STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425376	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rosecrest Rehabilitation and Healthcare Center	200 Fortress Drive Inman, SC 29349

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 - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835 Based on review of the facility policy, observations, and interviews, the facility failed to: 1. properly lock and secure two medication carts on the Overlook Point Unit for one of the two units. This failure created a situation where residents, staff, or visitors could have accessed medications without the nurse's awareness. 2. ensure the emergency kit contents were replaced, and medications were not expired in one of the two medication rooms and one of the three medication carts. On [DATE] at 11:48 AM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations has caused or was likely to cause serious injury, serious harm, serious impairment, or death. On [DATE] at 12:04 PM, the Administrator was notified that the facility's failure to have systems in place to monitor medication carts when unattended constituted Immediate Jeopardy (IJ) at F761. On [DATE] at 3:50 PM, the facility provided an acceptable IJ Removal Plan. On [DATE] at 4:40 PM, the survey team validated the facility's corrective actions and removed the IJ. The facility remained out of compliance at F761 at a lower scope and severity of D. Findings include: Review of the facility policy titled, Medication Labeling and Storage dated February 2023, states under the policy: Compartments, including but not limited to drawers, carts . containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. If the facility has outdated medications, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. Review of the facility policy titled, Administering Medications, records under the policy Medications are administered in a safe and timely manner. During administration of medications, the medication cart is kept closed, locked when out of sight of the medication nurse or aid . (continued on next page)

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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F 0761 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Review of the facility policy titled, Emergency Pharmacy Service and Emergency Kits (E-Kits) dated , d+[DATE], revealed under the policy: If the facility has discontinued medications the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. The provider pharmacy supplies emergency or stat medications according to the provider pharmacy agreement. Emergency medications are kept secure, checked periodically for integrity and dating . 1. During an observation on [DATE] at 12:40 PM, Licensed Practical Nurse (LPN)1 was observed administering medication. After retrieving an as-needed medication, she left the medication cart unattended without locking it. She walked past the nurse's station, near the medication room, and into the hallway. When asked if she had locked the medication cart, she turned around, apologized, and returned to lock it. She acknowledged, We're not supposed to leave the medication cart unlocked. During an observation of medication administration on [DATE] at 8:37 AM, Registered Nurse (RN)1 was observed preparing medication and then RN1 left the medication cart unattended without locking it. No staff or residents were observed in the hallway. The third drawer was open, not flush with the other drawers. RN1 exited the room at 8:41 AM and returned to the medication cart. When asked about the unlocked medication cart and after it was observed by her, RN1 stated, I forgot to lock the cart. I am supposed to lock the med cart after each resident if I don't have my eye on it. During an Interview on [DATE] at 10:18 AM, the Director of Nursing (DON) stated, for medication administration, you make sure the cart is locked when you are not right there with it. So anytime you walk away you ensure it is locked. If you are not right there it better be locked. She said her nurse; LPN 1 told her yesterday that she left the cart unlocked and unattended. I gave her education about the medication cart, it was verbal. When asked if she have provided education about securing the medication to other nurses, she stated, no. Record review of a list of residents on the Overlook Point Unit that have the potential to wander revealed, one resident was recorded as a wanderer. The list of potential wanderers on the Orchard View Unit recorded 4 residents who have the potential to wander on the unit. She confirmed the Units are usually open and they can wander between them. 2. During an observation with LPN1 on [DATE] at 2:00 PM, the following was noted: a) An open undated vial of Humulin R Insulin in an emergency kit in the medication room refrigerator. The slip inside the kit was dated [DATE]. LPN 1 said, The form is the white and the yellow (carbon copy), both medication confirmation slips. This hasn't been refilled since [DATE], that was me who pulled the insulin out. b) Insulin Glargine Lantus 10 milliliters (ml) and Insulin Lispro Humalog 10 ml both missing from the emergency kit. LPN 1 stated, There is supposed to be 3 different insulins in here. c) An intravenous (IV) start kit was open, with an expiration date of [DATE] was also observed in the drawer of the medication room. LPN 1 confirmed it was expired. An observation on [DATE] at 11:15 AM of medication cart 2 located on the Overlook Unit revealed the following: 1. Epinephrine 0.3 milligrams (mg) auto inject that expired [DATE] with lot number G230602X. (continued on next page)

