STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425071	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare - Clinton	304 Jacobs Highway Clinton, SC 29325

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 - Few	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 observation, interview, record review, and facility policy review, the facility failed to ensure medication was securely stored for 1 (Resident (R)100) of 10 residents reviewed for medication administration. Findings included: Review of a facility policy titled, Medication storage in the facility, revised on 02/25/2025, revealed, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, or staff members lawfully authorized to administer medications. The policy further indicated, C. All medications dispensed by the pharmacy are stored in the container with the pharmacy label. Review of R100's admission Record revealed the facility admitted R100 on 10/23/2021. According to the admission Record, the resident had a medical history that included but was not limited to diagnoses of gastro-esophageal reflux disease (or GERD is a chronic condition where stomach acid flows backward into the stomach and causes heartburn and other symptoms) without esophagitis (inflammation of the esophagus). Review of R100's Physician Order Report, dated 05/14/2026, revealed an active order started on 09/02/2025 for omeprazole (a medication to reduce stomach acid), delayed release capsule, 20 milligrams (mg), once a day at 6:00 AM. During an observation and concurrent interview on 05/14/2026 at 5:59 AM on Wing B, a blue-green capsule was observed in a medication cup on top of a medication cart in the hallway. The medication cart was unattended. Registered Nurse (RN)1 was in a resident room and arrived back at the medication cart at 6:03 AM. The RN stated that the medication in the unmarked medicine cup was omeprazole for R100. RN1 stated she was busy, and she had left the medication on the cart when she went to assist a resident who had their call light on. The observation revealed that RN1 opened the medication cart and placed the unmarked medicine cup in front of R100's other medications and locked the cart. RN1 stated that she could not throw out the medication because she would have to use the next dose, and they came in packs that were replaced weekly. RN1 stated she would give the medication to the resident at approximately 6:30 AM before she left the facility. During an observation of medication administration on 05/14/2026 at 6:43 AM, RN1 removed R100's previously opened medication in the unmarked medication cup from the drawer and administered the medication to the resident at 6:49 AM on 05/14/2026.During an interview on 05/14/2026 at 6:50 AM, Unit Manager (UM)3 stated that they would not put medication back in the cart to give to a resident later. During an interview on 05/14/2026 at 11:52 AM, the Infection Preventionist (IP) stated that staff received yearly skills training regarding medication administration and storage. She stated that the expectation was that opened medication did not go back in the medication cart. She stated staff should dispose of the medication. Per the IP, the pharmacy provided medications a week at a time; however, they could pull from the last dose in the pack and notify the pharmacy for a replacement if needed. During an interview on 05/14/2026 at 12:09 PM, the Director of Nursing (DON) stated that the expectation was to encourage residents to take their medication. She stated if the resident refused, staff should dispose of the medication and notify the physician. The DON stated that the facility had an emergency medication kit and a pharmacy close by, or they could pull from the resident's supply. During an (continued on next page)

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 - Few	interview on 05/14/2026 at 12:28 PM, the Administrator stated that he deferred any clinical expectations to the DON.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review, the facility failed to ensure staff wore the appropriate personal protective equipment (PPE) for 1 (Resident (R)139) of 3 residents who were on infection control precautions. Specifically, two staff failed to put on a gown and a face shield or goggles before entering R139's room, who was on droplet precautions. Findings included: Review of a facility policy titled, Droplet Precautions, revised March 2026, revealed, In addition to standard precautions, use droplet precautions for a patient known or suspected to be infected with microorganisms transmitted by droplets larger than 5 microns in size that can be transmitted through close respiratory or mucous membrane contact with respiratory secretions. Facemasks should be used upon entry into the patient room. The policy revealed, Based upon the pathogen or clinical syndrome, if there is a risk of exposure of mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn. The policy also revealed there should be an Appropriate Droplet Precaution sign [on the] door. Review of the facility's Droplet Precautions signage revealed, Everyone Must Make sure their eyes, nose and mouth are fully covered before room entry. According to the sign, a face shield or goggles should be worn. Review of R139's admission Record revealed the facility admitted R139 on 05/12/2026. According to the admission Record, the resident had a medical history that included but was not limited to diagnoses of pneumonia due to mycoplasma pneumoniae (a bacteria that causes lung infection), chronic obstructive pulmonary disease (COPD) with acute lower respiratory infection, and dependence on supplemental oxygen. Review of R139's Physician Order Report, for orders dated 04/14/2026 through 05/14/2026, revealed an active order started on 05/12/2026, for Isolation precautions: Droplet precautions for mycoplasma pneumonia. Review of R139's Care Plan, included a problem statement edited on 05/14/2026, that indicated the resident had ineffective breathing as evidenced by diagnoses of COPD with lower respiratory infection and pneumonia due to mycoplasma pneumonia with sepsis. Interventions directed staff to provide droplet isolation precautions (created 05/14/2026). During an observation and interview on 05/14/2026 at 6:32 AM, R139's call light was on. The observation revealed an enhanced barrier precaution (an infection control strategy that requires the use of gowns and gloves during high-contact resident care to prevent the spread of infection) sign was posted on the right side of the door frame. A door caddy that contained gowns, gloves, and surgical masks (no goggles/face shields were available) was also observed on the door. Registered Nurse (RN)1 was observed going into the resident's room wearing a surgical mask and gloves. When leaving, RN1 disposed of the mask and gloves in a red container at the door. During an interview, RN1 stated that the resident was on droplet precautions, and she was only required to wear a mask and gloves to enter the room.ˆ During an observation and interview on 05/14/2026 at 6:37 AM, Certified Nursing Assistant (CNA)2 responded to R139's call light. CNA2 donned a mask and gloves prior to entering the room. During an interview when CNA2, who exited the room, she stated that she was only required to wear a mask and gloves when entering the room. During an interview on 05/14/2026 at 11:41 AM, the Infection Preventionist (IP) stated R139 had pneumonia and there was a sign (droplet precautions) on their door the previous day. She stated that the resident moved to a different room on 05/13/2026 and the sign and supplies were moved with the resident; however, the IP did not know what had happened to the sign. She stated that staff were expected to enter the room wearing PPE. She stated that a gown, gloves, mask, and face shield/goggles must be worn when a resident was on droplet precautions. She stated that she knew goggles were not available at the resident's door; however, according to the IP, goggles were available 24 hours per day, seven days per week in central supply storage. During an interview on 05/14/2026 at 12:26 PM, the Director of Nursing (DON) stated that he expected staff to wear the appropriate PPE. During an interview on 05/14/2026 at 12:28 PM, the Administrator stated that he deferred any clinical questions to the DON.