STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425159	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock Hill Post Acute Care Center	159 Sedgewood Dr Rock Hill, SC 29732

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801 Based on review of observations, interviews, record review and facility policy, the facility failed to administer oxygen consistent with professional standards of practice for 1 of 1 residents reviewed for respiratory care, Resident (R)21. Findings include: Review of the facility's policy titled, Infection Control Policy/Procedure, Subject: Oxygen, Use of with revision date 05/2021 revealed, Policy: It is the policy of this facility to promote resident safety in administrating oxygen. Procedures: The following guidelines will be observed in oxygen administration. 1. The O2 cannula or mask will be changed at least every 7 days, as well as the disposable humidifier. Tubing, masks, humidifiers and other disposables used for oxygen administration will be changed weekly or as needed. Review of R21's Electronic Medical Record (EMR) revealed R21 was admitted to the facility on [DATE] with diagnoses including but not limited to: chronic diastolic (congestive) heart failure, atrial fibrillation, and dependence on supplemental oxygen. Review of R21's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 08/12/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R21 has cognition intact. Review of R21's Care Plan documented, Focus: Date Initiated 08/13/24 . has potential for significant wt changes and altered nutritional status r/t dx of cutaneous abscess of abdominal wall, sepsis, ascites, chronic CHF, PCM, muscle weakness, O2 dependent, bacteremia, hx of TIA, Vit D deficiency, MDD, A-fib, HTN, CKD 3, wound, and variable intake. Goal Target Date: 10/31/24 Will maintain adequate nutritional status as evidenced by maintaining weight with no s/sx of malnutrition through review date. Interventions Date Initiated: 08/13/24 Administer medications as ordered. Monitor/Document for side effects and effectiveness. Review of R21's Physician Order documented, CHANGE O2 TUBING, H2O BOTTLE EVERY WEEK ON WEDNESDAY every night shift every Wed. During an observation of R21's room on 08/13/24 at 1:06 PM oxygen was observed via nasal canula at 2L/min. with tubing not labeled. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/13/24 at 1:13 PM, Licensed Practical Nurse (LPN)1 was asked to view the electronic medication administration record (eMAR) to confirm the oxygen rate of 2L/min and to confirm the order for changing tubing. Order for tubing change revealed it was to be weekly on Wed. nightshift. On 08/07/24 the eMAR was observed as signed by a nurse as completed. During an observation and interview on 08/13/24 at 1:15 PM, LPN1 confirmed in the room that the oxygen tubing was not dated. LPN1 agreed that it looked like it was signed as being completed per the order but evidence at the bedside did not support as tubing was observed without a date. LPN1 stated she would change the tubing and label. During an interview on 08/15/24 at 3:36 PM the Director of Nursing (DON) stated the expectation for ensuring that orders for changing oxygen tubing would be to follow the order. Evidence of following the order would include documentation in Point Click Care (PCC), and for some items it would be to date the tubing.

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801 Based on observations, facility policy, and interviews, the facility failed to remove expired biologicals in 1 of 2 medication storage rooms. Findings include: Review of the facility policy titled, Storing and Controlling Medications dated ,d+[DATE] revealed, Policy: It is the policy of this facility to: 1. Store medications safely, securely, and properly following manufacturer's recommendations or those of the supplier, and in accordance with federal and state laws and regulations . Procedure: 9. Medications that are discontinued, expired .are immediately removed from the locked medication storage area and disposed of in accordance with the facility policies and procedures. During an observation on [DATE] at 8:40 AM on Unit one (1) medication storage room revealed the condition of the following biological: 1. One (1) Red top BD Vacutainer with lot number 3025477 and expiration date of [DATE]. During an observation and interview on [DATE] at 8:40 AM the Director of Nursing (DON) verified the medication supply was expired.