STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425062	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookview Healthcare Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on a review of facility policy, observations, and staff interviews, the facility failed to ensure that the central supply closet was free of expired medications. One of one central supply closets observed contained expired medications.Findings include:Review of the facility policy titled, Medication Storage in the Healthcare Centers, revealed that, medications and biologicals are stored safely, securely, and properly following manufacturer recommendations or those of the supplier. Observation of Central Supply Closet on 01/07/26 2:30 PM with Licensed Practical Nurse (LPN)1 revealed the following expired items: Five (5) boxes of Assure Prism Control Solution, each containing two 4 milliliter (mL) vials, expired on 12/27/2025. Three (3) bottles of Nephro Vitamins C and B Complex, each containing 100 tablets, expired on 08/2025. Three (3) bottles of Flush Free Niacin, each containing sixty (60) 500 milligram (mg) capsules, expired on 10/2024. Two (2) bottles of Procure Allergy Relief, each containing 300 tablets at 10 mg per tablet, expired on 08/2025. One (1) bottle of Oyster Shell Calcium, containing 100 tablets at 500 mg per tablet, expired on 11/2025. One (1) bottle of Major Deep Sea Premium Saline Nasal Moisturizer, containing 44 mL (expiration date not listed). One (1) bottle of Liquid Iron Supplement, containing 473 mL, expired on 12/2025. Twelve (12) bottles of Hydrogen Peroxide, each containing 473 mL, expired on 05/2025. Interview with LPN1 on 01/07/26 at 2:30 PM revealed those expired items should have been wasted and not been stored in the central supply room. LPN1 acknowledged expired medications. Interview and observation of expired medications with the Administrator on 01/07/26 between 2:40 PM and 3 PM revealed expired medications should not have been stored in central supply closet. Administrator acknowledged the expired medications and controlled solutions. Administrator revealed she will be disposing of expired medications and controlled solutions.

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, interviews and record review, the facility failed to send required notices of transfer or discharge to the representative of the Office of the State Long-Term Care (LTC) Ombudsman for 1 of three residents, (R)122 reviewed for discharges. Review of the undated facility policy titled Transfer and Discharge Policy stated, The facility permits resident transfers and discharges only in accordance with applicable federal and state regulations and maintains a process to ensure resident rights, safety, and appropriate notice requirements are met. Review of R122's Face Sheet revealed R122 was admitted to the facility on [DATE] and was discharged on 12/18/25 Against Medical Advice (AMA). Review of a facility document titled discharge: Against Medical Advice dated 12/18/25, noted R122 and two staff witnesses signed the AMA release and R122 was discharged from the facility. Review of the facility's December 2025 Nursing Home Transfer and Discharge Notice Spreadsheet sent to the ombudsman on 01/01/26, did not include R122's AMA discharge.During an interview on 01/08/26 at 2:20 PM, the admission Director stated she was unaware that this discharge notification needed to be sent to the ombudsman's office and said it was not done.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on a review of facility policy, record review, and interviews, the facility failed to develop a comprehensive, resident-centered care plan for Resident (R)72. Specifically, R72 was not care planned for the use of vaping products. Findings include: Review of the facility policy titled, Vaping Policy in Nursing Home, dated 05/31/23 revealed, Policy Statement: This policy outlines the guidelines and regulations regarding vaping within the premises of the nursing home in compliance with the South Carolina Department of Health and Environmental Control (SCDHEC) and Centers for Medicare and Medicaid Services (CMS) regulations. Review of the facility record titled, Brookview Health Care, Residents that currently vape at facility, identified R72 as a resident who vapes.Review of the facility record titled, Vaping Resident Education, and consent revealed R72 signed education and consent on 02/16/21.Review of R72's care plan on 01/07/26 at 12:00 PM revealed there was not a care plan present related to R72's vaping status.During an interview with R72 on 01/07/26 at 08:40 AM revealed R72 does vape, as the facility does not allow residents to smoke cigarettes. R72 revealed she is not allowed to have a vape in her room, but rather, the nurses will hold onto the vape until she wants to smoke. R72 revealed typically they can smoke their vape whenever they want, as long as the weather is good and it's not dark out. R72 revealed she has not smoked her vape since around Thanksgiving time, but could smoke if she wanted to.During an interview with the Minimum Data Set (MDS) Coordinator (1) on 01/07/26 at 5:40 PM revealed that she primarily serves as the MDS Coordinator and shares responsibility with another MDS nurse for updating resident care plans. She stated that the initial care plan is initiated by the floor nurse upon resident admission. Resident care plans are reassessed at least quarterly and additionally as needed, in response to changes in the resident's condition or care needs. She further stated that residents who use vaping products should have this addressed in their care plans. MDS Nurse states that it is important to have updated and accurate care plans, as care plans are used as guidance for clinical staff to properly care for residents and their unique needs. A subsequent record review was completed with MDS Coordinator 1 of R72's electronic health record (EHR) and confirmed that R72 did not have a care plan addressing the use of vaping products. During an interview with the Administrator on 01/07/26 at 5:50 PM revealed initial care plans are completed with every new admission and should be updated at least quarterly and with any change in condition or with any new concerns that need to be addressed. The Administrator stated residents who use vapes should be care planned for the use of vapes.