

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Blythewood		STREET ADDRESS, CITY, STATE, ZIP CODE 1075 Heather Green Drive Columbia, SC 29229	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on review of facility policy, record review and interview, the facility failed to provide Resident (R)106 ongoing activities designed to meet the resident's interests, hobbies, and cultural preferences to promote physical, mental, and psychosocial well-being for 1 of 2 residents reviewed for activities.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Activities Program, states, The Health Care center provides an ongoing program of Activities designed to meet the physical, mental, and psychosocial well-being of each resident while offering a rich array of activities to the residents of the center. The center shall offer a variety of recreational programs to suit the interest and physical/cognitive of the residents that choose to participate. The center shall provide recreational activities that provide stimulation, promote or enhance physical, mental, and or party as well as information obtained by an initial assessment.</p> <p>Review of R106's Face Sheet revealed R106 was admitted to the facility on [DATE], with diagnoses including, but not limited to: depression, difficulty in walking, other encephalopathy, and vascular dementia without behavioral disturbance.</p> <p>Review of R106's Physician Order revealed, May have activities/social rehab as tolerated.</p> <p>Review of R106's Care Plan revealed, [R106] is a risk for social isolation and low activity participation related to: New Residents/Short-term residents. Resident has dementia and identifies with activities of prior lifestyle - prefers independent activities, and spending time with visitors, and loved ones. Category Activities Start Date 08/02/2024. Further review of the Care Plan revealed the following approaches, Introduce [R106] to other residents with similar interests and [R106] is to choose activities that match his interests and abilities.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R106's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/05/24, revealed R106 has a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident is severely cognitively impaired. Further review of the MDS revealed R106's activity pursuit and preferences; attempt to interview all residents able to communicate daily and activity preferences. Preferences on admission included but were not limited to: somewhat important to have books, newspapers, and magazines to read, somewhat important to listen to music you like, somewhat important to keep up with the news, somewhat important to do things with groups of people, somewhat important to go outside to get fresh air when the weather is good. The primary respondent noted was family or significant other.</p> <p>Review of R106's Activity Log with a start date of 08/02/24 revealed no activities were provided for 17 out of 31 days. September 2024 - No activities for the entire month. October 2024 - No activities were charted for 1st and 3rd.</p> <p>During an observation and interview on 10/01/24 at 12:48 PM, revealed R106 sitting in his non-motorized wheelchair, looking out of the window, and exhibiting tearfulness from watching residents participate in live music. R106's wife revealed she visits daily and alternates visits with the sister-in-law. She is here during the day and her sister-in-law follows up during dinner time and weekends. R106's wife states she's never seen residents participate in activities since he's been here. She states she has witnessed it daily where Certified Nurse Aides (CNAs) just skip rooms and don't ask if he would like to participate. R106's wife further states, R106 is not very vocal, neither she or her sister-in-law has seen anyone come into his room to encourage the resident to participate in anything since he was admitted in August 2024. R106's wife stated, Today there was live music, and no one came and even asked him. He gets fidgety and starts crying when staying in his room too long. Weekends are horrible, no one is here, and I don't even think activities are provided on weekends. The facility does not provide any books to read or color. R106's wife concluded, I already told the facility staff his likes and dislikes. We must bring magazines, and different things from home to keep him entertained or he will get tearful.</p> <p>Review of R106's medical record revealed no evidence of activity attendance sheets for one-to-one activities or any group activities.</p> <p>During an interview on 10/02/24 at approximately 12:00 PM, R106's wife stated her husband went out to therapy and is waiting on his return. R106's wife states since yesterday (10/01/24), he has not participated in anything other than therapy.