STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425413	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sprenger Health Care of Port Royal	1810 Richmond Avenue Port Royal, SC 29935

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, interview, record review, pharmacy contract and manufacturer's package inserts (see USP (United States Pharmacopeia)), the facility failed to ensure that medications were safely stored at the correct manufacturer/USP temperatures in 1 of 1 automated dispensing cabinet.Findings include: Review of the facility policy titled Medication Storage Policy revised/reviewed 08/2021, stated, It is the policy of [NAME] Health Care Systems to ensure that all medications are maintained behind locked door that cannot be accessed by any unlicensed personnel. The Policy did not address additional aspects of medication storage. Review of the facility document titled, PHARMACY PRODUCTS AND SERVICES AGREEMENT dated 04/05/2018, revealed, Required Consultant Services . Consultant shall assist Facility in reviewing the safe and secure storage medications in locked compartments under proper temperature controls in accordance with manufacturers' specifications. Review of the USP storage conditions for pharmaceuticals revealed, primarily outlined in Chapters USP <659> <</and USP <1079><< defines precise temperature ranges to ensure stability: Controlled Room Temperature (CRT) (20 degrees C (centigrade) - 26 degrees C) (68 degrees F (Fahrenheit) - 77 degrees F. During an observation and interview on 03/10/2026 at approximately 10:50 AM, Registered Nurse (RN)1 led this Surveyor to the emergency drug supplies stored in an Omnicell automated dispensing cabinet (OADC), which was located on Hall 300, in the Data Storage Room (DSR). Upon opening the door to the DSR, RN1 stated it is always very hot in there and kept the door open. During an observation and interview on 03/10/2026 at approximately 10:52 AM, this Surveyor used a calibrated thermometer which indicated a temperature of 87.8 degrees Fahrenheit (F) inside the DSR. RN1 acknowledged the thermometer reading of 87.8 degrees F. The DSR door was closed by the Surveyor and the temperature was measured again by the Surveyor on 03/10/2026 at approximately 11:10 AM, using the same calibrated thermometer and the temperature inside the DSR was 86.2 F. During an interview on 03/10/2026 at approximately 11:12 AM, RN2 stated this room is always hot and was asked to contact the Maintenance Director (MD) to bring facility thermometer to the room. During an observation and interview on 03/10/2026 at approximately 11:20 AM, the MD used a laser thermometer to obtain temperature reading of 86.0 degrees F at 11:23 AM and 86.4 degrees F at 11:24 AM. The MD stated there was no air conditioning in the room and there was no thermometer in the DSR. Review of the [NAME] PORT ROYAL OMNICELL INVENTORY 1.30.2025 attached to the right side of the OADC, revealed the OADC contained approximately 173 medication line items and their associated quantities. This inventory included, but was not limited to multiple therapeutic classes of oral medications, injectable antibiotics, intravenous fluids, enoxaparin, epinephrine, inhalers, nasal spray, ophthalmic drops and ointments. During an interview on 03/10/2026 at approximately 12:30 PM, RN2 stated only Omnicare Pharmacy in [NAME] can provide a record of what/when/for whom a medication has been removed. On 03/10/2026 at approximately 1:35 PM, the Director of Nursing (DON) provided an Omnicell Transaction log from Omnicare of [NAME], dated 2/01/2026 - 3/10/2026. Subsequent review revealed approximately 79 transactions (removal of various medications) for multiple residents during this period. During an interview on (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	03/20/2026 at approximately 1:35 PM, the DON stated that a person from Omnicare of [NAME] comes periodically to resupply the OADC, but does not leave a report. On 03/20/2026 at approximately 1:48 PM, the DON provided copies of the Omnicare Medication Storage Audits since September 2025. Subsequent review of these audits failed to show that the OADC had been inspected by Omnicare of [NAME]. During an observation and interview on 03/11/2026 at approximately 2:15 PM, the Administrator and the DON accompanied this Surveyor to the DSR containing the OADC and both the Administrator and DON confirmed that the room was very warm, had no air conditioning outlet and that medications should be stored according to manufacturer's specifications. During an interview on 03/12/2026 at approximately 10:31 AM, the Consultant Pharmacist was unable to answer questions about Omnicare's practice related to Omnicare medication storage, stating that she would have to get in contact with the Omnicare General Manager.

