

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2024
NAME OF PROVIDER OR SUPPLIER  Brookview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  510 Thompson Street Gaffney, SC 29340	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918</b></p> <p>Based on review of the facility policy, record review, and interview, the facility failed to prohibit misappropriation of property for 2 of 2 residents ((R)3 and R4) related to missing medications.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medication Administration: General Guidelines (Revised 04/10/2019) stated, Medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.</p> <p>Review of R3's medical record revealed she was admitted to the facility on [DATE] with diagnoses including, but not limited to; anxiety, pain, chronic obstructive pulmonary disease and gastro-esophageal reflux disease. Review of R3's Physician Orders revealed an order for, Hydrocodone-acetaminophen 7.5-325 mg (milligrams); take 1 tablet twice a day for severe pain.</p> <p>During an interview on 03/11/24 at 2:16 PM, R3 stated, I did not get my medicine on 11/27/23. I am unsure of the type of medication, but I was in a lot of pain from my sciatic nerve. She stated this was the only time she recalls not getting her medication.</p> <p>During record review for 03/11/24 at 2:30 PM, review of the Controlled Drug Record for R3 showed HYDROCo/APAP Tab 7.5-325 mg 1 tab by mouth twice daily as needed. The medications were signed for on the following dates:</p> <p>11/22/23 at 0900, 1700 (5 PM)- 1 tablet removed with unrecognized signatures</p> <p>11/24/23 at 0800- 1 tablet removed, unrecognized signature</p> <p>11/25/23 at 1900 (7 PM)- 1 tablet removed, unrecognized signature</p> <p>11/26/23 at 1300 (1 PM)- 1 tablet removed Agency Nurse signature</p> <p>Review of the Medication Administration Record (MAR) revealed there was no administration of the medication.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2024
NAME OF PROVIDER OR SUPPLIER  Brookview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  510 Thompson Street Gaffney, SC 29340	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R4's medical record revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to; left femur fracture, muscle weakness, and left hip pain. Review of R4's Physician Orders revealed an order for, Hydrocodone-acetaminophen-Schedule II tablet; 7.5-325 mg; amount 1 tablet oral every 8 hours.</p> <p>During an interview on 3/11/24 at 2:20 PM, R4 stated I was in pain and did not receive medicine on 11/27/23. She said this was the only time she recalls not getting her meds.</p> <p>Review of the CDR for R4 revealed, HYDROCo/APAP Tab 7.5-325mg 1 tab by mouth every 8 hours for 30 days. The medications were signed for on the following dates:</p> <p>11/25/23 at 0800- 1 tablet removed, unrecognized signature</p> <p>11/25/23 at 4 PM- 1 tablet removed, unrecognized signature</p> <p>11/26/23 at 1200- 1 tablet removed, unrecognized signature</p> <p>11/26/23 at 0800-1 tablet removed, Agency Nurse signature</p> <p>11/26/23 at 1600 (4 PM)-1 tablet removed, Agency Nurse signature</p> <p>Review of the Medication Administration Record (MAR) revealed there was no administration of the medication.</p> <p>During an interview on 3/11/24 at 3:11 PM, the Director of Nursing (DON) stated, The cart count was correct per the third shift nurse. The third shift nurse saw that medications were signed out crazy. The medications were signed out with dates off and the signatures didn't match.</p> <p>During a phone interview on 3/11/24 at 3:46 PM, an attempt was made to contact the alleged Nurse through the staffing agency. Per the Regional [NAME] President of the staffing agency, she stated We are unable to give out that information. I can pass it up to get permission. She stated to send additional information via email.</p>		