</p> <p>During an observation and interview on 10/03/24 at approximately 11:00 AM, R106's sister states, His wife and I take turns with him to make sure he is not alone because it will cause him to get more depressed. I'm surprised, this is the first day since he has been here that they came into his room and asked him to go to bingo here in the courtyard. I was shocked because we had never seen them come in and ask. The only time we have seen him leave his room is for therapy. He looks so happy, and I hope they keep this up when you all leave.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/03/24 at 12:30 PM, the Activities Director (AD) states that typically when a resident gets admitted , her role is to follow up with them to ask for likes and dislikes, and it gets documented in the MDS. The AD states the activity for the day gets announced through morning announcements to make residents aware. The AD further states she is only one person and is dependent on the CNAs on each unit to bring the residents to activities, and is unsure of what they do, throughout all units. The AD stated, I can confirm that residents don't get pushed out like they are supposed to daily. The AD confirmed that R106 had not participated in activities for September 2024.</p> <p>During an interview on 10/04/24 at 1:26 PM, the Administrator revealed activities are provided for residents daily and the Activity Director along with CNAs are to visit the patient's room daily. They are to ask if they want to attend and if a resident declines, then provide alternatives. The Administrator states he was not aware of residents not being asked if they would like to participate or being brought to activities. However, the Administrator states he would follow up on the concern.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on observation, interview, and review of facility policy, the facility failed to offer Resident (R)59, R106, R2, and R79, [NAME] or ice in-between meals and failed to provide a minimum of 16 ounces of fluids on resident's lunch trays.</p> <p>Findings include:</p> <p>Review of the facility policy titled Hydration: Dietary Services with a revision date of 10/18/17, states, All patient/resident will be provided a minimum of 16 OZ of fluids on each meal tray unless contraindicated. Water pitchers are filled with ice/water at least, but not limited to, twice per day.</p> <p>Review of R59's Face Sheet revealed R59 was admitted to the facility with diagnoses including but not limited to: urinary tract infection, quadriplegia, neuromuscular dysfunction of the bladder, and bacteremia.</p> <p>During an observation and interview on 10/02/24 at 11:01 AM, R59 was observed asking Certified Nursing Assistant (CNA)2 for water to drink. CNA2 did not address the resident and walked out of the room. R59 then presses his call light and states that CNA2 came back to his room and says to him, You pressed your light so how can I help you? R59 is observed telling CNA2, I just need some water; I'm not feeling well. CNA2 left the room and later returned with water in a clear plastic cup. R59 states that staff does this all the time and he will often drink fluids when trays come out. R59 states, it's a constant battle with staff to bring basic needs.</p> <p>During an interview on 10/02/24 at approximately 11:15 AM, CNA2 states staff are doing rounds every shift once they arrive for their scheduled shift, not every two hours. CNA2 states, If a resident is on fluid restriction, then it gets monitored, other than that, we don't monitor fluids.</p> <p>Review of R106's Face Sheet revealed R106 was admitted to the facility with diagnoses including but not limited to: muscle weakness, other symbolic dysfunctions, difficulty in walking, and vascular dementia.</p> <p>During an observation and interview on 10/01/24 at 1:12 PM, revealed that R106's spouse went into her bag, took out a 16-ounce (approximately) water bottle, opened it, and poured it into the resident's stainless-steel cup. R106's spouse stated, Staff does not provide water or enough beverages throughout the day. Only on meal trays. R106's spouse further states, The resident does not need assistance to drink the fluids. I have to come in daily and I have to beg staff multiple times. I get tired of asking for basic needs and went and purchased him a stainless-steel travel cup and I come in every day to fill it up myself with water and ice.