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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. Based on observation, interview, and review of facility policy, the facility failed to ensure food was labeled and stored appropriately in 1 of 1 kitchen.Findings include: Review of the facility policy titled Food and Storage Time Policy stated, . To maintain food quality and prevent foodborne illness, food should be stored for limited amount of time. During an observation and interview on 03/10/26 at 10:18 AM, with the Kitchen Manager, revealed the following items not dated/labeled/or stored appropriately: - 1 bottle of BBQ Sauce - labeled and dated, but in dry storage and should have been refrigerated after opening.- 1 bottle of Chives opened and not dated,- 1 bottle of baking soda opened and not dated. Observation of the Walk-In Cooler revealed:- 1 box of mushroom received on 02/12/26 with mold. Observation of the Main Kitchen, on a storage shelf revealed:- 2 bottles of Grape Jelly opened and dated, but in dry storage area and should have been refrigerated after opening.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, and interview, the facility failed to ensure in-room sharps containers were locked securely to prevent residents from accessing used sharps, needles, and syringes in 3 of 4 halls observed. Findings include:Review of the facility policy titled, Sharps Disposal Protocol with a date of 04/2022 revealed, Policy: It is the policy of [NAME] Health Care Systems to ensure that all sharps are properly disposed of after use . Protocol: . Staff will monitor the sharps containers .1. Review of R32's Face Sheet revealed he was admitted to the facility on [DATE], with diagnoses including, but not limited to, Parkinson's disease, dementia, anxiety, depression, difficulty in walking, repeated falls, and Type 2 diabetes. He was located in room [ROOM NUMBER] in the [NAME] Island Way hall, which was the locked memory-care unit.Review of R32's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/04/26, revealed R32 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, which indicated he had severe cognitive impairment. He was noted to have had physical behavioral symptoms directed towards others and other behavioral symptoms not directed towards others one to three days out of the seven-day look-back period. 2. Review of R49's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, dementia, major depressive disorder, encephalopathy (disorders that affect brain function), heart failure, and a history of falling. She was located in room [ROOM NUMBER] in the Dataw Island Way hall. Review of R49's admission MDS with an ARD of 02/16/26, revealed R49 had a BIMS score of 7 out of 15, which indicated she had severe cognitive impairment. 3. Review of R55's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, hemiplegia and hemiparesis (paralysis and weakness on one side of the body) due to a stroke, anxiety, depression, seizures, viral infection, and muscle weakness. She was located in room [ROOM NUMBER] in the Hunting Island Way hall. Review of R55's admission MDS with an ARD of 02/10/26, revealed R55 had a BIMS score of 10 out of 15, which indicated she had moderate cognitive impairment. During an observation on 03/11/26 at approximately 10:00 AM, of R32's room (room [ROOM NUMBER]) revealed the sharps container on the wall was open. No lock was present in the door. The interior sharps box was approximately 1/4 full with used sharps, needles, and syringes. During an observation on 03/11/26 at 11:01 AM, of R55's room (room [ROOM NUMBER]) revealed the sharps container was open. A lock was present and in the locked position. However, the lock was not securing the door closed. The interior sharps box was approximately 1/4 full with used sharps, needles, and syringes. During an observation on 03/12/26 at 8:30 AM, of R55's room (room [ROOM NUMBER]) revealed the sharps container remained unlocked. The lock was present and in the locked position. However, the lock was not securing the door closed. During an observation on 03/12/26 at 8:50 AM, of R49's room (room [ROOM NUMBER]) revealed the sharps container was held closed by a piece of duct tape. No lock was present in the door of the container. During an interview on 03/11/26 at 10:52 AM, Housekeeper (HK)1 revealed, Housekeeping is responsible for changing out the sharps containers. We have a supply closet where we take them and switch them out with a new one. If the lock is broken, we are supposed to notify maintenance about it, so they can change the lock. I really haven't had to deal with that a lot. I think all the locks on this side are working.During an interview on 03/11/26 at 10:56 AM, HK2, outside of room [ROOM NUMBER], revealed, The lock is broken on that sharps container. I really don't know what to do in this situation. I will have to get back to you.During an