STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425291	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Health & Rehab Center	831 McDow Drive 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49918 Based on observation, record review, and interview, the facility failed to prevent potential accidents related to over the counter (OTC) medication's being at bedside for Resident (R)1, for one of one resident reviewed for accidents hazards. Findings include: Review of the facility's policy titled, Medication Administration Record copyrighted 2001, revealed, Medications are administered in a safe and timely manner, and as prescribed . Policy Interpretation and Implementation . 24. Topical medications used in treatments are recorded on the resident's treatment record (TAR) . 27. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safety. Review of the facility's policy titled, Self-Administration of Medications version 09/2020, revealed, The facility shall permit residents who are competent and physically able to self-administer their medications if the following conditions are met: 1. Self-administration of medications by residents is permitted only on the specific written orders of the resident's physician or other legally authorized prescriber and documented in the resident's medical record. 2. Specific instructions for administration of prescription medications are printed on the medication label. Procedure: 1. Residents who requested approval to self-administer shall be assessed by the interdisciplinary team to determine if the resident is competent. 2. The interdisciplinary team will assess the resident's cognitive, physical, and visual ability to carry out this responsibility. Facility staff may use the medication self-administration for (Form #161) or a facility-developed mechanism to document this assessment. If the team determines that the resident is competent, the attending physician shall be contacted to request a specific order for self-administration of the medication. 5. Medications stored at bedside shall be secure from other residents. The medications provided to the residents for bedside storage are kept in the containers dispensed by the provider pharmacy. Sleft [sic] administration of medications by residents is verified by direct contact with the resident by a licensed nurse and recorded on the MAR by the same person. Verification and documentation shall occur at the same frequency as the medication is taken. The MAR will reflect self-administration orders and will be addressed in the care plan. Facilities may elect to prohibit self-administration. The facility shall not allow residents to self-administer controlled substances. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R1's Face Sheet revealed the facility admitted (R)1 on 02/18/25, with diagnoses including but not limited to: fracture unspecified part of neck of right femur, subsequent for closed fracture with routine healing, unspecified, and need for assistance with personal care. Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date of 02/25/25, revealed R1's Brief Interview for Mental Status (BIMS) score of 13 out 15, indicated R1 had moderate cognitive impairment. Review of (R)1's Care Plan did not reveal a Care Plan related to R1 self-administering medications. Review of (R)1's Orders and Treatment Record for the month of March 2025, did not reveal an order for self-administration of ultra strength pain reliever cream. During an observation on 03/18/25 at 1:45 PM, on top of R1's bed side table there was an ultra strength pain reliever cream. During an interview on 03/20/25 at 2:19 PM, the Director of Nursing (DON) stated, They should not have over the counter creams in their rooms. I have asked the staff if they see medications at the bedside to remove it and report it to their nurse. The certified nursing assistants (CNAs) should let the nurse know if they discover creams or any outside medications at the bedside. If it is something we can order, we will call the physician and get an order. During an interview on 03/20/25 at 2:40 PM, the DON stated, We tell the families not to bring in over the counter medications or creams, but they continue to bring those items in without notifying us. During an observation on 03/20/25 at 2:42 PM, R1's daughter was getting off the elevator on the 200 Unit. R1's daughter had a bag containing cough drops, one Ensure, and other items that were not identified. R1's daughter spoke to the nurses sitting at the nurse's desk while passing by and proceeded to the resident room. The daughter did not let the nurses know what she was bringing for R1. During an interview on 03/20/25 at 2:46 PM, R1's daughter stated, I usually bring in items the she (R1) used while she was in assisted living. The cream that was at her bedside is like Voltaren cream for her knee. The physician stated she could have that cream.

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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. 49918 Based on review of facility policy, observation and interview, the facility failed to ensure that all drugs and biologicals used in the facility were labeled in accordance to professional standards including expiration dates, for 1 of 1 treatment cart. Findings include: Review of the facility's policy titled Medication Storage (SC SNF Pharmacy Policy and Procedure Manual), version 09/2020, did not reveal information on professional standards of on labeling, expiration dates, or discarding expired medications. During an observation on 03/18/25 at 12:46 PM, the treatment cart revealed the following: One Hydrofera Blue 10.2cm x 10.2 cm 4x4 Sterile, Ref# HB4414, Lot # 190328150, exp 02/01/2024. Aloe cream, LOT #313, Manufacturer Rugby Laboratories, expired 11/24. Two sterile suture removal kits, Manufacturer Dynamex Corporation, Lot #51842, expired 01/04/2025. Thirty sterile wood shaft cotton tipped applicators, Ref #76800, Manufacturer ProAdvantage by NDC, Lot #91504, expired 02/2024. The expired medications was verified and removed by Registered Nurse (RN)1. During an interview on 03/18/25 at 12:53 PM, RN1 stated, The nurses review the wound cart once a week. The night nurse check for expirations on the treatment cart daily. The pharmacy comes every month to check for expiration dates. During an interview on 03/20/25 at 8:35 AM, the Director of Nursing (DON) stated, I will get with our staff members who handle supplies and redo an education session.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 49800 Based on review of facility policy, observation and interview, the facility failed to ensure an excessive amount of lint was removed from 2 of 2 clothes dryers. The lint was noted above and behind the lint basket and on the 3 inside walls of the clothes dryers. Findings include: Review of a facility document titled, Laundry Assistant/ Equipment and Supply Functions states, . clean the lint screen for each commercial dryer at a minimum of each shift and when necessary. During an observation on 03/19/25 at 12:13 PM, of two dryers revealed the lint baskets and three walls below the dryers contained an excessive amount of lint. During an observation on 03/19/25 at 12:20 PM, the signage posted on 1 of 2 dryers stated, Clean Lint Filters, Remove Lint from the Dryer Lint Screens Every Time You Use the Dryer. This Helps Prevent A Fire, But It Also Helps Laundry To Dry Faster. During an interview and observation on 03/19/25 at 12:33 PM, the Environmental Services Supervisor (ESS) confirmed the excessive amount of lint. The ESS stated that the laundry staff removes the lint from the lint baskets daily. He also stated there is a re-occurring work order for cleaning logs using an APP called IAM CARE and is signed off on when cleaned. During an interview on 03/19/25 at 1:30 PM, the Laundry Assistant confirmed laundry does not use a lint log. The Laundry Assistant went on to say she cleans the lint basket after each dryer load but does not clean the 3 walls under the dryer. During an interview on 03/19/25 at 1:47 PM, the Building Operations Manager reported he was told about the condition of the dryer baskets and under the dryers. The Building Operations Manager further stated, that's uncalled for and the Environmental Services Supervisor will ensure excessive lint does not occur again. During an interview on 03/20/25 at an unspecified time, the Infection Preventionist revealed the facility does not have a laundry policy for maintenance of laundry equipment. During an interview on 03/20/25 at 12:30 PM, the Janitor revealed he cleans the dryer lint baskets, under dryer controls, and the area behind the dryers using a wet/dry vacuum. The Janitor stated he did not know he needed to clean behind the lint basket, the 3 walls and under the dryer until it was pointed out to him on yesterday. The Janitor concluded he had not been trained or educated about cleaning under the dryer and the 3 walls of dryer and was surprised about the excessive amount of lint.