STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425138	A. Building B. Wing	05/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chandler Creek Post Acute	401 Chandler Rd Greer, SC 29651

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40902 Based on observation, record review, interview, and facility policy review, the facility failed to ensure that a resident was assessed for self-administration of medications prior to medications being left at bedside and that the correct dose was given for one of five residents (Resident (R) 8) reviewed for medication administration of 23 sampled residents. Findings include: Review of the facility's policy titled, Self-Administration of Medications, dated February 2021, revealed as part of the evaluation comprehensive assessment, the interdisciplinary team assess each resident to determine whether self-administering of medications is safe and appropriate. If it is determined safe and appropriate, this is documented in the medical record and care plan. Self-administered medications are stored in a safe and secure place, which is not accessible to other residents. Review of R8's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR), revealed R8 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease. Review of R8's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 03/06/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. Review of R8's Care Plan located under the "Care Plan" tab of the EMR and dated 09/25/23, revealed the resident was not care planned for self-administration of medications. Review of R8's Physician Orders located under the Orders tab of the EMR and dated 05/06/24, revealed no order for inhaler or self-administration of medications. During an observation 05/30/24 at 11:51 AM and 05/31/24 at 8:31 AM, R8 was lying in bed with nasal cannula. The bedside table right beside the bed had an inhaler, Albuterol Sulfate 90 mcg (microgram). R8 stated it was his emergency inhaler and that it was always in his possession. R8 stated the staff gave it to him and they had always allowed him to keep it in his possession. He stated he always had it with him. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Chandler Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Chandler Rd Greer, SC 29651	

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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/31/24 at 8:58 AM, Licensed Practical Nurse (LPN)2 stated she checked in on R8 earlier in the morning, but she had not administered any medications to him or the roommate yet this morning. She observed the inhaler on R8's bedside table and stated the resident did not have an order for it and should not have it in his possession. She stated she was not aware he had it and that it had to be someone on the 3rd shift that must have provided it to him. She stated she was unsure if the resident had been assessed to self-administer and she took the inhaler with her. During an interview on 05/31/24 at 2:32 PM, the Director of Nursing (DON) stated for a resident to be able to self-administer medications, they must have been assessed for self-administration, and they would be provided a lock box to have it locked up, or it could be kept on the cart. He stated the Nurse Practitioner (NP) would write an order for self-administration. He stated staff would be unaware of medications that a family may have brought in. He stated he would need to check into it and come back. At 3:08 PM, the DON stated the inhaler belonged to R8's roommate, who had an order to self-administer medications. But he agreed it should not have been in the possession of R8, who did not have a prescription for it or was assessed to safely self-administer medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Chandler Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Chandler Rd Greer, SC 29651	

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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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident’s representative in writing how long the nursing home will hold the resident’s bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36461 Based on record review and interview, and facility policy review, the facility failed to issue one of three residents (Resident (R) 123) or their responsible party out of 23 sampled residents a bed hold notice when R123 was sent to the emergency room . This had the potential to affect the resident's return to the facility. Findings include: Review of R123's Admission Record located in the Profile tab of the electronic medical record (EMR) revealed she was initially admitted on [DATE] for long-term care with diagnoses that included diabetes and muscle weakness. Review of R123's annual "Minimum Data Set (MDS)" with an "Assessment Reference Date (ARD) of 03/07/24, revealed R123 had a "Brief Interview for Mental Status (BIMS)" score of one out of 15, which indicated the resident was severely cognitively impaired. Review of the facility's investigation related to a self-reported accident, provided by the facility, revealed the document for a bed hold, signed by R123 with an X when she was sent out on 03/15/24 for an evaluation of a laceration to her left cheek area. There was no documentation located in R123's EMR that reflected R123's responsible party, her son, had been informed of the bed hold policy. Review of R123's Progress Notes, dated 03/15/24 and located in the Progress Notes tab of the EMR, revealed R123's responsible party was notified the facility was sending R123 to the emergency room (ER), but did not inform them of the bed hold policy. During an interview on 05/31/24 at 1:10 PM with the Administrator, he presented a copy of the [Facility Name] Bed Hold Policy, revised on 12/26/23, which was the same form completed at the time of a transfer which contained information regarding pricing and bed hold status. When the Administrator was asked if the facility had any additional policies for bed hold, he stated the form provided was all they had. He also stated that residents could sign the form themselves, if cognitively able, but if they are not cognitively able, the responsible party was to be notified and then documented on the bed hold form. During a second interview on 05/31/24 at 1:30 PM, the Administrator provided an additional policy, Bed Holds and Returns policy, revised March 2017, which revealed .Prior to a transfer, or as timely as possible, written information will be given to the residents and the resident representatives that explains in detail: the rights and limitations of the resident regarding bed-holds . The Administrator also stated a resident signing the bed hold form with an X was appropriate for cognitively intact residents. He further stated R123, who had a BIMS of one out of 15, should not have signed the form and her responsible party should have been notified.