</p> <p>During an observation and interview on 10/02/24 at 12:30 PM, the Certified Dietary Manager (CDM) and Registered Dietician (RD) revealed dietary staff was observed putting one (1) 8-ounce fluid drink (iced tea) on all trays during the plating of meals. No water was observed on the trays. Both the CDM and RD, confirmed the residents receive 1 cup of iced tea with their lunch and dinner meals. Water is available upon request from the resident to have it added to their meal.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R2's Face Sheet revealed R2 was admitted to the facility with diagnoses including but not limited to: Type 2 diabetes mellitus without complications, dementia, muscle weakness, and chronic kidney disease, stage 3.</p> <p>During an observation on 10/04/24 at approximately 8:49 AM, CNA1 was observed pushing a hydration cart, that contained 1 red cooler of ice, and a scoop in a plastic bag. CNA1 stops in front of R2's room and walks into R2's room providing R2 with ice only. CNA1 did not offer water. Further observation revealed that R2 had no fluids at the bedside or in her room.</p> <p>Review of R2's Medical Record, under Vitals, from 09/01/24 through 10/03/24, revealed R2 had 0 mL of fluid consumption on 09/12/24, 09/27/24, and 10/03/24.</p> <p>Review of R79's Face Sheet was admitted to the facility with diagnoses including but not limited to: urinary tract infection, bacteremia, muscle weakness, and constipation.</p> <p>During an observation and interview on 10/01/24 at 3:44 PM, R79 had an empty water pitcher with no straw sitting on the bedside table. R79 stated he gets drinks on the trays, but it's just one drink and I don't receive fluids any other time. It's like they forget about me, trying to get their attention is horrible. I get tired of trying.</p> <p>During an observation and interview on 10/03/24 at 3:30 PM, revealed an empty water pitcher with no straw sitting on R79's bedside table. R79 stated his pitcher remained empty since the first observation and he had no water at all today, other than the tea for lunch.</p> <p>During an interview on 10/03/24 at 3:37 PM, Registered Nurse (RN) states typically resident rounding is during the beginning of the shift to her knowledge. The RN states the CNAs will pass ice that's in a cooler but has not seen the CNAs offer or pass water as far as every 2 hours or in between the meals.</p> <p>During an interview on 10/04/24 at 1:26 PM, the Administrator revealed that he is new to his role, and he had not been aware of the hydration concerns of the residents. The Administrator stated his expectations are to ensure residents have enough fluids throughout the day.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50085</p> <p>Based on review of facility policy, manufacturers instruction for use, observation and interview, the facility failed to ensure a medication error rate less than 5 percent. Specifically, the Humalog Kwikpen and Lantus Solostar Pen for Resident (R)44 was not properly primed prior to administration. The medication error rate was 7.14 percent for 2 of 28 opportunities for error.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medication Administration: General Guidelines revised on 04/10/19 states, Medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication.</p> <p>Review of the [NAME] Lilly and Company Humalog Kwikpen, revised on 07/2023, instructions for use states, Prime before each injection. Priming your Pen means removing the air from the Needle and Cartridge that may collect during normal use and ensures that the Pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin . Step 6: To prime your Pen, turn the Dose Knob to select 2 units. Step 7: Hold your Pen with the Needle pointing up. Tap the Cartridge Holder gently to collect air bubbles at the top. Step 8: Continue holding your Pen with Needle pointing up. Push the Dose Knob in until it stops, and 0 is seen in the Dose Window. Hold the Dose Knob in and count to 5 slowly. You should see insulin at the tip of the Needle. If you do not see insulin, repeat priming steps 6 to 8, no more than 4 times. If you still do not see insulin, change the Needle and repeat priming steps 6 to 8.</p> <p>Review of Sanofi 2022 [NAME]-Aventis U.S LLC Lantus Solostar Pen 08/2022 instructions for use states, Step 3 Perform a safety test. Dial a test dose of 2 Units. Hold pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. This will help you get the most accurate dose. Press the injection button all the way in and check to see that insulin comes out of the needle. The dial will automatically go back to zero . If no insulin comes out, repeat the test 2 more times. If there is still no insulin coming out, use a new needle and do the safety test again. Always perform the safety test before each injection. Never use the pen if no insulin comes out</p> <p>Review of R44's Physician Orders revealed the following: Humalog [NAME] KwikPen U-100 (insulin lispro) insulin pen, half-unit; 100 unit/mL; amt: 2 units; subcutaneous with special Instructions: Give 2 units under the skin 4 times daily before meals and at bedtime Four Times A Day, and Lantus Solostar U-100 Insulin (insulin glargine) insulin pen; 100 unit/mL (3 mL); amount: 10 units; subcutaneous special Instructions: Give 10 units under the skin every morning once A Day.