

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425352	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Nhc Healthcare - Parklane		STREET ADDRESS, CITY, STATE, ZIP CODE  7601 Parklane Road Columbia, SC 29223	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record review, interviews, and facility policy, the facility failed to ensure medications were properly stored for Resident (R)72 for 1 of 1 residents reviewed for accident hazards.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Review of the facility policy titled, Network Pharmacy Policy and Procedure with revised date 01/01/19 revealed, Subject: Storage of Medications. Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier.</p> <p>Review of the facility's policy titled, Review of the facility policy titled, Network Pharmacy Policy and Procedure with revised date 01/01/19 revealed, Subject: Medication Administration-General Guidelines. Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so .Procedures: B. Administration. 1. Medications are administered only by licensed nursing, medical, pharmacy or other personnel authorized by state laws and regulations to administer medications. 2. Medications are administered in accordance with written orders of the prescriber.</p> <p>Review of R72's Electronic Medical Record (EMR) revealed R72 was admitted to the facility on [DATE] with diagnoses including but not limited to: depression, post-traumatic stress disorder, restlessness, and agitation.</p> <p>Review of R72's Progress Notes revealed no documentation of staff educating the family or R72 on not being able to have medications at bedside.</p> <p>Review of R72's Orders revealed no self administration order to have medications at bedside.</p> <p>Review of R72's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 10/24/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R72's cognition is intact.</p> <p>Review of R72's Medication Administration Record (MAR) with a start date of 12/01/24 revealed no orders for the medications observed at bedside.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 12/10/24 at 11:28 AM, medications observed at bedside: Walgreen's Pain Relieving Cream with Lidocaine over the counter and Hydrophilic (used for Eucern) cream with prescription label from the Veteran's Administration (VA).</p> <p>During an interview on 12/10/24 at 11:35 AM, Licensed Practical Nurse (LPN)1 confirmed that R72 did not have a self administration order and stated that the facility had spoken to R72 many times about medication being at the bedside. Although they have removed medications, they keep showing up and the son continues to bring in stuff. LPN1 verified in the computer that there was no order for either medication observed at bedside by surveyor.</p> <p>During an observation and interview on 12/10/24 at 11:38 AM, R72 was in their room in a wheelchair sitting at bedside. LPN1 verified that medications were at bedside on bedside table and that one comes from the VA-Hydrophilic with a prescription label. LPN1 verified that it should not be at bedside and removed the Hydrophilic cream and Walgreen's Pain Relieving Cream with Lidocaine from room.</p> <p>During an interview on 12/11/24 at 4:04 PM, the Director of Nursing (DON) stated the expectations for the nursing staff is that during rounds the room should be scanned and items removed. Rounds should be made during off hours of the aides. Aides should go in the drawers and should report findings to nurse. If the resident is alert and oriented the physician will assess for self administration and if the medication has a valid need for the medication to be ordered. Family is contacted or the concern is discussed with the resident depending on their Brief Interview of Mental Status (BIMS) score. Medications would be removed from the room until someone can come to pick up from the family and either locked up or disposed depending on the situation. The care plan may be updated if needed.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on record reviews and interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment for Resident (R)64 for scheduled pain medication for 1 of 1 resident reviewed.</p> <p>Findings include:</p> <p>A review of the admission MDS with an Assessment Reference Date (ARD) of 11/05/24, Section J revealed that the resident did not receive a scheduled pain medication regimen during the look back period.</p> <p>A review of the Physician Order Report dated 11/12/24-12/12/24 revealed an order for acetaminophen tablet; 325 mg; amt:2 tablets (650 mg); oral Twice A Day; 08:00 AM, 09:00 PM.</p> <p>A review of a Pharmacist Progress Note dated 10/22/24 and 11/19/24 stated that resident receives acetaminophen for pain.</p> <p>A review of the Medication Administration Record dated 10/30/24 through 11/05/24 revealed that resident received the acetaminophen 325mg; 2 tablets (650mg) everyday, during the dates of 10/30/24 through 11/5/24.</p> <p>A review of R64's care plan started on 02/15/24 and revised on 11/06/24, revealed that the resident has the potential for pain related to gout, reflux, and history of cerebrovascular accident. Interventions for this resident regarding pain include to administer medications as ordered and assess effectiveness, with a start date of 02/15/24.