

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2024
NAME OF PROVIDER OR SUPPLIER  Lancaster Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2044 Pageland Hwy Lancaster, SC 29720	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>49918</p> <p>Based on observation, resident interviews, staff interviews, and facility policy review, the facility failed to prevent misappropriation of narcotic medications 3 of 3 residents (R) reviewed, R1, R2, and R3.</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Administration of Scheduled Controlled Medications, revised date 04/17/2024, revealed, Administration of Scheduled controlled substances will be consistent with the policies for general medication administration with the additional of logging all doses on a controlled drug receipt/record/disposition form for each controlled substance order. The following procedures included:</p> <ol style="list-style-type: none"> <li>All Scheduled controlled medications removed from storage for the purpose of administering doses to the resident will be entered onto the resident's-controlled drug receipt/record/disposition form.</li> <li>The licensed nurse/authorized staff member will then count or measure the remaining drug quantity in stock and enter the amount remaining onto the resident's-controlled drug receipt/ record/disposition form.</li> <li>Any discrepancies in the resident's-controlled drug record/disposition form must be immediately reported to the Director of Nursing and/or per facility policy.</li> </ol> <p>Review of the facility's policy titled, Storage and Reconciliation of Controlled Substances, revised 04/17/2024, revealed, the Facility will have systems in place to ensure the safe and secure storage of Controlled Substance Medications and the facility will conduct routine reconciliations of all controlled substances to prevent any potential loss or diversion. The following procedures included:</p> <ol style="list-style-type: none"> <li>The nurse/authorized staff member visually checks this number against the Inventory Record Sheet.</li> </ol> <p>Review of R1's Face Sheet revealed admitted to facility on 03/04/2024 with diagnoses including but not limited to: acute respiratory failure with hypoxia, chronic systolic (congestive) heart failure, chronic pain, dependence on oxygen, and pain.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/06/2024 revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R1 cognitive response is intact.</p> <p>Review of R1's Care Plan with a start date of 03/21/2024 and an edit date of 07/01/2024 documented, R1 is currently taking [x] Analgesic. Further review of the Care Plan revealed the following approach, Licensed Nurse will monitor vital signs including temperature, blood pressure, pulse, respirations, oxygen saturation, and pain each shift.</p> <p>Review of R1's Physician Orders dated 03/04/2024 revealed the following order Every Shift (3) Check resident for level of pain utilizing numeric rating scale 0-10 or verbal descriptor scale (M)Mild, (MO)Moderate, (S)Severe, (VS)Very Severe Other Test ( ).</p> <p>Review of R1's Physician Orders dated 08/20/2024 revealed the following order Lorazepam-Schedule IV tablet; 0.5 mg [milligrams]; amount to administrator: 1 tablet oral.</p> <p>Review of R1's Progress Note dated 08/29/2024 revealed the following Resident continues with Ativan 0.5 mg twice daily PRN [as needed] for anxiety. No acute changes.</p> <p>Review of R2's Face Sheet revealed admitted to facility on 08/12/2024 with diagnoses including but not limited to: long term (current) use of opiate analgesic, chronic systolic (congestive) heart failure, pain, and acquired absence of right leg, above knee.</p> <p>Review of R2's Admission MDS with an ARD of 11/14/2024 revealed R2 had a BIMS score of 15 out of 15, indicating R2 cognitive response is intact.</p> <p>Review of R2's Care Plan with a start date of 11/29/2022 documented, R2 has potential for pain Related To (R/T) mobility, pressure injury and arterial ulcers, chronic pain. Further review of the Care Plan revealed the following approach, Administer pain medication as ordered. Document response/effectiveness of medication and/or interventions and collaborate with Medical Doctor (M.D.) if pain control measures currently ordered are ineffective.</p> <p>Review of R2's Physician Orders dated 08/12/2022 revealed the following Every shift checking resident for level of pain utilizing numeric rating scale 0-10 or verbal descriptor scale (M)Mild, (Mo)Moderate, (S)Severe, (VS)Very Severe Other Test:( ).