

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  Nhc Healthcare - Bluffton		STREET ADDRESS, CITY, STATE, ZIP CODE  3039 Okatie Highway Okatie, SC 29909	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>49918</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to properly store and label an nasal respiratory inhaler for 1(Resident (R)44) of 1 resident reviewed for respiratory care and services.</p> <p>Findings include:</p> <p>Review of a facility policy titled, Oxygen Administration &amp; Nursing Services, revised date of 03/2024, revealed Oxygen Administration:</p> <p>1. Verify that there is a physician's order for this procedure. Review the physician's/provider's orders for oxygen administration.</p> <p>Nursing Services: D. Medications, treatment and diets are given as ordered and are documented in the electronic health record. (Only licensed nurses administer medications, except in states where certified medication technicians are allowed.)</p> <p>A review of the R44's electronic medical record revealed the facility admitted R44 on 10/04/24, with diagnoses that included not limited to periprosthetic fracture around internal prosthetic left hip joint, subsequent encounter, chronic obstructive pulmonary disease and dependence on supplemental oxygen.</p> <p>Review of R44's Medication Administration Record for the month of October 2024, revealed an order that stated, Oxygen tubing, bag, and humidifier bottle (if in use). Change weekly and prn (as needed) on Thursday.</p> <p>Review of R44's care plan, initiated 10/07/24, revealed the following: potential for the ineffective airway clearance related to (R/T) chronic respiratory failure; uses O2 (oxygen) 2LNC (liters via nasal cannula) continuous per Medical Director (MD) orders; staff reported shortness of breath (SOB) with lying flat and exertion. Physician orders, Electronic Medication Administration Record (EMAR), therapy plans of care are considered part of the comprehensive care plan. Interventions included to change tubing, bag and humidifier bottle weekly on Thursday and PRN.</p> <p>Review of R44's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/10/24, revealed R44 had a Brief Interview for Mental Status (BIMS) score of 8, which indicated R44 was cognitively, moderately impaired.</p> <p>(continued on next page)</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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/12/24 at 10:40 AM, R44's nasal nebulizer inhaler was observed on the bedside table, uncovered without date/time or label.</p> <p>During an interview on 11/12/2024 at 11:00 AM, Licensed Practical Nurse (LPN)3 stated, Looks like the label for the inhaler tubing was torn off. I will have to get back with you on that.</p> <p>On 11/14/24 at 11:29 AM, R44's nasal nebulizer inhaler was observed uncovered, while not in use. The same nebulizer was not labeled and it was lying on the bed, exposed.</p> <p>During an interview on 11/14/2024 at 11:32 AM, Certified Nursing Assistant (CNA)4 stated, I saw her using it this morning. She was short of breath at the beginning, when she was admitted .</p> <p>During an interview on 11/14/2024 at 11:35 AM, LPN5 stated, We change the tubing on Thursdays.</p> <p>During an interview on 11/14/2024 at 12:33 PM. the Director of Nursing (DON) stated, Oxygen nebulizers should be covered. DON stated, We only have those two documents as policy for oxygen administration.</p> <p>During an interview on 11/14/2024 at 1:39 PM, the Administrator stated, I would ask LPN5 or the DON to follow up and follow up with the MD and go on what the MD would recommend., in regards to storage.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48835</p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure expired medication was removed from medication and treatment carts and properly label a medication bottle for 2 of 3 units reviewed for medication storage. Additionally, the facility failed to secure a medication cart for 1 of 3 units reviewed for medication storage.</p> <p>Findings include:</p> <p>Review of the facility policy dated [DATE], titled, Disposal of Medications and Medication Related Supplies, revealed, Unused, unwanted, discontinued, expired and non returnable medications should be removed from their storage area and secured until destroyed.</p> <p>Review of the facility policy dated [DATE], titled, Storage of Medications revealed, All medications dispensed from the pharmacy are stored in the container with the pharmacy label.</p> <p>An observation of the 100 Hall Medication Room on [DATE] at 9:45 AM with Licensed Practical Nurse (LPN) Unit Manager (UM)5 revealed, an ice cream bar inside of the medication room freezer. LPNUM5 stated This was not in the freezer when I checked it earlier. Observed inside of the medication room refrigerator was the following: Influenza Vaccine, Lot # U8435AA, with an opened date of [DATE], and expiration date of [DATE]. The refrigerator also contained Acetaminophen suppository 650 milligram (mg) with an expiration date of , d+[DATE].