</p> <p>During an observation on 10/02/24 at 9:29 AM, revealed Licensed Practical Nurse (LPN)1 preparing to administer insulin to R44. LPN1 failed to properly prime the insulin pens before administering the units 2 units of Humalog insulin and Lantus 10 units to R44. LPN1 attempted to prime both pens with needle facing downward above trash bin next to the medication cart.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/02/24 at an unspecified time, LPN1 verbally repeated the steps of insulin administration. LPN1 stated check the order, review for units, check expiration date, clean the hub off, apply the needle cap and prime with two units of insulin. LPN1 revealed the expectation is to set dosage to two units, press the pen with the pen facing downward until it empties. LPN1 stated then set the dose to the order set.</p> <p>During an interview on 10/03/24 at 4:13 PM, the Director of Health Services (DHS) revealed staff are to review the orders, they knock and give privacy, clean site, and administer insulin per physician orders. Prior to administration the nurse should prime the needle to ensure there is no air.</p> <p>During an interview on 10/04/24 at 9:48 AM, the Administrator revealed prior to administration, the flex pen should be primed and primed upwards. The same as insulin in the bottle/vial it is the same to prime upwards.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50085</p> <p>Based on review of facility policy, observation, and interviews, the facility failed to ensure medications were secured and properly stored for 3 out of 21 residents, Resident (R)20, R23, R43.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medication Storage in the Healthcare Centers dated 04/09/24 states, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those the supplier. The medication supply is accessible only to licensed nursing personnel and pharmacy personnel . 2. Only licensed nurses and the pharmacy personnel are allowed to access to medications . Medication room, carts, and medication supplies are locked or attended by persons with authorized access.</p> <p>Review of the facility policy titled, Medication Administration: General Guidelines revised on 04/10/19 states, 1. Medications are prepared, administered, and recorded only by licensed nursing, medical, or pharmacy personnel. 2. Medications are administered in accordance with written orders of the attending physician . 3. Patients/residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with procedures for self-administration of medications. 6. Topical medications unused in treatments are listed on the Treatment Administration Record or within the e-TAR system for facilities using electronic charting of treatments.</p> <p>During an observation on 10/01/24 at 1:09 PM, revealed the following on the nightstand and dresser in R20's room: 16 oz of Beta[DATE]% Lot number 2310491 with expiration date 03/2026, Biotene Dry Mouth 16oz Lot number 3H14OC expiration 07/08/2026, and Mupirocin Ointment 2% expiration 06/2025 Lot number 744123 on resident's dresser and nightstand.</p> <p>During an observation on 10/01/2024 at 11:12 AM, revealed the following medications on the bedside table and dresser in R23's room: two 1 oz tubes of Equate Anti-Itch Cream extra strength Lot 4ET0435 expiration date of 2026/APR, Equate Nasal Spray Oxymetazoline HCL 0.05% Nasal Decongestant 1 Fl oz Lot 4CK0912 [DATE], Azelastine HCL 0.1% nasal solution expiration date of 11/2016 Lot MD0524 30mL NDC 60505-0833-5, Visine Dry Eye Relief 15 mL Lot MFB 1X01 expiration date of 11/2024, Iodent Oral Analgesic gel Benzacaine 20% oral pain Reliever expiration date of 03/2025 LOT: ZDP2240.</p> <p>During an observation on 10/01/24 at 3:12 PM, revealed the following medications on the counter in R43's bathroom: one 4 oz tube of Calmoseptine Ointment lot number 2790 and a 3 oz bottle of Antifungal Powder lot number E240217.