</p> <p>An interview on 12/12/24 at 03:00 PM with the MDS Director revealed that R64 did receive scheduled pain medication during the ARD date. The MDS Director stated the data was entered incorrectly.</p> <p>An interview on 12/12/24 at 04:13 PM with the Director of Nursing revealed that he expects the MDS assessment should comply with the Resident Assessment Instrument (RAI) manual and should be coded per the RAI.</p> <p>An interview on 12/12/24 at 05:04 PM with the Administrator revealed that there is no policy on coding or preparation of the MDS. The Administrator stated, We follow the RAI manual.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record reviews, and facility policy, the facility failed to provide Activities of Daily Living (ADLs) care, specifically fingernail care to 1 of 1 residents (R)64, reviewed for ADL care.</p> <p>Findings Include:</p> <p>Review of facility policy, Activities of Daily Living, with no revision date revealed, Residents will provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Patient needs vary depending on their abilities, these personalized approaches may be reflected on their care plans.</p> <p>Review of R64's Face Sheet revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, Alzheimer's disease, hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, gastro-esophageal reflux disease without esophagitis, obstructive and reflux uropathy, and age-related osteoporosis without current pathological fracture.</p> <p>Review of R64's Five Day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/05/24 revealed R64 has a Brief Interview of Mental Status (BIMS) score of 06 out of 15, suggesting that she has severe cognitive impairment. R64 is dependent for oral hygiene, toileting, showering, upper body dressing, lower body dressing, putting on and taking off footwear and personal hygiene.</p> <p>Review of R64's Care Plan with a revision date of 12/03/24 revealed that R64 requires staff assistance with ADL's r/t (related to) cognitive impairment. Staff provides assistance with eating, substantial assistance with bed mobility, transfers, dressing, bathing and toileting hygiene. The Care Plan also states that ADL needs will be met with staff assistance.</p> <p>Observations revealed that on 12/10/24 at 12:23 PM, 12/10/24 at 04:00 PM and 12/11/24 at 10:00 AM, R64 was noted with facial hair and brown matter under all fingernails.</p> <p>During an interview with Certified Nursing Assistant (CNA)7 on 12/12/24 at 03:18 PM revealed that if the resident's nails are dirty, the CNA's are supposed to clean them and cut them as needed. If the resident is a diabetic, the nurse cuts their nails.</p> <p>During an interview with Licensed Practical Nurse (LPN)3 on 12/12/24 at 03:27 PM revealed, Nurses and CNA's should clean a resident's nails if they are dirty. Nurses cut the resident's nails if they are diabetic.</p> <p>During an interview with the Director of Nursing (DON) on 12/12/24 at 04:13 PM, he stated that he expects staff to offer any and all care when they have a resident. He expects staff to report any refusals of care that residents have so we can make sure it is documented and care planned.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, record review and facility policy, the facility failed to ensure storage of the nebulizer mask and accuracy of the oxygen flow rate for Resident (R)16 for 1 of 2 residents reviewed for respirator care.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Oxygen Administration with no dated revealed, Purpose: The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation: 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>Review of R16's Electronic Medical Record (EMR) revealed R16 was admitted to the facility on [DATE] with diagnoses including but not limited to: Anxiety disorder, depression, acute respiratory failure with hypoxia, pleural effusion in other conditions classified elsewhere, dependence on supplemental oxygen, and personal history of nicotine dependence.</p> <p>Review of R16's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 11/01/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R16's cognition is intact.</p> <p>Review of R16's Care Plan documented, Problem: Respiratory Function - at risk for compromise related to: recent acute failure with hypoxia as well as aspiration pneumonia .oxygen dependent and requires HOB elevated for optimal respiratory effort. Start Date 10/25/2024. Goal(s): Patient will have needs related to deficits in respiratory function addressed and risk of complications minimized; Target Date: 03/28/2025 (Long Term Goal). Approach(s): Oxygen as ordered: Start Date 10/25/2024.</p> <p>Review of R16's Medication Administration Record (MAR) with a start date of 12/01/24 documented, May titrate oxygen flow via nasal cannula 2-4L for comfort. OXYGEN Special Instructions: 4 L/MIN VIA NASAL CANNULA Every Shift.</p> <p>During an observation on 12/10/24 at 11:11 AM, the nebulizer mask was observed on the bedside stand dated 12/08/24 and uncovered. Oxygen was observed at 4.5 L/min. by nasal cannula. Physician order noted oxygen was to be at 4L/min.