

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2025
NAME OF PROVIDER OR SUPPLIER  The Gables of Pelham Skilled Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1306 Pelham Rd Greenville, SC 29615	

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>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, record reviews, observation and interviews, the facility failed to assess a resident for safe self-administration of medication for 1 of 1 resident, Resident (R) 34 reviewed for self-administration of medication. Review of the facility policy titled, Self-Administration of Medication last revised February 2021, states, Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. 1. As a part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assesses each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident. 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is reassessed periodically based on changes in the resident's medical and/or decision-making status. 8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. Review of the facility's policy titled Administering Medications states Medications are administered in a safe and timely manner, and as prescribed. 27. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. Review of R34's Face Sheet revealed R34 was admitted to the facility on [DATE], with diagnoses including but not limited to: orthostatic hypotension, syncope, and collapse. Review of R34's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/21/25 revealed R34 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R34 is cognitively intact. Review of R34's Physician Orders revealed Deep Sea Nasal Spray Solution (Saline) 1 spray in both nostrils every six hours as needed for dry nasal passages. No orders for self-administration documented. Review of R34's Care Plan revealed no documentation to self-administer medications or to keep medications at the bedside. An observation on 07/22/25 at 10:57 AM, revealed, two nasal sprays in R34's window seal. The first nasal spray container's label read Nasal Spray 12-Hour Relief Over-the-Counter (OTC). The resident's attached label was faded and difficult to read. The second nasal spray was labeled Nasal Moisturizing Spray also with the residents' label faded. During an interview on 07/22/25 at 10:57 AM, R34 stated, I have been here about 2 weeks. I used my nasal sprays at night because I need it for my breathing due to my sinuses being operated on. It helps me to breathe. During an interview on 07/23/25 at 2:31 PM, the Director of Nursing (DON) stated, We reordered his nasal medications. I realized the labels were unreadable. It is the Registered Nurse (RN) and the Medical Director (MD)'s responsibility to decide if the residents can self-administer medications. We will educate families about bringing in medications without notifying the staff. We will have the families check with the nurses before bringing in medications. We will also make sure the medication is on their medication list and get approval from the Medical Director (MD) as well as get an order. He told me this morning he was stuffy last night, and he could hardly breathe. His new medications were delivered last night. We completed a self-assessment form. R34 demonstrated how to administer the medications properly.</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 review of facility policy, observations and interviews, the facility failed to ensure that expired medications and biologicals were removed from the refrigerator in 1 of 1 medication storage rooms. Review of the facility policy titled Medication Labeling and Storage last revised February 2023, states 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 3. If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. During an observation of the medication storage room on 07/22/25 at 12:25 PM, the following was observed: 1. 1 dose of Covid 19 Vaccine with an expiration date of 05/09/252. 12 doses of Influenza Vaccine Adjuvanted with an expiration date of 04/24/253. 1 does Influenza Vaccine Adjuvanted with an expiration date of 06/02/25. During an interview on 07/22/25 at 12:33PM, Licensed Practical Nurse (LPN) 1 stated, I was unable to determine who was responsible for discarding expired medications from the refrigerator. I am unsure how to discard them; I will find out. During an interview on 07/22/25 at 01:18 PM, the Director of Nursing (DON) stated, The pharmacist comes and does the audits monthly. The nurses should be checking weekly on the day shift for expired medications in the refrigerator.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, interviews, and review of the facility policy, the facility failed to ensure foods that are stored in the freezer, refrigerators and dry food storage were appropriately sealed, labeled and dated with a use by date and/or discarded after the manufacturer's expiration date. In 2 of 2 Kitchens, 1of 2 Freezers, 1 of 2 Refrigerators and 1 of 1 Dry Foods Storage.Review of the facility's policy titled Food Receiving and Storage last revised July 2024 revealed, Foods shall be received and stored in a manner that complies safe food handling practices. 7) Dry foods that are stored in bins will be removed from original packing, labeled and dated (use by date). Such food will be rotated using a first in - first out system. 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated ( use by date) . 14. C. Refrigerators must have working thermometers and be monitored for temperature according to state specific guidelines. E. other opened containers must be dated and sealed or covered during storage.During the initial kitchen tour on 07/22/25 at 9:14 AM, the following was observed:1. The Dry Food storage had 1 -12 ct. (count) pack of 6 inch flour tortillas with a prep date of 07/07/25 and a use by date of 07/14/25.2. The walk-in cooler had two bags of salad mix with a use by date 07/21/25, the salad mix was brown and wilted; one pan of cut lettuce with no prep or use by date; three 6-ounce (oz.) containers of blackberries with a white fuzzy substance on them; one 1 gallon (gal) container of bread &amp; butter pickle slices with no open date or use by date.3. The walk-in freezer had one bag of frozen corn with no open and/or use by date and one open package of sausage with an open date 05/15/25 and a use by date 06/15/25. 