</p> <p>During an interview on 10/03/24 at 3:43 PM, Licensed Practical Nurse (LPN)1 revealed the only time any resident has medications at bedside is with teaching, a completed assessment form, and with a physician's order. There are to be no over the counter or prescribed medications at bedside. If the patient refuses medications, the medication should be taken out the room with the nurse. It is the same for the treatment medications cream or powder, anything from the pharmacy or with any active medications. They should be locked up and applied only by a nurse.</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 - Few</p>	<p>During an interview on 10/03/24 at 4:30 PM, the Director of Health Services (DHS) revealed medications should not be at bedside or drawer. Medications should be locked and only accessible to nursing or pharmacy staff. There should only be medications in storage that are ordered and active for the patient. The DHS further stated the expectation is for nurses to scan rooms for items family could bring in to protect the patient, staff and facility with patient permission. This will help with patient safety. These items should not have been at bedside, and they were removed once notified.</p> <p>During an interview on 10/04/24 at 9:51 AM, the Administrator revealed medications should not be at bedside unless there is an order. The patient should be checked off if they are cognitive aware and has passed in service to administer medication. There would be an order and a care plan to review if this patient is allowed to have medication at bedside or self-administration. There is no patient at this facility that can self-administer or have OTC (over the counter) medications at bedside.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on review of facility policy, observations, and interviews, the facility failed to ensure foods stored in the main cooler, dry storage, and the preparatory area were labeled, dated, and not expired. This failure could potentially affect all 116 residents in the facility, who consumed food from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Labeling, Dating, and Storage with a complete revision date of [DATE], states, 4. Food and beverage items will be discarded according to guidance from a government agency such as the USD and FDA.</p> <p>During an observation on [DATE] at 10:35 AM, the following food items were observed in the main cooler and verified by the Certified Dietary Manager (CDM):</p> <p>5 bags, unopened - NET WT 5 LBS (pounds) per bag of [NAME] Farms Shredded Carrots with Use by date [DATE].</p> <p>1 open bag of [NAME] Farms Shredded Carrots, wrapped in plastic wrap with no date or label.</p> <p>1 bag Iceberg salad mix with an expiration date of [DATE].</p> <p>During an observation on [DATE] at 11:00 AM, the following food items were observed in the dry storage and verified by the CDM:</p> <p>1 10 lb. bag of [NAME] Macaroni Noodles wrapped in plastic wrap with no label or date.</p> <p>1 box containing six (6) 66.5 OZ Empress Chunk Light Tuna with an In date of [DATE] and Out date of [DATE].</p> <p>During an observation on [DATE] at 11:06 AM, the following food items were observed in the preparatory area and verified by the CDM:</p> <p>An observation of a 9-tier Bakery Bread Tray/Bread Rack located by the main preparatory area contained the following:</p> <p>On the second rack - 8 loaves of [NAME] Bread with a use-by date of [DATE]th, 2024.</p> <p>On the third rack - 8 loaves of [NAME] Bread with a use-by date of [DATE]th, 2024.</p> <p>On the fourth rack - 10 loaves of [NAME] Bread with a use-by date of [DATE]th, 2024.</p> <p>On the fifth rack - 10 loaves of [NAME] Bread with a use-by date of [DATE]th, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth- Blythewood		STREET ADDRESS, CITY, STATE, ZIP CODE 1075 Heather Green Drive Columbia, SC 29229	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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>On the sixth rack - 8 loaves of [NAME] Bread with a use-by date of [DATE]th, 2024.</p> <p>On the seventh rack - 10 loaves of [NAME] Bread with a use-by date of [DATE]th, 2024.</p> <p>On the eighth rack - 8 loaves of [NAME] Bread with a use-by date of [DATE]th,2024.</p> <p>During an interview on [DATE] at 11:18 AM, the CDM stated, As far as the cooler, dry storage, and the bread, it's everyone's job to make sure everything is done as far as checking them daily and removing the expired products, I've told them about this.</p> <p>During an interview on [DATE] at 1:26 PM, the Administrator states that he has been identifying concerns with the kitchen since August of 2024 while prepping for the facility's annual survey. The Administrator stated concerns were related to expired foods once he conducted an audit. The Administrator concluded that his expectation is for staff to be monitoring for expired foods and labeling open products appropriately.</p>