STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425320	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nhc Healthcare - North Augusta	350 Austin Graybill Road North Augusta, SC 29841

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, interview, and record review, the facility failed to ensure Resident (R)12 received his nasal spray, based on physician orders, for three consecutive days, for 1 of 3 residents reviewed.Findings Include:Review of the facility policy, Preparation and General Guidelines: Medication Administration - Guidelines, with a revision date of 01/01/19, revealed, Policy.Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. D. Documentation.7) If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g., the resident is not in the facility at the scheduled dose time, or a starter dose of antibiotic is needed), the space provided on the MAR for that dosage administration is initialed and circled if using a paper MAR, if electronic MAR follow manual's direction for documentation of such.Review of R12's Face Sheet revealed he was originally admitted to the facility on [DATE], with a current return date of 12/27/25. His diagnoses included, but were not limited to, spinal stenosis, lumbar region with neurogenic claudication, other spondylosis with radiculopathy, and chronic pain syndrome.Review of R12's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/25, revealed R12 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R12 had no cognitive deficits. Further review of the R12's MDS revealed resident is receiving PRN (as needed) medications.Review of R12's Care Plan revealed he may self-administer nasal sprays, but medications is to be kept in the medication cart. Approaches include R12 self-administration revaluated quarterly for appropriateness and staff to check expiration dates of nasal sprays. Review of R12's Physician's Order, dated 02/21/26, revealed R12 had orders for Saline Nasal (sodium chloride) aerosol, spray; 0.65%; 1 spray; nasal; Nasal spray four times a day for 1 month. Further review revealed R12 also had Physician's Order, dated 02/20/26, for Afrin No Drip (oxymetazoline) mist; 0.5%; 2-3 sprays; nasal; Nasal spray to nose three times a week.During an interview on 03/05/26 at 6:24 PM, Register Nurse (RN)1 revealed, I only document that the medication was administered on the Medication Administration Record (MAR). I didn't know I was supposed to document anywhere else. The pharmacy knew that the medication wasn't there. The order was put in over the weekend, and they don't deliver on the weekends. The medication was available Monday.During an interview on 03/05/26 at 5:40 PM, RN1 stated, We have an emergency kit box located on [NAME] and Palmetto Wings. On February 23, the nasal spray was not available on the medication cart or the emergency kit box. It was waiting to come from the pharmacy.During an interview on 03/05/26 at 7:19 PM, the Unit Manager (UM)1 revealed, If a medication is on order, but unavailable, it is documented as unavailable on the MAR and waiting to come from pharmacy. If we get it in the system before 5, we usually get it the same night. My expectations are to give pharmacy a call if medications are not available, but I don't know what the policy is here.During an interview on 03/05/26 at 7:40 PM, the Director of Nursing (DON) revealed, If a medication is on order, but unavailable, it is expected to call the pharmacy to see when the medications will be available. If the medication is on back order, let the facility know when the medications are available. If it's a significant medication, sometimes the Nurse Practitioner (NP) will order the medication within 2 - 3 days.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, record review, and interviews, the facility failed to ensure pharmaceutical services were provided to meet Resident (R)12's needs for 1 of 1 resident reviewed. Specifically, R12's Afrin nasal spray and Saline nasal spray was ordered by the physician on 02/21/26 and was not administered for three days due to unavailability.Findings Include: Review of the facility policy, titled Preparation and General Guidelines: Medication Administration - Guidelines, last revised January 01, 2019, documented, Policy: Medications are administered as prescribed in accordance with good nursing principles . 12) If a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility are searched, if possible. If the medication cannot be located. the pharmacy is contacted or medication removed from the night box/emergency kit.Review of R12's Face Sheet revealed he was originally admitted to the facility on [DATE], with diagnoses including, but not limited to: long term current use of aspirin, paroxysmal atrial fibrillation, and hypertensive heart and chronic kidney disease.Review of R12's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/25, revealed R12 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R12 was cognitively intact. Review of R12's Care Plan revealed, Problem: Medication and Treatment orders are considered part of the active care plan. Approach: Administer medications and treatments as ordered. Review of R12's Physician's Orders revealed the following: Start date/End date 02/21/26-02/28/26, Afrin (oxymetazoline) [over the counter] OTC mist; 0.5%; 1 spray; nasal; Nasal spray to nose [three times a day] TID for 1 week. Start/End date 02/21/26-03/31/26, Saline Nasal (sodium chloride) [OTC] aerosol, spray; 0.65%; 1 spray; nasal [four times a day] QID to nose for 1 month.Review of R12's Medication Administration Record (MAR) for February 2026 revealed, from 02/21/26-02/23/26, R12 was not administered Afrin and Saline Spray due to Drug/Item Unavailable. Awaiting arrival from pharmacy. Further review also revealed from 02/22/26- 02/25/26 R12's aspirin was on hold due to frequent nosebleeds. During an interview on 03/05/26 at 5:40 PM, RN1 stated, We have an emergency kit box located on [NAME] and Palmetto Wings. On February 23, the nasal spray was not available on the medication cart or the emergency kit box. It was waiting to come from the pharmacy.During an interview on 03/05/26 at 6:24 PM, Register Nurse (RN)1 revealed, The pharmacy knew that the medication wasn't there. The order was put in over the weekend, and they don't deliver on the weekends. The medication was available Monday.During an interview on 03/05/26 at 7:19 PM, the Unit Manager (UM)1 revealed, If a medication is on order, but unavailable, it is documented as unavailable on the MAR and waiting to come from pharmacy. If we get it in the system before 5, we usually get it the same night. My expectations are to give pharmacy a call if medications are not available, but I don't know what the policy is here.During an interview on 03/05/26 at 7:40 PM, the Director of Nursing (DON) revealed, if a medication is on order, but unavailable, it is expected to call the pharmacy to see when the medications will be available. If the medication is on back order, let the facility know when the medications are available. If it's a significant medication, sometimes the Nurse Practitioner (NP) will order the medication within 2 - 3 days.