

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Still Hopes Episcopal Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Still Hopes Drive West Columbia, SC 29169	

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 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>Based on review of the facility policy, observation and interview, the facility failed to ensure expired medications were removed and not stored with other medications in use for residents, in 1 of 2 medication carts. Furthermore, the facility failed to ensure medications were safely stored. Specifically, medications were left prepoured and unlabeled in the top drawer of the medication cart for 1 of 2 medication carts reviewed for medication storage.</p> <p>Findings include:</p> <p>Review of the facility policy titled Administering Medications with a revision date of April 2019, revealed, Policy Statement Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation . 12. The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p> <p>Review of the undated facility policy titled Storage of Medications revealed, Policy Statement The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation . 2. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers.</p> <p>During an observation on 06/11/25 at 1:39 PM, of Cart B noted a creamy, thick, white substance in a medication cup in the top drawer of the cart, as well as an opaque creamy substance in a medication cup on the top of Cart B.</p> <p>During an interview with Registered Nurse (RN)1 on 06/11/25 at approximately 3:55 PM revealed these are only topical creams not tablets, they should not matter. I was going to give the medications and one resident was in the bathroom and the other resident was in therapy, so I just stuck them in the cart for later. RN1 stated one is Voltaren cream and one is Vaseline for a dressing change.</p> <p>During an observation of Cart A on 06/11/25 at approximately 3:30 PM, revealed a bottle of Tramadol in the narcotic drawer which expired on 5/2024.</p> <p>During an interview with Licensed Practical Nurse (LPN)1 on 06/11/25 at approximately 3:30 PM, revealed that should not be in the cart. LPN1 stated that should have been given back to resident's spouse.</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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(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	During an interview on 06/11/25 at 4:43 PM, the Assistant Director of Nursing (ADON) stated expired meds should be removed from the medication cart and disposed of, medications should not be poured and left in the med cart.		