STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425294	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Promedica Skilled Nursing and Reh- Greenville West	600 Sulphur Springs Road Greenville, SC 29611

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 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. Based on facility policy review, observation, and interview, the facility failed to ensure medications were stored securely in their original packaging. Specifically, 8 pills and 2 capsules were found loose in 1 of 6 medication carts reviewed. Additionally, the facility failed to discard expired medications for Resident (R)123, in 1 of 4 medication storage rooms reviewed. Findings include: Review of the facility policy titled Storage of Medications with a last revision date of November 2020 revealed, Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. The policy heading also reveals, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. During an observation on 12/17/25 at 11:08 PM of the Hall 200 Medication Cart 2 during a medication pass, in the presence of Licensed Practical Nurse (LPN)1 and the Director of Nursing (DON), revealed eight loose pills and two loose capsules were located in the medication cart. The medications were not stored in their original containers at the time of observation. During an observation on 12/18/25 at 2:48 PM of the Hall 300 Medication Room, in the presence of the DON, revealed two medication packets of Sucralfate 1-gram tablets, totalling 58 individual tablets, labelled for R123. The medication packaging indicated an expiration date of 10/31/25. At the time of observation, the expired medication remained stored in the medication room. During an interview on 12/17/25 with the DON and LPN1 revealed that medication carts are to be checked every shift to ensure medications are adequately stored based on facility guidelines. The DON and LPN1 acknowledged the eight loose pills and two loose capsules and agreed they are not supposed to be stored outside the original container. During an interview on 12/18/25 at 2:48 PM, the DON acknowledged the expired medication cards for R123. The DON stated medication cards should not have been stored in the medication storage room and should have been disposed of. During an interview on 12/18/25 at 3:18 PM, the Administrator stated that nursing staff are responsible for ensuring medication carts and medication rooms are free of loose pills and expired medications. The Administrator explained that due to a full census and the high volume of medications, medication carts were overfilled, and during medication administration, medications may have inadvertently fallen out of packets as nurses removed and returned medication cards. The Administrator acknowledged loose pills found on the Hall 200 medication cart and expired medication packets found in the Hall 100 medication storage room and stated that an overflow bin system was implemented, with excess medications placed in designated overflow bins stored in locked medication rooms to alleviate cart overcrowding and prevent recurrence.

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