</p> <p>Review of R2's Progress Note dated 10/10/2024 revealed Debrox continue for impacted Cerumen in left ear. Resident denied pain or discomfort, No other pain related notes reviewed.</p> <p>Review of R3's Face Sheet revealed admitted to facility on 09/18/2023 with diagnoses including but not limited to: Unspecified fracture of fifth of fifth lumbar vertebra, sequela (Primary), Displaced comminuted fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing (History of), and pain, unspecified.</p> <p>Review of R3's Admission MDS with an ARD of 09/25/2024 revealed R2 had a BIMS score of 15 out of 15, indicating R3 cognitive response is intact.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R3's Care Plan with a start date of 10/12/2023 documented, R3 is at risk for pain r/t right arm fracture, bursitis of right knee. He needs pain monitoring by skilled nurse to manage pain and promote rehab potential. Further review of the Care Plan revealed the following approach, Administer medications as ordered. Evaluate/record/report effectiveness and any adverse side effects.</p> <p>Review of R3's Care Plan with a start date of 10/12/2023 documented, Monitor and record any complaints of pain: location, frequency, intensity, affect on function, alleviating factors, aggravating factors. Report to MD any new or worsening pain, or if pain management not effective for relief of pain.</p> <p>Review of R3's Physician Orders dated 09/18/2023 revealed the following Every shift checking resident for level of pain utilizing numeric rating scale 0-10 or verbal descriptor scale (M)Mild, (Mo)Moderate, (S)Severe, (VS)Very Severe Other Test:().</p> <p>Review of R3's Progress Note dated 08/12/2024 revealed PT/OT progress. The resident is one assist with care and two to transfer. Resident is incontinent of bowel and is able to use the urinal. Residents is on pain management for back pain and generalize pain. Resident is able to feed self and tolerate his meals well. Resident take his meds whole with no complication. Resident corporates well with the staff and his roommate. Blood sugar monitor daily with coverage. Resident lungs are clear and respiratory effort normal. ABT Amoxicillin in progress. No ADR. PO fluids encourage. PRN eye drops given for dry eyes. Will continue to monitor.</p> <p>Review of R1's Controlled Drug Receipt/Record/Disposition Form on 12/11/2024 at 3:20 PM, revealed R1's oxycodone/APAP tab 10/325mg 1 tablet removed with each occurrence on the following days:</p> <p>08/27/2024 at 12:00 AM, the count decreased from 47 to 43 pills. The count decreased by 4 pills.</p> <p>08/25/2024 at 12:00 AM, the count decreased from 63 to 58 pills. The count decreased by 5 pills. 08/20/2024 at 06:00 PM, the count decreased from 87 to 79 pills. The count decreased by 8 pills.</p> <p>08/16/2024 at 06:00 PM, the count decreased from 110 to 108 pills. The count decreased by 2 pills.</p> <p>08/17/2024 at 12:00 AM the count decreased from 108 to 102 pills. The count decreased by 6 pills.</p> <p>08/03/2024 at 05:02 PM the count decreased from 46 to 44 pills. The count decreased by 2 pills.</p> <p>07/21/2024 at 05:03 PM, the count decreased from 104 to 102 pills. The count decreased by 2 pills.</p> <p>07/29/2024 at 05:00PM, the count decreased from 75 to 72 pills. The count decreased by 3 pills.</p> <p>Review of R2's Controlled Drug Receipt/Record/Disposition Form on 12/11/2024 at 3:20 PM, revealed R2's oxycodone/APAP tab 10/325mg 1 tablet removed with each occurrence on the following days:</p> <p>07/05/2024 at unknown time, the count decreased from 27 to 25 pills. The count decreased by 2 pills.</p> <p>07/09/2024 at 02:00PM, the count decreased from 14 to 12 pills. The count decreased by 2 pills.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>07/19/2024 at 02:00 PM, the count decreased from 72 to 70 pills. The count decreased by 2 pills.</p> <p>Review of R3's Controlled Drug Receipt/Record/Disposition Form on 12/11/2024 at 3:20 PM, revealed R3's oxycodone/APAP tab 10/325mg 1 tablet removed with each occurrence on the following days:</p> <p>08/25/2024 at 06:00 AM, the count decreased from 28 to 25 pills. The count decreased by 3 pills.</p> <p>08/22/2024 at 05:00 PM, the count decreased from 48 to 42 pills. The count decreased by 6 pills.</p> <p>07/29/2024 at 12:00 PM, the count decreased from 40 to 38 pills. The count decreased by 2 pills.