STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425396	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Home of South Carolina-Columbia	700 Davega Drive Lexington, SC 29073

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on review of the facility policy, manufacturer's recommendation, observation, and interview, the facility failed to ensure Resident (R)68 was free from a significant medication error. Specifically, Registered Nurse (RN)2 failed to correctly prime an insulin kwik pen prior to administering the insulin, for 1 of 1 residents observed receiving insulin via an insulin pen. Findings include: Review of the facility policy titled Insulin Pen implemented on 04/15/25, states as the policy, It is the policy of this facility to use insulin pens in order to improve the accuracy of insulin dosing, provide increased resident comfort, and serve as a teaching aid to prepare residents for self-administration of insulin therapy upon discharge. Policy Explanation and Compliance Guidelines: . 6. Insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir . 11. Procedure: g. Attach pen needle: i. Remove the pen cap from the insulin pen. ii. Wipe the rubber seal with an alcohol pad. iii. Screw the pen needle onto the insulin pen. iv. Twist open and remove outer cover from the pen needle. h. Prime the insulin pen: i. Dial 2 units (or other amount if indicated depending on medication) by turning the dose selector clockwise. ii. Push the plunger, and watch to see that at least one drop of insulin appears on the tip of the needle. If not, repeat until at least one drop appears. Review of the manufacturer's recommendations for administering Insulin using an Insulin Pen revealed, How to Use . 7. Wipe the tip of the pen where the needle will attach with an alcohol swab or a cotton ball moistened with alcohol. 8. Remove the protective pull tab from the needle and screw it onto the pen until snug (but not too tight). 9. Remove both the plastic outer cap and inner needle cap. 10. Look at the dose window and turn the dosage knob to 2 units. 11. Holding the pen with the needle pointing upwards, press the button until at least one drop of insulin appears. This will prime the needle and remove any air from the needle. Repeat this step if needed until a drop appears. 12. Dial the number of units ordered. During an observation on 06/04/25 at 12:02 PM, of insulin administration went as follows: R68 required 2 units of insulin related to a blood glucose level of 218, RN2 retrieved the insulin pen from the medication cart and wiped off the hub. She then applied a covered needle. Then holding the insulin pen horizontal she dialed up the 2 units for priming the pen, leaving the cover on the needle, she pushed the injection button. RN2 did not indicate that she saw the insulin escape the needle as the cap was still over the needle. She then dialed up the 2 units for the blood glucose level of 218 and proceeded to R68's room to administer the insulin. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425396	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Home of South Carolina-Columbia	700 Davega Drive Lexington, SC 29073

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/04/25 at 12:15 PM, RN2 confirmed that she had held the insulin pen horizontal and stated that was how she was taught in nursing school to prime the insulin pens. She indicated that she was not in-serviced by the facility or checked off at time of hire on priming insulin pens.

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	425396	A. Building B. Wing	06/05/2025

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation and interview, the facility failed to ensure expired biological's and medications were removed from storage and not stored with other medications and biological in use, for 1 of 1 treatment cart and in 1 of 2 medication carts. Findings include: Review of the facility policy titled Storage of Medications states, It is the policy of this facility to store all drugs and biological's in a safe, secure, and orderly manner. The Policy Interpretation and Implementation states, 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biological's. All such drugs shall be returned to the dispensing pharmacy or destroyed. During an observation on [DATE] at 8:45 AM, revealed 3 packets of Lubricating Jelly, manufactured by [NAME] with Lot #CLTBB05-01, was expired on [DATE]. Licensed Practical Nurse (LPN)1 confirmed the expiration date and removed the packets of Lubricating Jelly from the treatment cart. During an observation on [DATE] at 8:25 AM, of Medication Cart 1 revealed a bottle of Prostat AWC, the bottle with Lot #2400690 was expired on [DATE]. Additionally, the bottle was stuck to the bottom of the storage bin and difficult to pick up due to dried spillage in the bottom of the drawer and on the sides of the bottle. The expired medication was confirmed by Registered Nurse (RN)1 and removed from storage in the medication cart and discarded in the trash bin.

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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 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. Based on review of facility policy, observation, and interview, the facility failed to ensure proper storage of food items in 1 of 1 main kitchens. Findings include: Review of the facility policy titled Food Storage (Dry, Refrigerated, and Frozen) dated 2020, documented, 1a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded . c. Discard food that has passed the expiration date . During an observation on 06/03/25 at approximately 10:09 AM, of the main kitchen, with Certified Dietary Manager (CDM), the following was observed in the freezer: An opened bag of lobster was wrapped in cellophane and unlabeled, and an opened bag of gluten multigrain sandwich bread was labeled and dated 11/17/24. During an interview on 06/03/25 at approximately 10:09 AM, the CDM revealed that the Executive Chef oversees ensuring all food that is received in the kitchen is stored, labeled and discarded. The CDM further stated it is the duty of all staff to make sure all food items are rotated, labeled and discarded. During an interview on 06/03/25 at approximately 10:48 AM, the Executive Chef revealed that it is facility policy that all opened food items must be labeled with both an open date and an end (discard) date. He further stated that labeling and rotation are checked daily, and any expired or unlabeled items must be discarded immediately. During an interview on 06/03/25 at approximately 10:51 AM, the Lead [NAME] explained that she supports the Executive Chef in ensuring all food items are properly labeled, stored, and discarded in accordance with facility policy. She emphasized that all expired food items must be discarded immediately, with no exceptions. During a follow-up interview on 06/05/25 at 8:22 AM, the CDM confirmed the facility policy requires all food to be labeled with receive, open, and discard dates, and that expired/unlabeled items must be discarded immediately.