</p> <p>During a subsequent interview, LPNUM5 confirmed the expiration dates. She also stated, Staff food or ice cream cannot be in the medication room freezer or in the medication room.</p> <p>An observation on [DATE] at 10:26 AM with LPN3, on Okatie Unit, Medication Cart 2 revealed 4-unknown tablets, in a bottle, with the only description of a resident name that was hand written on the bottle. There was no label or any other identifiers on the entire bottle. There was also a bottle of Aller-Zyr 200 tablets, with an expiration date of , d+[DATE]. LPN3 confirmed the medication should have a pharmacy label and the Aller-Zyr was expired and should not be on the cart.</p> <p>On [DATE] at 10:54 AM, an interview with the Director of Nurses (DON) revealed, I checked those medications and it doesn't change the expiration, as they are expired, but I ran a report to confirm no-one has received them since they expired. The meds should not be expired.</p> <p>An observation of the treatment cart on 300 Unit on [DATE] at 8:46 AM with Registered Nurse (RN)1 revealed, Nystatin cream-100000 units/gram, with an expiration date of ,d+[DATE], Lot #314818, 2 packs of Hydrofera Blue dressings with an expiration date of [DATE], Lot #191851252, and Polymen WIC Silver Rope, with an expiration date of ,d+[DATE], Lot #23218A1.</p> <p>During a subsequent interview, RN1 stated, The nurses or Unit Managers go through the treatment carts , d+[DATE] times a week. There should not be expired items on the treatment cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:36 PM, an observation of a Medication Cart was observed unlocked. There was no nurse in the vicinity of the medication cart observed anywhere in the hallway or nurses station. Observation revealed several residents on the unit nearby in the day room of the unit. This surveyor called out for assistance. At 1:38 PM, LPN2 arrived to the medication cart and confirmed this was her medication cart. She said, I forgot to lock it.</p> <p>On [DATE] at 3:46 PM, an interview with the DON revealed, When you walk away from the medication cart, you lock it. That's like, the golden rule. The nurses go through the carts everyday, medication and treatment carts and the medication rooms. The pharmacist go through the carts monthly and the managers go through them once or twice a week. They may look at the big things, but not the smaller items.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47257</b></p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure foods that are stored in the refrigerator, freezer, and dry storage areas were labeled, appropriately stored and sealed, and discarded after the manufacturer's expiration date. This deficient practice has the potential to increase foodborne illnesses.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Refrigerator and Freezer Storage, dated ,d+[DATE] states Refrigerated and frozen foods will be stored properly for optimal product safety. 9. A) Foods will be stored in their original container or a NSF approved container or wrapped tightly in moisture proof film, foil, etc. Clearly labeled with the contents and the use by date. (Food Code ,d+[DATE].17). 10. Leftovers will be placed in NSF approved containers, covered, labeled, dated, and stored in refrigerator or freezer at correct temperature.</p> <p>During an initial tour on [DATE] at 10:17 AM, in the walk-in refrigerator, accompanied by the Kitchen Manager (KM), revealed the following:</p> <ol style="list-style-type: none"> <li>1. Smoked Turkey Lunch Meat (2 bags)-opened and undated</li> <li>2. Roast Beef Sliced Meat (,d+[DATE] bag)- opened and undated</li> <li>3. Diced Ham- opened and undated</li> <li>4. Bacon Bits (,d+[DATE] bag)-opened and undated</li> <li>5. Mozzarella Cheese (,d+[DATE] bag)- opened and undated</li> <li>6. 16 ounces (oz) tub of strawberries- molded</li> <li>7. Ground Beef- opened and undated</li> </ol> <p>The freezer revealed a 4 lb (pounds) (,d+[DATE] full) bag of cauliflower florets-opened and undated.</p> <p>Observation of the Dry Storage revealed the following:</p> <ol style="list-style-type: none"> <li>1. Coleman's mustard 16 oz can- expired ,d+[DATE]</li> <li>2. 32 oz bottle red food color- opened date [DATE]- delivery [DATE]</li> <li>3. ,d+[DATE] bag of egg noodles- opened and undated</li> <li>4. Bag of Cocoa Powder- unlabeled and undated</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 7:00 PM, the Facility Administrator revealed, her expectations on storage, labelling and dating of items in the kitchen will be for staff to follow policy and procedure and ensure that things are dated. The CDM completes sanitation audits, and he provides education to the staff. She expects things to be fixed immediately. She has a Regional Consultant that comes in quarterly to audit and inspect to see where they stand and make improvements, and the Regional Consultant provides the results to everyone, but sometimes the CDM will educate the staff along with the Regional Consultant. If a vendor supplies the kitchen with something out of date, they will discard the item. She reviews the CDM's audits monthly, then she spot checks every other week.</p>		