

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Faith Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 617 West Marion Street Florence, SC 29501	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801</p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure Resident (R)39 and R74 was without unwanted facial hair. Additionally, the facility failed to ensure dignity while R2's catheter bag was exposed.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Social Services Policies and Procedures. Subject: Patient/Resident Rights with revision date 06/09/2023 revealed, Policy: The Facility employs measures to ensure patient and resident personal dignity, well-being, and self-determination are maintained .The Facility has established the Patient/Resident [NAME] of Rights and Responsibilities in accordance with state and federal regulations . Resident Rights: A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.</p> <p>Review of R39's Electronic Medical Record (EMR) revealed R39 was admitted to the facility on [DATE] with diagnoses including but not limited to: Functional quadriplegia, cognitive communication deficit, other pulmonary embolism without acute cor pulmonale, pneumonia, unspecified organism, hydronephrosis with renal and ureteral calculous obstruction, and major depressive disorder.</p> <p>Review of R39's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 12/20/24 revealed a Brief Interview for Mental Status (BIMS) score of 99.</p> <p>During an observation on 02/04/25 at 8:41 AM, R39 was observed with facial hair on her chin.</p> <p>During an observation on 02/04/25 at 11:21 AM, facial hair remains after personal care received from the hospice aide.</p> <p>During an observation on 02/06/25 at 12:53 PM, R39 was observed with facial hair.</p> <p>During an interview on 02/06/25 at 12:53 PM with Certified Nursing Assistant (CNA)2, it was confirmed that there was presence of facial hair on chin. CNA2 reported that the hospice aide provides personal care in the morning and does hair but she guesses she forgot to address the facial hair. CNA2 stated that once the hospice aide leaves, care is on her.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 02/06/25 at 1:26 PM, Licensed Practical Nurse (LPN)5 confirmed facial hair on the chin of the resident.</p> <p>During an interview on 02/06/24 at 9:53 AM, the Director of Nursing (DON) stated that her expectation would be if there is facial hair on female residents it would be shaven if the resident would allow. The frequency varies based on how the hair grows.</p> <p>Review of R74's Electronic Medical Record (EMR) revealed R74 was admitted to the facility on [DATE] with diagnoses including but not limited to: Dementia, schizophrenia, bipolar disorder, schizoaffective disorder, and cognitive communication deficit.</p> <p>Review of R74's Annual MDS with an ARD date of 12/30/24 revealed a BIMS score of 6 out of 15, indicating R74 has severe cognitive impairment.</p> <p>During an observation on 02/04/25 at 8:39 AM, R74 was observed with facial hair.</p> <p>During an observation on 02/05/25 at 9:27 AM, R74 was observed with facial hair.</p> <p>During an observation on 02/06/25 at 8:35 AM, R74 was observed with facial hair.</p> <p>During an observation and interview on 02/06/25 at 8:58 AM, CNA2 who stated that R74 can assist with some personal care. CNA2 agreed that facial hair is unacceptable for women, and it should be removed as soon as it is visible. Upon observing the resident in the room, CNA2 confirmed that facial hair was present under the chin and at mustache area. CNA 2 stated she would shave R74 today during care.</p> <p>During an interview on 02/06/25 at 8:55 AM, LPN5 stated that R74 has behaviors and will reject care and it depends on the approach. LPN5 agreed that facial hair for women is unacceptable. LPN5 observed and confirmed facial hair on mustache area and on chin. R74 agreed to being shaved today.</p> <p>During an interview on 02/06/24 at 9:53 AM, the DON stated that her expectation would be if there is facial hair on female residents it would be shaven if the resident will allow. The frequency varies based on how the hair grows. She was not sure if the resident is one who would not allow staff to shave and would need to speak with the unit manager.</p> <p>Review of R2's EMR revealed R2 was admitted to the facility on [DATE] with diagnoses including but not limited to: Paraplegia and acquired absence of left leg above knee.</p> <p>Review of R2's Medicare 5 Day MDS with an ARD date of 01/08/25 revealed a BIMS score of 15 out of 15, indicating R2's cognition is intact.</p> <p>During an observation on 02/04/25 at 8:58 AM, the foley catheter was not covered at bedside.</p> <p>During an observation and interview on 02/04/25 at 12:28 PM, the foley catheter bag was not covered and LPN2 confirmed during observation that there needs to be a privacy bag.</p> <p>(continued on next page)</p>

