

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425138	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2025
NAME OF PROVIDER OR SUPPLIER  Chandler Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  401 Chandler Rd Greer, SC 29651	
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 - Few	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48835</p> <p>Based on review of the facility policy, record review, and interview, the facility failed to administer ordered medication to Resident (R) 2 for 1 of 1 residents reviewed for medication administration.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Administering Oral Medications dated 200, revealed under the policy, to prepare the correct dose of medication.</p> <p>Record review of R2's admission facesheet revealed R2 admitted to the facility on [DATE] with diagnoses that include, but not limited to insomnia, anxiety, bipolar disorder and depression.</p> <p>Record review of R2's Quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 10/03/2024 revealed R2's Brief Interview for Mental Status (BIMS) score was recorded as 15 of 15, indicating she was cognitively intact.</p> <p>Record review of R2's Physician's order dated December 2024 revealed an order for Restoril Oral Capsule 22.5 mg (milligrams), give 1 by mouth at bedtime for insomnia. The start date for the Restoril was December 2, 2024.</p> <p>Record review of R2's Medication Administration Record (MAR) dated December 2024 revealed Restoril Oral Capsule 22.5 mg, give 1 by mouth at bedtime for insomnia was signed on the record as follows;</p> <p>December 22, 2024 was initialed by the nurse, with a 9 above her initials. There was not a check mark indicating the medication was given.</p> <p>December 24, 2024 was initialed by the nurse, with a 5 above her initials. There was not a check mark indicating the medication was given.</p> <p>December 25, 2024 was initialed by the nurse, with a 9 above her initials. There was not a check mark indicating the medication was given.</p> <p>December 27, 2024 was initialed by the nurse, with a 5 above her initials. There was not a check mark indicating the medication was given.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		Event ID:  Facility ID: 425138
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>December 28, 2024 was initialed by the nurse, with a 5 above her initials. There was not a check mark indicating the medication was given.</p> <p>December 29, 2024 was initialed by the nurse, with a 9 above her initials. There was not a check mark indicating the medication was given.</p> <p>Record review of the MAR Chart Code revealed the number 5, as hold/see nurses notes.</p> <p>Record review of the MAR Chart Code revealed the number 9, as other/see nurses notes.</p> <p>Record review of R2's Medication Administration Note dated 12/23/2024 did not record that the Restoril was on hold or not given.</p> <p>Record review of R2's Medication Administration Note dated 12/24/2024 recorded the Restoril was on order. There was not Medication Administration Note on December 25, 2024.</p> <p>Record review of R2's Medication Administration Note dated 12/26/2024 recorded Restoril, awaiting refill from pharmacy.</p> <p>Record review of R2's Medication Administration Note dated 12/27/2024 recorded Restoril, insurance will not cover, awaiting new medication order.</p> <p>Record review of R2's Medication Administration Note dated 12/28/2024 recorded Restoril, on order.</p> <p>Record review of R2's Medication Administration Note dated 12/29/2024 recorded Restoril, awaiting confirmation.</p> <p>On 01/24/2025 at 10:45 AM, an interview with R2 was conducted. She stated, There were 7 days my Restoril was not here. They told me it will be here at 2 pm, it went on and on. I called the pharmacy myself; they said my insurance wouldn't pay for it.</p> <p>On 01/24/2025 at 12:25 PM, an interview was conducted with Licensed Practical Nurse (LPN)1. She was asked to explain the codes on R2's MAR. She stated, The check indicates it was given, if it has a number, it may indicate it was held or refused. 9 indicates other, see nurses note. 5 is a hold, they held it for some reason. The only medication that was missing was her Temazepam/Restoril, her insurance wasn't going to cover it.</p> <p>On 01/24/2024 at 3:25 PM, an interview was conducted with R2's daughter. She stated, My mom called me at work. She said she wasn't getting her medication, specifically her sleep medication. She kept asking for it, and each night she didn't get it, it went on for a while. I called up there after mom complained about it. I was told that the pharmacy wasn't paying for it, it was her insurance. I called the insurance company. They said it wasn't an issue. They winded up changing it back to a medication she was on before, it was about a week later.</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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F 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 01/24/2025 at 5:30 PM, an interview was conducted with the Director of Nurses (DON). He reviewed R2's MAR and stated, The checks indicate the medication administration/documentation was completed. If it does not have a check, I would think that it was not administered. The pharmacy will let us know, send a fax. It will state a medication is not covered. It may take a few days to get that process. We should have asked for a hold or discontinue.		