

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Retreat at Wellmore of Daniel Island		STREET ADDRESS, CITY, STATE, ZIP CODE  580 Robert Daniel Drive Charleston, SC 29492	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, record review, video footage and interviews, the facility failed to prevent accidents/hazards for 1 of 3 residents reviewed. Specifically, on 8/30/25, Resident (R)1 had a successful elopement from the facility. R1 was placed at an increased risk of being struck by a vehicle and/or suffering a heat related and inclement illness. On 09/11/25 at 2:22 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations has caused or was likely to cause serious injury, serious harm, serious impairment, or death. On 09/11/25 at 2:22 PM, the Executive Director (ED) was notified that the failure to protect R1 from having a successful elopement from the facility constituted Immediate Jeopardy (IJ) at F689. On 09/11/25 at 2:22 PM, the survey team provided the Executive Director with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of 8/30/25. The IJ was related to S483.25 Quality of Care- F689: Free of Accident Hazards/Supervision/Devices. On 09/11/25 at 4:28 PM, the facility provided an acceptable IJ Removal Plan. On 09/11/25, the survey team validated the facility's corrective actions and determined the facility made good faith attempts at correcting the non-compliance. The IJ is considered at Past Non-Compliance as of 09/03/25. The survey team concluded all corrective actions were put in place prior to arrival onsite. An extended survey was conducted in conjunction with the Complaint survey for non-compliance at F689, constituting substandard quality of care. Findings include: Review of the facility's undated policy titled, Roam Alert Policy and Procedure Version 1.2 revealed, Policy Statement: The Roam Alert Notification System is a Wander Management system used to monitor cognitively impaired individuals with wandering, exit-seeking, or aggressive behaviors. The Member wears a Roam Alert wrist/ankle band signaling device. When the Member is near a monitored doorway and the door is open, an alarm sounds at the door, displays on the Staff Station Computer, and alarms to the direct care staff pagers. Staff shall manage the implementation, maintenance and monitoring according to the following procedures: 1. SYSTEM DESCRIPTION AND PARAMETERSa. Each monitored doorway is connected via the [NAME]-Care Nurse Call system to the direct care pagers.b. The direct care pager alerts caregivers to alarms when they are out of hearing range.c. Each doorway that has a keypad has a code that will by-pass the door alarm temporarily.d. Each doorway that has a keypad has a code that will reset the system.e. The code will be given to staff members only and will be changed when needed by the Facility Services Director.f. The Roam Alert Tags are battery-operated with a unique ID number that must be programmed into the [NAME]-Care software.g. The Roam Alert Tag has a 3-year expiration date upon time of purchase)h. Members must be programmed into the [NAME]-Care software and assigned specific tags.2. DETERMINING THE NEED FOR A ROAM ALERT TAG.a. If, at any time the Staff believes a Member is a Wander Risk and needs a Roam Alert tag, the CSA, DON, RCD, or RCC will be consulted to determine if the request is appropriate.3. ISSUING A ROAM ALERT [NAME]. New Member . Review of the facility's policy titled, ELOPEMENT PREVENTION with a revision date of 1/11 (no year) revealed: GENERAL: The community recognizes that other than our designated memory care units, the entrances and exits to all other levels of care are not secure.POLICY: The purpose of this policy is to insure the assessment, identification, and supervision of at risk residents who deliberately elope and those who may wander due to a confused state. It also promotes the immediate and proper response when a resident goes missing by specifying detailed duties and requiring quarterly drill. An elopement is defined as anytime a resident is missing and not located within community's campus within 60 minutes of initial report . Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to Alzheimer's disease with late onset, dementia, hypothyroidism, and diabetes mellitus with hyperglycemia.Review of R1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/05/25 revealed R1 had a Brief Interview of Mental Status (BIMS) score of 4 out of 15, indicating R1 was cognitively impaired.Review of R1's Elopement Assessment noted on his care plan, revised 09/05/25, revealed R1 was at risk for wandering and elopement.Review of the facility's statement dated 09/04/25 revealed, On 8/30/25 at approximately 12:39pm, Life Enrichment Coordinator (later defined as LEL) received telephone call at the front desk from a former employee who stated she was driving by and observed a gentleman out front of the SNF/AL building wearing what appeared to a roam alert and she was worried he could be from the community. LEL (Life Enrichment Leader) immediately left out the front door and went left towards the SNF/AL (Skilled Nursing Facility/Assisted Living) and observed resident near the garages of the</p>		