

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Anchor Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 550 East Gate Drive Aiken, SC 29803	

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>48214</p> <p>Based on observation, interview, and review of the facility policy, the facility failed to ensure safe and secure storage of medications and biologicals in 2 of 2 medications observed.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Storage of Medications last revised November 2023, states, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Furthermore it states, Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended.</p> <p>Observation on 09/03/24 at 2:01 PM and 2:30 PM of Hall 400 Medication Carts, revealed, an unattended and unlocked medication cart with 1 bottle of Clear Lax sitting on the top of the cart.</p> <p>Observation and interview on 09/03/24 at 3:16 PM of Hall 400 Medication Carts, revealed, an unattended and unlocked medication cart with 1 bottle of Clear Lax sitting on the top of the cart and one medicine cup with a mixture of applesauce and pills. Licensed Practical Nurse (LPN)1 stated that the medicine cup was left on top due to a resident refusing medication and that her cart was unlocked because she was called away to do something. LPN1 stated that per policy, the medications should have been disposed of in the medications storage room.</p> <p>During an interview on 09/03/24 at 3:40 PM with the Director of Nursing (DON), the DON stated that medication carts are to be locked when not in use.</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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