</p> <p>07/19/2024 at 06:00 PM, the count decreased from 75 to 73 pills. The count decreased by 2 pills.</p> <p>During an interview on 12/11/2024 at 3:10 PM, Licensed Practical Nurse (LPN)1 stated, I think one day I came to work, the Nurse Practitioner (NP) wrote a script and I was going to give the resident her medication. When I called the pharmacy, they said LPN1 you should have at least six to nine pills left. That is when I called the nurse manager (LPN2). I didn't know it was a problem. I called about R2 and the pharmacy told me they couldn't send any additional meds. I didn't notice anything out of the norm. There is a nurse who works alot. She appeared tired a lot, but nothing out of the norm. It appears someone forged my signature on 08/11/2024 at 12 Noon and 08/11/2024 at 06:00 PM. I don't use military numbers, nor do I work on Sundays.</p> <p>During an interview on 12/11/2024 at 03:31 PM, LPN1 stated, My signature is forged. I don't work on Sunday's referencing 08/11/2024.</p> <p>During an interview on 12/11/2024 at 3:39 PM, LPN1 stated, I always write 1 tab. I never just put 1.</p> <p>During an interview on 12/11/2024 at 4:24 PM, LPN2 stated, We do random audits on the medication carts. We do it three times a week. We had a plan in action for the form. Pharmacy comes in and look at the cart also. Pharmacy comes once a month. The pharmacy rotates reviewing the carts along with the refrigerators. I heard about the diversion, but I was not involved. The unit managers review the audits for their medication carts. I am also responsible for checking the medication carts. I usually look at insulin and expired medications. I did not see any suspicious activity on the controlled drug disposition form. I had no suspicion of Registered Nurse (RN)1. She is a good nurse. She worked the third shift. So, I didn't see her unless in passing in the morning. We don't have a designated supervisor at night.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/11/2024 at 4:46 PM, RN1 stated, I don't know what happened. The Director of Nursing (DON) stated it look like someone set me up. The numbers looked changed or altered. RN1 stated, As long as my count is right, I don't go back to review the count, because my count is right. Apparently, the number before I pulled was altered. The protocol for suspicion is everyone on the cart should be drug tested . Everyone was not drug tested or suspended. I never had a problem with the count being off. The DON &amp; Staff Development Coordinator (SDC) called me on the phone. I couldn't understand what they were saying, so I told them I would come in person. I came in person and talked with the DON, ADON, &amp; SDC in the office. When we count, and they call out the number and it match, I don't question the count. The DON kept saying it looks like someone set you up. I am not quite sure. I took a drug screen. My drug screen was negative. They terminated me before my drug screen came back.</p> <p>During an interview on 12/11/2024 at 1:28 PM, DON stated, The South Carolina Department of Labor, Licensing and Regulation (LLR) requested copies of the Medication Administration Record (MAR). This is my first time having to investigate this type of misappropriation of medications. It was hard following the MAR. I had just written her up for medication administration.</p> <p>During an interview on 12/11/2024 at 1:43 PM, DON stated, I noticed several pills were missing from the Narcotic sheet the way it was written. RN1 was written up prior for not documenting appropriately when she removed a narcotic. We assessed the residents. The residents didn't complain of having pain. DON stated RN1 would tell me she would give the medication and then document it later. Therefore, since I talked to her about her documentation, we had to give her a written warning.</p> <p>During an interview on 12/11/2024 at 5:19 PM, DON stated, We do not have cameras.</p> <p>During an interview on 12/11/2024 at 5:56 PM, the Assistant Director of Nursing (ADON) stated, I am responsible for printing out all medication delivery inquires by the end of the month; it would be the delivery for the month of September.</p> <p>During an interview on 12/11/2024 at 06:23 PM, Administrator stated, I wasn't here for the alleged diversion. The only thing I am aware of is the audits. The number of medications match the narcotic sheets. The audits are being done twice a week. I am unsure of the number of weeks we completed.</p>		