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F 0761 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Record review of the pharmacist consultant findings of the Overlook Unit dated [DATE] revealed Emergency Medication Services, kits conform with regulation and securely stored/sealed. During an interview on [DATE] at 11:25 AM LPN1 stated, the night nurse goes through the cart to check the kits, and pharmacy usually comes out once a month and checks the kits. During an interview on [DATE] at 5:18 PM with the DON and the Administrator, they said, The pharmacist comes quarterly, a nurse consultant quarterly, they won't come in the same month. January was the last time they came in and reviewed the carts. They review the med rooms as well. We immediately corrected the insulin yesterday. We call the pharmacist, and they immediately changed it out, (the kit). We were made aware of the Epi Pen expired. The DON said, I would have expected the pharmacist that did the review to find it. On [DATE], the facility provided an acceptable IJ Removal Plan, which included the following: 1) Medication Cart Secured Immediately: Action taken: All medication carts have been immediately locked in the designated medication rooms on each unit. Access to the carts has been restricted to authorized personnel only, ensuring the safety and security of medications. Any previously unlocked medication carts have been secured to prevent unauthorized access. 2) Staff Re-Education and Re-Training: Action taken: The nurse identified as leaving the medication cart unlocked was provided one- on- one education by the DON. The training covered the correct procedure for locking medication carts and emphasized the importance of cart security to prevent. In addition, all nursing staff (Registered Nurses) RN's and LPN's on duty have been re-educated on the same procedures by the DON or administrator. The focus was on: Correct procedure for locking medication carts at all times when not in use. The importance of maintaining medication cart security. Completion Date: All re-education will be completed by the end of [DATE] or prior to the start date of the next shift. 3) Observation and inspection of Medication Cart, Action taken: Maintenance staff conducted an inspection of the medication carts on [DATE] to verify that the locks are functioning properly. 4) Notification of Medical Director and QAPI: Action taken: The Medical Director was notified immediately of the alleged Immediate Jeopardy related to the unlocked medication cart. An Ad-Hoc QAPI meeting was held on [DATE] to discuss the plan of correction and review actions taken to address this issue.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 52423 Based on review of the facility policy, observations, and interview, the facility failed to ensure foods were properly labeled, stored, and discarded in 1 of 1 main kitchens. Findings include: Review of the undated facility policy titled Food Storage, documented, Policy: . Food will be stored at appropriate temperatures and by methods designed to prevent contamination or cross contamination. Procedure: 7. All stock must be rotated . Rotating stock is essential to assure the freshness and highest quality of all foods. B. Food should be dated as it is placed on the shelves . c. Date marking should be visible of all high risk food to indicate the date by which a ready-to-eat TCS food should be consumed, sold or discarded. d. Food will be stored and handled to maintain the integrity of the packaging until ready for use . 13. Refrigerated food storage: E. Cooked foods must be stored above raw foods to prevent contamination. Raw animal foods should be separated from each other and stored on lower shelves . and in drip proof containers. F. All foods should be covered, labeled and dated . 14. Frozen Foods: c. All foods should be covered, labeled and dated . During an observation on 02/25/25 at 10:44 AM, the walk-in refrigerator revealed the following: 4 bags of shredded cheese not sealed and not labeled. 2 silver pans of cooked ground meat, covered in plastic, not labeled. 1 container of a white creamy substance, not labeled. 1 large metal container of raw pork chops not labeled and stored on top of a box of raw bacon. 1 pit ham opened and not labeled. 1 container of sliced fruit not labeled. 2 trays of assorted vegetables not labeled. 1 container of parfait not labeled. 1 clear plastic container of a chunky white substance not labeled. 1 silver pan of ground cooked meat stored on top of raw meat. 1 silver pan containing cooked bacon and cooked sausage not labeled. 1 box of tomatoes with the tomatoes having fuzzy black and white spots. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 02/25/25 at approximately 11:00 AM, the dry storage revealed the following: 1 bottle of Worcestershire sauce opened and not dated. 1 6 pound 5 ounce can of Monarch [NAME] Beans, dented and stored with usable cans. During an interview on 02/25/25 at 11:09 AM, the Dietary Director stated anything not labeled should not be in the refrigerator and items should be pulled and discarded.