</p> <p>During an interview and subsequent observation on 12/10/24 at 11:20 AM, Licensed Practical Nurse (LPN)1 verified oxygen order and stated it was ordered at 4L/min in the computer. LPN1 went to R16's room and stated it looked like it is above the 4 mark. LPN1 confirmed that the measurement should be made by the middle of the ball having the line through it. The oxygen flow rate was adjusted by LPN1. LPN1 confirmed that the nebulizer mask should be stored in a bag when not in use. LPN1 placed the nebulizer mask in a labeled bag attached to the oxygen concentrator.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/11/24 at 4:09 PM, the Director of Nursing (DON) stated their expectation was that the nursing staff should ensure accuracy of oxygen based on the orders and care plan and while on rounds should check the rate especially at the beginning of the shift and during off hour rounds. The nursing staff should assess if there is any distress. The method for reading the rate should be based on manufacturer standards, but confirmed that the gold standard is for the ball to be in the middle of the line although during their career they had been educated that the ball needs to be around the line. The DON stated that there should not be a question regarding where the line is at regardless. The DON also confirmed that the nebulizer mask should be stored in the bag. At the end of the treatment the mask set should be rinsed and bagged.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 observations, facility policy and interviews, the facility failed to remove expired medications and biologicals in 2 of 2 medication storage rooms. Additionally, the facility failed to ensure the medication refrigerator was free of live pests.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Safety &amp; Sanitation Best Practice Guidelines with revised date 01/2011 revealed, Subject: Pest Control. Outcome: .will implement preventive measures which focus on denying pests access to the building, .by working with a pest control operator (PCO). Guidelines: 1. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the premises by routinely inspecting incoming shipments of food and supplies .5. Center should work with a pest control operator (PCO) in preventive and control measures to eliminate pests and keep them from infesting the building.</p> <p>Review of the facility policy titled, Network Pharmacy Policy and Procedure with revised date 01/01/19 revealed, Subject: Storage of Medications. Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier .Procedures: I. Outdated . are removed from inventory, disposed of according to procedures for medication disposal .and reordered from the pharmacy .K. Medication storage conditions are monitored on a quarterly basis by the consultant pharmacist or pharmacy designee and corrective action taken if problems are identified. Expiration Dating (Beyond-use dating) H. All expired medications will be destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner. The product may be stored in the medication room until destroyed up to 30 days.</p> <p>During an observation and interview on 12/11/24 at 5:30 PM with Licensed Practical Nurse (LPN)1 revealed the condition of the following medications and biologicals stored on the 200 Unit medication storage room. LPN1 confirmed that the items were expired and removed them.</p> <p>1.</p> <p>Medical Action Industries, Inc.:Central Line Dressing Tray with Tegaderm-One package, Lot number 304955, Expiration date 8/15/2024</p> <p>2.</p> <p>Medical Action Industries, Inc.:Central Line Dressing Tray with Tegaderm-One package, Lot number 61249, Expiration date 7/20/2024</p> <p>3.</p> <p>Medical Action Industries, Inc.:Central Line Dressing Tray with Tegaderm-Three packages, Lot number 61249, Expiration date 10/15/2024</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 - Few</p>	<p>During an observation and interview on 12/11/24 at 5:56 PM with LPN2 revealed the condition of the following medications and biologicals stored in the 100 Unit medication storage room. LPN2 verified the medication supplies were expired and removed them from the medication storage area.</p> <ol style="list-style-type: none"> <li>1. Banatrol Plus with Bimuno Prebiotic for Diarrhea and Loose Stools-51 packets, Lot HB111622A, Expiration date 11/16/24</li> <li>2. 5% Dextrose and 0.9% Normal Saline 1000ml- 2 IV bags, Lot 7945788, Expiration date Oct. 2024</li> <li>3. 5% Dextrose and 0.45% Normal Saline 1000ml- 1 IV bag, Lot Y421089, Expiration date Oct. 2024</li> <li>4. BD Safety Glide 1ml, 25G x 5/8 in injection needle with luer slip syringe- 42 syringes, Lot 9177763, Expiration date 6/30/2024</li> </ol> <p>During an observation and interview on 12/11/24 at 6:11 PM, LPN2 verified a live pest in a blue basket that contained Tylenol and Dulcolax suppositories in the 100 Unit medication room refrigerator. The Director of Nursing (DON) came into medication room to confirm and was asked how this could happen. The DON stated it must have come in from a pharmacy tote. The seal on the refrigerator door was checked by the DON and no concern observed.</p>