timely Rent payments in November 2022, December 2022, January 2023, February 2023, and March 2023. The total amount that is currently past due and owing under the Lease is a sum of at least \$2,250,436.13. 14. At least 3 staffing agencies have sued the Lessees in [NAME] County and [NAME] County for breach of contract and failure to pay the agencies, which raises very serious concerns and doubts as to whether the Facilities are adequately staffed to provide proper care for the residents.</p> <p>(continued on next page)</p>		

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 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)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>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. 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. b. To engage Legacy Healthcare Financial Services, or such other management company as Receiver may select in consultation with Plaintiffs, to manage the Facilities on terms and condition acceptable to Plaintiffs and Receiver. 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 locks, 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</p>		

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 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)		
<p>F 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview with the Administrator on 04/12/23 at 10:35 AM revealed, 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.</p> <p>During an interview with the Ombudsman on 04/12/23 at 10:45 AM revealed, This has been going on since last year. We've been aware and it's been reported. We knew there was a lot debt but we didn't know how much it was.</p> <p>During a virtual meeting with the Viviant Leadership team which included Chief Executive Office (CEO), Nurse Consultant (NC), Administrator of Viviant of [NAME], and the Administrator of Viviant of [NAME] (Heartland of [NAME]), on 04/12/23 at 1:00 PM revealed, It is a Jewish holiday, holy week, and we have no corporate staff or management to provide the information requested. There were some invoices that needed to be approved and submitted this last Sunday. I sent approval but there is no one that I can call to get this information facilitated. Since there are no documents to review, you can see the supplies that we have on hand. The electric bill is current. I don't have access to provide the information showing the electricity bills have been paid. I don't have the ability to see anything, invoices. We have payment agreements with other vendors who are pass due, but I don't have documentation to show we have payment plans set up with them.</p> <p>During an interview with the Administrator on 04/12/2023 at 2:21 PM revealed, Financially it has always been a struggle. Part of the problem was the initial purchase of the building was unable to bill for a while. Paying their vendors, I have found out about this as time has gone on. The last time we are using a staffing agency was probably October or November of last year. I am not aware of any past due balances for staffing agency, but I am sure there are some. Dominion Energy does provide services to this facility. We have 2 accounts for this facility, and I don't know why. Both accounts are outstanding. Both accounts are billed monthly and go straight to corporate. Dominion Energy was escalated to the CEO and they took care of payment. I don't know if there are any outstanding balances currently. [NAME] Water (provides water to the facility) is still outstanding. Mobile X (imaging services) was paid enough to resume services. In my professional experience as an Administrator its usually clinical issues that I have to deal with, I have never had to worry about financial issues. It's a big concern here. I voice my concerns to upper management regularly. My direct line is to the CEO, and he pushes things up when he can. I hope there is an operational change. I have never had these types of problems before.</p> <p>During a phone interview with the Medical Director (MD) on 04/13/23 at 2:35 PM revealed, the MD was unaware of the financial status of the facility.</p>		