

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Sandpiper Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1049 Anna Knapp Boulevard Mount Pleasant, SC 29464	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>50085</p> <p>Based on review of facility policy, observation, and interview, the facility failed to protect residents private health information, for 3 of 8 residents. Specifically, a nurse did not secure the computer screen while administering medications.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Protected Health Information (PHI), Uses and Disclosures of documented, The facility will make reasonable efforts to limit the use or disclosure of PHI to only the minimum necessary use to accomplish the intended purpose of the use, disclosure or request.</p> <p>During an observation on 01/28/25 at 5:16 PM, revealed a nurse's medication cart was left unattended, while the nurse was administering medications. Further observation revealed, the Electronic Medication Administration Record (EMAR) was still open on the computer screen, revealing multiple residents listed on the screen.</p> <p>During an interview on 01/28/25 at 5:18 PM, Licensed Practical Nurse (LPN)1 stated, You are interviewing me about my screen being open. I was gone for three minutes. I went to give morphine to a resident. The policy is to lock your screen when you step away from it. I know better, I do. It is not my first rodeo, I just had too many things to do at once.</p> <p>During an interview on 01/28/25 at 7:48 PM, the Director of Nursing (DON) revealed her expectation is that all staff protect patient information. The DON stated they (nurses) have two options; they could either close the laptop or press the privacy HIPPA button to hide the screen. We often remind them to do better, it is a habit they have to change within themselves.</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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