

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Kershaw Health Karesh Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Lindsay Lane Camden, SC 29020	

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 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 observation, interview, and review of facility policy, the facility failed to properly store medications and remove expired medications from 3 of 7 medication carts reviewed for medication storage and labeling. Findings include:</p> <p>Review of the facility policy titled Medication Storage in the Facility dated 09/21/22, revealed, Policy: Medications are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier . Procedure: 9. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists.</p> <p>During an observation of the 400 Hall medication cart on 09/11/25 at 10:21 AM, revealed Hydroxyzine HCl 12.5 milligram tablets, 4 count with Lot #18030A, were expired on 07/31/2025. The expired medication was confirmed by Licensed Practical Nurse (LPN)1 and removed from storage with other medications in use for residents.</p> <p>During an observation of the medication cart on the 600 Hall on 09/11/25 at 9:54 AM, one bottle of Fluticasone Propionate Suspension nasal inhalation in the original box with the box lid flipped up and no cap on the bottle.</p> <p>During an observation of the medication cart on the 300 Hall on 09/11/25 at approximately 12:00 PM, one bottle of Fluticasone Propionate Suspension nasal inhalation in the original box with the box lid flipped up and no cap on the bottle.</p> <p>During an interview with Registered Nurse (RN)1 on 09/11/25 at 9:54 AM, she confirmed the absence of the cap over the nasal nozzle on the Fluticasone Propionate Suspension nasal inhalation on the 600 Hall medication cart. RN1 stated they clean the nozzle with alcohol before giving it to the resident. When asked if she was concerned about the medication being exposed due to no cap over the opening, she stated, The other nurses are always losing the caps. They are hard to keep track of. RN1 proceeded to put the medicine back in the box and cart.</p> <p>During an interview with Licensed Practical Nurse (LPN)2 on 09/11/25 at approximately 12:00 PM, she confirmed the absence of the cap over the nasal nozzle on the Fluticasone Propionate Suspension nasal inhalation on the 300 Hall medication cart. LPN2 stated, I will throw this away. I will order a new one.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on 09/11/25 at approximately 1:00 PM, the DON revealed, If a nasal spray does not have a cap, I would expect the nurse to throw away the medication and order a replacement.</p> <p>During an interview with the Pharmacist on 09/11/25 at approximately 1:00 PM, the Pharmacist stated, If a nurse finds a nose spray without a cap, I would want her to try and replace it. The problem is we can't get just a cap to replace the lost cap. Although, if it is in the box it came in, I'm not as concerned about it.</p> <p>During an interview with the Administrator on 09/11/25 at approximately 1:00 PM, the Administrator revealed, The nurse needs to throw away the medication. We will just have to eat the cost of replacing it. Our pharmacist checks the carts monthly, and in fact, he just went through them yesterday.</p>