interview on 03/11/26 at 11:01 AM, the Unit Manager (UM)1, while in room [ROOM NUMBER], verified the lock on the sharps container was not present and the sharps container was open. UM1 stated, I will remove the inner sharps box and notify maintenance that the container needs to be fixed.During an interview on 03/11/26 at 11:05 AM, HK1, while in room [ROOM NUMBER], verified the sharps container was open. She attempted to lock the (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sharps container, however, when she inserted her key, the lock would not rotate to the unlocked position to allow the cover to be closed. HK1 was not able to remove her key from the lock and stated, I will have to call maintenance to have them fix this.During an interview on 03/11/26 at 11:07 AM, the Administrator revealed, Our Housekeeping Director is not here today. You can talk to Maintenance Director (MD) in her absence.During an interview on 03/11/26 at 11:10 AM, the MD revealed, If the staff need anything, they put in a request. They can put it in TELS, but most of the time, they just tell me by word of mouth because I'm on the floor 95% of the time. No, I haven't received any requests to replace or fix the sharps containers in rooms 400 or 113. I did replace one in the 200 hall a few weeks ago, but I replaced that one because I noticed it was broken when I was in the room. I did not get a formal request to replace it. When I go in a room, I do a visual sweep of the room to see if there is anything I need to address while I'm there. Surveyor again asked the MD to confirm that he had not received any requests to fix or replace sharps containers in rooms [ROOM NUMBERS]. The MD stated, No, I didn't receive anything until just a few minutes ago.During an interview on 03/12/26 at 8:35 AM, the MD, while in room [ROOM NUMBER], verified the lock on the sharps container remained unlatched. He revealed, Yes, I know it is still not latched. I am just about to work on it now. See? I brought two sets of keys with me to try. I can put them in the lock, but they won't turn. I am getting ready to fix it now.During an interview on 03/12/26 at 11:00 AM, the Administrator revealed, Housekeeping is responsible for the sharps containers. If the sharps containers need to be fixed, the staff can put in a maintenance request in TELS. My expectation is that the staff put in those requests.

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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 observation, interview, record review, facility policy review and manufacturer product labeling, the facility failed to ensure that medications were dated when opened and stored at correct temperatures, once opened and further failed to ensure an outdated medication was removed from active storage for 1 of 2 medication rooms and 1 of 4 medication carts.Findings include: Review of the facility policy titled Medication Storage Policy, revised/reviewed 08/2021, stated It is the policy of [NAME] Health Care Systems to ensure that all medications are maintained behind locked door that cannot be accessed by any unlicensed personnel. The Policy did not address additional aspects of medication storage. During an observation on 03/10/2026 at approximately 10:32 AM, of the 400 Hall medication cart revealed the following:- 1 opened bottle of Trazodone 150 mg (milligram) VA (Veterans Administration) Rx (Prescription) #100281070D, belonging to Resident (R)13, on the left side in drawer 2, labeled by VA pharmacy Discard after 08/07/2025- 1 opened and in use container of [NAME] Ready Care Thickened Lemon-Flavored Water, sitting atop the medication cart at room temperature, labeled by the manufacturer good for 7 days after opening, store in refrigerator. During an interview on 03/10/2026 at approximately 10:41 AM, Registered Nurse (RN)1 verified both medication cart findings and stated that according to the [NAME] Thickened Lemon-Flavored water labeling, it should have been dated when opened and kept refrigerated. During an observation on 03/10/2026 at approximately 10:41 AM, of the Hall 400 medication refrigerator revealed the following:- 1 opened vial of Purified Protein Derivative (PPD), Aplisol 5 TU (test units)/0.1 ml (milliliter),1 ml (10 tests) multiple dose vial approximately 3/4 full, located inside the manufacturer's packaging box and dated as opened 1/1/2026 by the facility. The manufacturer label states, Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency. During an interview on 03/10/2026 at approximately 10:45 AM, RN1 verified that the PPD had been dated 1/1/2026 when opened and was still in active storage in the refrigerator. During an interview on 03/11/2026 at approximately 2:15 PM, the Administrator and Director of Nursing stated that medications should be stored according to manufacturer's specifications and expired medications should not be left in active storage.