

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER McCoy Memorial Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 207 Chappell Drive Bishopville, SC 29010	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, record reviews, observations and interviews the facility failed to ensure medications were properly stored and safeguarded. Specifically, medications were observed on a bedside table in Resident (R)53's room. Review of the facility policy titled Medication Storage in the Healthcare Centers last revised 09/15/17 revealed, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel and pharmacy personnel. During an observation on 07/22/25 at 11:40AM by two surveyors, a disposable cup containing seven loose pills were observed on the bedside table of R53. Review of R53's Electronic Medical Record (EMR) revealed R53 was admitted to the facility on [DATE] with diagnoses including but not limited to: symptomatic epilepsy and epileptic syndromes with simple partial seizures and unspecified dementia. R53's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 07/14/25, revealed a Brief Interview of Mental Status (BIMS) of 10 out of 15 indicating R53 was moderately cognitively impaired. During an interview on 07/22/25 at 11:57AM, Licensed Practical Nurse (LPN)1, stated she is assigned to R53 today and acknowledged her mistake and understood that medications should never be left at a resident's bedside without confirming they have been ingested. LPN1 went back to give medication to the resident, in the last 10 or 15 minutes. Then LPN1, stated, I'm going to be honest, this is my first time working with the resident, she put the cup to her mouth, and I thought she had taken her meds. I should have looked to make sure the resident had taken her meds; this is all on me. There is no time that meds should be left at resident's bedside side without seeing resident take medication. During an interview on 07/24/25 at 12:30 PM, the Director of Nursing (DON), outlined her expectations for nurses regarding medication administration. Nurses are expected to administer residents' medication and observe them taking it. If a resident refuses to take the medication, nurses are to collect and discard the medication and then notify the physician.</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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