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility failed to revise resident care plans for individual needs and current interventions for two Resident (R)2 and R109 reviewed for Care Plans. Findings include:Review of the undated facility policy titled, Care Planning Policy revealed, Policy Statement: The facility shall develop, implement, and maintain person-centered care plans to meet each resident's assessed needs and preference in accordance with applicable federal and state regulations. Policy: Care plans shall be reviewed and revised as needed based on changes in the resident's condition or needs.Review of R2's Face Sheet revealed R2 was most recently admitted to the facility on [DATE] with diagnoses including but not limited to: dementia, psychosis, insomnia and schizoaffective disorder.Review of R2's Physician Order revealed Memantine 5 milligrams (mgs) once a morning at 9:00 AM, with a start date of 12/13/25 for unspecific dementia.Review of R2's Comprehensive Care Plan with a start date of 02/05/25 revealed, Resident has a diagnosis of dementia with memantine 10 mg BID in place for treatment. 5/21/25 - D/C Memantine 10 mg twice daily; start Memantine 5 mg twice daily on 5/22/25 for two weeks, then start Memantine 5 mg once daily for two weeks. 6/5/25 - Memantine 5 mg once daily for two weeks. 12/13/25 - Start Memantine 5 mg every morning. Approaches with a start date of 02/05/25 state, Memantine 10 mg PO twice a day per MD order. D/C 5/21/25. The care plan was last reviewed/revised on 01/08/26. The care plan approaches/interventions did not reflect the R2's current medication orders.Review of R109's Face Sheet revealed R109 was admitted to the facility on [DATE] with diagnoses including but not limited to: Pressure ulcer of right heel, unstageable, non-pressure chronic ulcer of right ankle, pressure-induced deep tissue damage of left heel and congestive heart failure.Review of R109's Physician Order revealed Lorazepam 1 mg three times a day, with a start date of 12/20/25 for restlessness and agitation.Review of R109's Comprehensive Care Plan with a start date of 09/02/25 revealed, Diagnosis of restlessness and agitation with Lorazepam 1mg PO every eight hours PRN in place for treatment. Approaches included: Administer medication as ordered by medical physician. The care plan did not reflect R109's current medication orders.During an interview on 01/07/26 at 5:40 PM, the MDS Coordinator stated, she primarily serves as the MDS coordinator and has a shared responsibility with another MDS nurse when it comes to updating care plans. Resident care plans are reassessed at least quarterly and additionally as needed in response to any change in the resident's condition or care needs.During an interview on 01/07/26 at 5:50 PM, the Administrator stated, Initial care plans are completed with every new admission and should be updated at least quarterly and with any change in condition or with any new concerns that need to be addressed.During an interview on 01/08/26 at 10:00 AM, Licensed Practical Nurse (LPN)2 stated, Nursing staff did not update care plans and that it was done by the MDS Coordinator.During an interview on 01/08/26 at 10:18 AM, the MDS Coordinator stated, Care plans are reviewed by her and another MDS nurse each morning. MDS nurse then confirmed the incorrect information in the care plans and stated she would have it corrected.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, record review, observations and interviews, the facility failed to ensure and document that Resident (R)36 received baths on the designated bath dates between 12/19/25-01/03/26 for 1 of 2 residents sampled for activities of daily living.Findings include:During an interview on 01/08/26 at 6:00 PM, the Administrator revealed that the facility does not have a policy on Activities of Daily Living (ADL) care, and the expectation is for staff to follow state and federal regulations.R36 was admitted to the facility on [DATE] with diagnoses including, but not limited to, lack of coordination, muscle weakness, cerebral palsy, dementia, mood disturbance, and anxiety.Review of R36's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/13/25 revealed that R36 has a Brief Interview of Mental Status (BIMS) score of 15 out of 15, indicating that R36 is cognitively intact. The MDS indicated that R36 has upper extremity impairment on one side, lower extremity impairment on both sides, and is dependent for all self-care and mobility needs.Review of R36's Activities of Daily Living (ADL) record did not reflect documentation of a bath or shower provided from 12/19/25-01/03/26.Review of R36's care plan revealed that R36 requires substantial to dependent assistance with most ADLs and requires transfers using a Hoyer lift with two-staff member assistance.Review of R36's progress notes did not reveal documentation of any refusals of activities of daily living care for the six months reviewed.During observations of R36 on 01/06/26 at 9:45 AM and on 01/08/26 at 4:00 PM, R36's hair appeared greasy with multiple areas of dandruff present.During an interview on 01/08/26 at 1:29 PM, Certified Nursing Assistant (CNA)1 revealed that R36 sometimes misses baths due to staffing shortages or issues with the Hoyer lift. R36 requires a two-person assist and sometimes resists turning and repositioning, which makes providing care more difficult when staffing is inadequate. CNA1 further stated that the floor does not have sufficient staff to transport R36 to and from the shower room due to the level of assistance required.During an interview on 01/08/26 at 1:57 PM, Licensed Practical Nurse (LPN)3 revealed that if the floor is short-staffed to assist with the Hoyer lift, R36 may not receive a shower but is always provided a bed bath, including cleansing beneath the breasts, armpits, and perineal area.During an interview on 01/08/26 at 4:45 PM, the Administrator revealed that R36 has gotten baths, but it may not have been documented. It is the expectation for staff to document all baths and showers given to all residents.