4. The reach in freezer had one 15-pound (lb.) box of lasagna sheets marked with a prep date of 01/6/25 and a use by date of 02/06/25 and one bag of chicken tenders opened and not labeled or dated. During a follow- up observation of the main kitchen on 07/23/25 at 8:21 AM the following was observed again in the walk-in cooler:1. Two bags of brown and wilted salad mix with a best by date of 07/21/25. One of the bags was now opened and wrapped with plastic film without an open date or use by date.2. Four 16oz containers of fresh strawberries with white fuzzy debris and brown spots. Both items were noted in the kitchen on the previous day.During tour of the unit kitchen on 07/23/25 at 10:55 AM, the following was observed:1. One stained 10 oz. container of active food thicker opened with no open or use by date.2. One 24 oz. container of thick and easy food and beverage thickening power opened with no open or use by date.3. One storage container of brown sugar not labeled and without an open or no use by date.4. One 10.5 oz. box of Lucky Charms cereal open, bag not properly sealed inside box with a best by date of 02/23/25.5. One 24 oz. box of bite size frosted shredded wheat open and not properly sealed without an open date and a best by date of 02/10/25.During an interview on 07/23/25 at 8:30 AM the Dietary Manager (DM) revealed that her expectation is that when food items are received they are to be marked with the received date, then they are to be used by the first in and first out based on the date, when food are opened they are to be marked with an open date as well as a use by date, and all foods beyond the manufacturer's or marked use by date should be discarded. The DM states that she does a walk through of the kitchen daily checking food quality and ensuring that items are properly labeled and dated. DM also revealed that the bags of salad mix in the walk in cooler should have been discarded based on how they looked as well as be the use by date. The DM explains that staff should check food items, especially the fruit because it goes bad quick.During an interview on 07/23/25 at 11:05 AM dietary aide (DA) revealed the dates on the cereal were February 23, 2025, and February 10, 2025, and stated that both boxes belonged to a resident that was a respite resident and is no longer at the facility, and that they should have been tossed out. The DA explains that usually cereal kept only for about a week and discard after that. The DA continues to explain that the thicker in the kitchen is not used by the kitchen staff but should have an open date. The DA further explained that the container of brown sugar should have been labeled with contents and use by date. The DA further revealed that the food items in the kitchen should be checked by the staff in the kitchen, the supervisor or kitchen manager to make sure items are not expired and that they are labeled properly.During an interview on 7/23/25 at 1:40 PM the Administrator revealed that she oversees the kitchen and if there are issues, she needs to know about them. The Administrator explains that she conducts a walk through of the kitchen monthly and the unit dining room daily. The Administrator states that her expectation for food items is that they are stored at the proper temperature, labeled and dated per the facility's policy and the regulation.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on review of facility policy, manufactures instructions, observations and interviews, the facility failed to: 1. Ensure the safe handling and preparation of meals when during meal preparation a metal can lid was noted in a pan of cooked desert 2. Follow appropriate infection control practices during medication administration when Licensed Practical Nurse (LPN)1 failed to clean the top of the insulin syringe before administration of insulin. 1. Review of the facility's policy, titled Food Preparation and Service, last revised November 2022, revealed, Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices.During an observation of the main kitchen on 07/23/25 at 11:44 AM a Dietary Aide (DA) was observed plating an apple crisp dessert when she pulled a metal can lid out of the bottom of the prepared pan with her gloved hand. She then discarded the lid into the trash, followed by the contents of the pan and any dessert that had already been plated. The DA then proceeded to use a second prepared pan of apple crisp. Halfway through serving, she again encountered a metal can lid at the bottom of this second pan, she discarded the lid, the contents of the pan, and any plated dessert.During an interview on 07/23/25 at 12:11 PM, the Dietary Manager DM confirmed that the DA found lids in the apple crisp and states that she will conduct an in-service with staff regarding the lids found in the prepared food.During an interview on 07/23/25 at 12:57 PM, [NAME] (C)1 revealed that she cooked the apple crisp. Then stated she doesn't know what happened today, and that it's usually not like this.During an interview on 07/23/25 at 1:40 PM, the Administrator revealed that she oversees the kitchen. The Administrator explained that when preparing food, the cooks should check to ensure all foods are free of objects and can lids should not be in prepared food.Follow up interview on 07/23/25 at 2:39 PM, The DM explained that some food items are usually prepped and prepared the day before. She states that when using items that come from a can, the can is opened, the lid is removed and that food contents are dumped into a bowl and prepared.2. Review of the facility's policy title, Insulin Administration last revised March 2025, revealed, Purpose: to provide guidelines for safe administration of insulin. Steps in the procedure (Insulin injections via Syringe) 10. Disinfect the top of the vial with an alcohol wipe.Review of the manufacturer's instructions for the use of lispro insulin injection revealed step 2: wipe the rubber stopper with an alcohol swab.During an observation on 07/23/25 at 08:23 AM, LPN1 did not use an alcohol wipe to clean the hub of the Lispro insulin syringe.During an interview on 07/23/25 at 08:23, LPN1 stated, We only clean the hub with alcohol after we initially open the insulin cartridge. The nurse proceeded to prime and restated that we do clean off the hub with an alcohol swab. In my haste, I didn't do it. Too much coffee this morning.During an observation on 07/23/25 at 08:26 AM, LPN1 removed the needle and wiped the insulin syringe hub off with alcohol and reprimed the insulin syringe.During an interview on 07/23/25 at 2:42 PM, DON stated, I will have an in-service and huddle, and have everyone sign off on the proper procedure of administering insulin using insulin syringes. We in-service the nurses any time anything like this comes up.</p>		