

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Marsh's Edge		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Renegar Way Saint Simons Island, GA 31522	
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51215</p> <p>Based on observations, staff interviews and review of the facility's policy titled, Medication Labeling and Storage, the facility failed to discard expired syringes stored in one of one medication storage rooms. The deficient practices created the potential to use expired syringes. The facility had a census of nine residents.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Medication Labeling and Storage under the Medication Storage section revealed, 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 If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. Under the Medication Labeling section revealed, 2. The medication label includes, at a minimum: medication name (generic and/ or brand; prescribes dose; strength; expiration date, when applicable; resident's name; route of administration; and appropriate instructions and precautions. If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding or destroying these items.</p> <p>Interview and observation on [DATE] at 1:40 pm of the medication storage room with the Registered Nurse Supervisor (RNS) revealed a sealed zip lock bag of syringes with expiration date of [DATE]. RNS confirmed the date on the bag was [DATE] and that the syringes were expired.</p> <p>During an interview on [DATE] at 12:34 pm with the Director of Nursing (DON) revealed that the RNS was about to destroy the syringes when she asked what she was doing. She stated that the RNS informed her that the syringes were expired, and she was about to destroy them. DON stated she took the bag and partially opened it and removed the label. DON also stated that the bag of syringes was inside of another bag and the RNS removed it prior to bringing it to her. She stated that she took the bag and contacted the pharmacy for clarification on the expiration date.</p> <p>During an observation and interview on [DATE] at 2:00 pm, the DON presented a bag of syringes without a label that was opened on the side. DON insisted that this was the bag observed the day before and that she removed this bag from the original bag and had cleaned up the bag a bit. DON stated that she used the lot number to contact the pharmacy for clarification and had gotten a letter stating the syringes were not expired.</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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>During a follow up interview on [DATE] at 2:30 pm with the RNS revealed that she did not in fact remove the syringes from another bag prior to giving it to the DON. RNS admitted that the sealed bag of syringes was handed to the DON as observed the day before. She also stated that she normally check the expiration dates listed on the packages delivered by the pharmacy and would contact them if there was any doubt or if she had questions but had not contacted them about this situation (expired syringes).</p> <p>During a telephone interview on [DATE] at 8:00 pm with the Director of Clinical Services (DCS) for the pharmacy revealed, that she was aware that at some point everything expires and stated that the pharmacy computer generates labels with expiration dates automatically for items especially the ones removed from their original packaging. The DCS stated that she was only given a lot number and was not sure if that was for the item (syringes) in question. The DCS revealed that she contacted the manufacturer about the lot number she was given and that she was still awaiting a response.</p>		