

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2020
NAME OF PROVIDER OF SUPPLIER GRAND STRAND REHAB AND NURSING CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<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**</p> <p>Based on observations, staff interviews and record review, the facility failed to store controlled substances (schedule III and IV medications) in a permanently affixed locked compartment for 1 of 2 medication rooms. The findings included: During an observation of the Rose Wing medication room on 0[DATE]7/2020 at 5:55 PM, a locked controlled substances drug box was observed in the medication room refrigerator. The controlled substances drug box contained 3 separated locked compartments within the box. The box was not permanently affixed to the refrigerator, and the refrigerator was not locked or permanently affixed. The controlled substances drug box contained the following: - Compartment #2 contained Resident #4's Schedule IV medication of [MEDICATION NAME] 2 mg/ml (milligrams/milliliter) (an anti-anxiety). There was 27.75 mg left in the bottle, after dispensed on 03/30/2020. According to the Federal Drug Administration (www.fda.gov), [MEDICATION NAME] ([MEDICATION NAME]) is a federal controlled substance (C-IV) because it can be abused or lead to dependence. - Compartment #1 contained Resident #5's Schedule III medication of dronabinol 5 mg and there were 6 capsules left in the bottle, after dispensed on 0[DATE]7/2020. According to the Federal Drug Administration (www.fda.gov), [MEDICATION NAME] ([MED]) Capsules is one of the psychoactive compounds present in cannabis, and is abusable and controlled (Schedule III (CIII)) under the Controlled Substances Act. - Compartment #1 contained Resident #6's Schedule III medication of dronabinol 2.5 mg and there were 82 capsules left in the bottle, after dispensed on 0[DATE]7/2020. An interview with Nurse #1 on 0[DATE]7/2020 at 6:05 PM indicated the scheduled nurse on the hall had a key to the medication room and a key to the locked compartment (#2) of the controlled drug box for their assigned residents (Resident #4). An interview with Nurse #2 on 0[DATE]7/2020 at 6:05 PM indicated the scheduled nurse on the hall had a key to the medication room and a key to the locked compartment (#1) of the controlled drug box for their assigned residents (Resident #5 and Resident #6). An interview with the Consultant Pharmacist on 0[DATE]8/2020 at 10:45 AM indicated that she did not look for the medication box being permanently affixed, just that the controlled medications were under double lock. She further stated the medication room was kept locked and the 3-compartment box was locked. An interview with the Director of Nursing on 0[DATE]8/2020 at 1:20 PM indicated the refrigerator would be locked until Monday. She further stated she would get with the Maintenance Director to see how they could go about permanently affixing the controlled substances medication box in the refrigerator. Review of the facility's policy dated 04/2019 entitled Controlled Substances, didn't speak to the controlled substances being in a permanently affixed compartment.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.