

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Oak Harbor Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 921 Bowman Road MT Pleasant, SC 29464	

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 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>Based on record review and interviews, the facility failed to ensure residents were informed of their right to have access to names, addresses and telephone numbers of all pertinent state regulatory and informational agencies, resident advocacy groups and information on filing a complaint and or reporting alleged abuse violations. The facility further failed to ensure residents knew where the above information was located within the facility as revealed by 10 of 10 residents during 1 of 1 resident council meeting.</p> <p>The findings included:</p> <p>Review on 05/13/25 at approximately 4:00 PM of the Resident Council Minutes for December 2024, January 2025, February 2025 and March 2025 made no mention of informing residents of the resident's right to have access to a list of names, addresses and telephone numbers of all pertinent state regulatory and informational agencies, resident advocacy groups and information on filing a complaint and or reporting alleged abuse violations. The Resident Council Minutes did not mention the whereabouts of such information within the facility.</p> <p>Interviews on 05/14/25 at approximately 11:30 AM, during a resident council meeting, 10 of 10 residents in attendance confirmed they were not aware of their right to have access to a list of names, addresses and telephone numbers of all pertinent state regulatory and informational agencies, resident advocacy groups and information on filing a complaint and or reporting alleged abuse violations and the whereabouts of this information in the facility.</p> <p>An interview on 05/14/25 at 02:06 PM with the Activity Director revealed, Yes, I go over resident rights with the residents in resident council. There is a list of 10 questions that I go over with them. Examples of the questions reviewed include, Do you get your mail unopened? Do you know your resident rights? The AD stated, I have not reviewed the location of the contact information for the Ombudsman. I have not met the new Ombudsman. She was here 2 or 3 weeks ago, but she did not introduce herself to me. I am not aware that there is a complaint line that residents can call to lodge a complaint with the state. I do not know where the Ombudsman's contact information is posted. The AD was unsure where the information is to lodge a complaint with the state.</p> <p>On 05/14/25 at 02:52 PM, an interview with the Administrator revealed, I need to work more with her. The Ombudsman has not worked much with our activities department. We have involved the Ombudsman in resident issues in the past. My expectation would be to add to resident council that contact information for the Ombudsman and how to lodge a complaint with the state. This will be especially important to review this information with new residents.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure that medications were properly stored in 3 of 3 medication rooms.</p> <p>Findings include:</p> <p>Review of the facility policy entitled Medication Access and Storage . revised 7/2022 states It is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls Medications requiring refrigeration or temperatures between 2 degrees (C) Centigrade 36 degrees (F) Fahrenheit and 8 degrees C and (26 degrees F) are kept in a refrigerator with a thermometer to allowing temperature monitoring. Temperatures will be monitored each shift. If temperature is found out of range, adjust temperatures and recheck in 30 minutes. If temperature is still out of range, remove medications and contact maintenance. and Outdated, medications .are immediately removed from stock, disposed of according to procedures for medication destruction .</p> <p>On 5/15/25 at approximately 11:40 AM, inspection of the Hall 200 Medication Room refrigerator revealed, in active storage, 18 syringes of Influenza Vaccine, Adjuvanted FLUAD by Seqirus Lot 388492, expiration date 5/2/25. On 5/15/25 at approximately 11:48 AM, this finding was confirmed by Licensed Practical Nurse (LPN)1. On 5/15/25 at approximately 11:59 AM, the Consultant Pharmacist acknowledged the vaccine was in active refrigerator storage, but was intended to be returned to the manufacturer.</p> <p>On 5/15/25 at approximately 11:56 AM, inspection of the Hall 100 medication room refrigerator thermometer revealed a temperature reading of 32 degrees Fahrenheit (F). On 5/15/25 at approximately 11:57 AM, the thermometer reading of 32 degrees F was confirmed by LPN2. The Refrigerator Temperature Log for May 2025 has been filled out with multiple reading of 36 degrees F and the Log stated temperatures should be between 36 - 46 degrees F. On 5/15/25 at approximately 11:58 AM, the Surveyor placed his calibrated thermometer in the refrigerator, closed the refrigerator door and asked LPN2 to call the Maintenance Director (MD) to check the refrigerator temperature using the facility's thermometer. On 5/15/25 at approximately 11:59 AM, the Administrator and MD were made aware of the concern and on 5/15/25 at approximately 12:09 PM, the MD arrived on Hall 100, but did not check the refrigerator temperature with the two thermometers he had brought from the kitchen. On 5/15/25 at approximately 12:10 PM, the Surveyor's thermometer read 46 degrees F after being in the closed refrigerator approximately 12 minutes.</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/15/25 at approximately 12:15 PM, inspection of the Hall 300 medication room refrigerator thermometer revealed a temperature reading of 17 degrees F. The Refrigerator Temperature Log did not have a temperature entry for 5/15/25, 7 AM-7 PM. On 5/15/25 at approximately 12:17 PM, the thermometer temperature reading of 17 degrees F was confirmed by LPN3 and the Surveyor placed his calibrated thermometer inside the refrigerator and closed the refrigerator door. On 5/15/25 at approximately 12:37 PM, the surveyor's thermometer read 46 degrees F after being in the closed refrigerator approximately 20 minutes. On 5/15/25 at approximately 12:39 PM, LPN4 (Unit Manager) was informed of the 17 degree F reading of the refrigerator thermometer and after reviewing the Refrigerator Temperature Log for May 2025 stated no temperature had been taken for 5/15/25 on the day shift 7 AM -7 PM, that they should have been taken and that she expected the temperature to be between 36-46 degrees F. On 5/15/25 at approximately 12:43 PM, the Administrator was informed of the Hall 300 medication room thermometer reading of 17 degrees. The Administrator confirmed the reading was not acceptable and that the MD would be directed to place new thermometers in Halls 100 and 300 medication room refrigerators, for correct temperature readings to be verified and refrigerator functioning to be checked out.</p> <p>On 5/15/25 at approximately 3:20 PM, the Surveyor rechecked the Hall 100 medication refrigerator which now contained two new thermometers each reading 38 degrees F. On 5/15/25 at approximately 3:30 PM, the Surveyor rechecked the Hall 300 medication refrigerator which now contained two new thermometers each reading 40 degrees F.</p> <p>On 5/15/25 at approximately 3:41 PM, the Administrator stated that new refrigerators had been ordered for all medication rooms and that these would not contain a freezer compartment.</p>		