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 02/06/25 at 11:32 AM, the foley catheter was observed to be inside a privacy bag. LPN5 confirmed that foley catheters are supposed to have a privacy bag at all times. She stated that when hired it is covered in orientation with the Assistant Director of Nursing (ADON) who covers infection control education. LPN5 stated that the type of catheter bag varies depending on the vendor. Some foley catheters in the facility will have an attached cover if the Fig Leaf style is used while other catheter bags will be placed inside a separate privacy bag.</p> <p>During an interview on 02/06/25 at 11:42 AM, the ADON stated that in orientation for new hires catheter care education is provided to include addressing dignity by providing a cover for the catheter bag. It was reported that there was a check off for catheter care for nurses and CNAs. She confirmed that previously they only used a privacy cover when the resident was out of the room but since it was brought up earlier in the week they have provided one for all catheters while in the rooms. The ADON confirmed that all nursing staff are responsible to ensure the catheter bags are covered for dignity. The ADON will add education to orientation and an in-service was started for all staff this week.</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47257</p> <p>Based on observations, interviews, and facility policy, the facility failed to ensure residents were free from hazards, specifically leaving unlabeled medicinal substances at the bedside of 1 of 4 residents reviewed for accidents and self-administration of medication.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Medication Management Program, with a complete revision date of 05/05/23 states, 10. The authorized staff member or licensed nurse must remain with the resident while the medication is swallowed. Never leave medication in a resident room without order to do so. 16. Once removed from the package or container, unused doses should be destroyed following facility policy and documenting the destruction according to facility policy.</p> <p>Review of R79's Face Sheet revealed he was admitted to the facility on [DATE], with diagnoses including, but not limited to, psychotic disturbance, syncope and collapse, Spinal stenosis, Type 2 diabetes mellitus with diabetic polyneuropathy, carpal tunnel syndrome, repeated falls, need for assistance with personal care, dysphagia, and muscle weakness.</p> <p>Review of R79's five- day scheduled Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 01/08/24 revealed, he had a Brief Interview of Mental Status (BIMS) of 99, suggesting the interview was incomplete due to the resident not being able to complete the assessment or it was stopped early. The MDS further reveals that R79 needs partial or moderate assistance with personal hygiene.</p> <p>Review of R79's Physician Orders did not reveal any orders for self- administration of medication.</p> <p>During an observation on 02/04/25 at 10:59 AM revealed two small clear medicine cups with a white creamy substance in R79's second drawer of his nightstand. There was also a small clear cup with a white creamy substance on the top of the soap dispenser in his room, accessible to both residents.</p> <p>During an observation on 02/05/25 at 08:56 AM revealed two small clear medicine cups with a white creamy substance in R79's second drawer of his nightstand.</p> <p>During an interview on 02/06/25 at 9:47 AM with Certified Nursing Assistant (CNA)4, she states she has seen the white substance in his drawer before and she thinks it may be for his bottom, but if she does see it she would take it to the nurse because medicines shouldn't be by their bedside. The effects of leaving medication at the bedside is they may eat it, or play with it, you just never know what they will do with it. Medicines aren't left at the bedside for the resident's safety.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/06/25 at 1:52 PM with the Director of Nursing (DON), revealed that all medications should be stored in the medication cart or drug room for safety. There isn't an appropriate time that medication should be left of stored at the bedside. Protective cream can be stored at the bedside, but not medicated cream. If the resident uses the cream daily or if they need it for a one time use the nurse puts it in a cup and they leave it at the bedside for future use. There should only be a one-time use of the cup containing the contents and it should be thrown away. If the substance was in the tube it could have been stored there but not in a cup. This could result in improper use from anybody that came in if they couldn't identify what it was.</p> <p>During an interview on 02/06/25 at 3:38 PM with the Facility Administrator, revealed that nurses shouldn't leave any medications at bed side, if the substance is nontoxic the resident can have the substance and apply as needed. If the substance is toxic, then they shouldn't leave it there. All medications should be labeled, so anyone is able to identify the substance. Staff is educated as issues are identified, as a new hire and annual certification. The Administrator states the effects of leaving medication at the bedside of a resident is they could eat the medication, and the importance is to ensure the health and wellness of our residents.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46934</p> <p>Based on interview, record review, and observation, the facility failed to ensure the call light was within reach for two (Resident (R)50 and R33) of two residents reviewed for call light accessibility. This failure had the potential to impact R50 and R33's physical and emotional well-being by limiting his access to call for help in the event of an emergency.</p> <p>Findings include:</p> <p>A review of facility policy titled Call Lights, responding to with a complete revision date of May 5, 2019, revealed When leaving the patient or resident room, ensure the call light is placed within resident/patient ' s reach.</p> <p>Review of R50's Face Sheet located in the hard chart on unit revealed an admitted [DATE] with medical diagnosis that included cerebral infarction due to embolism of right middle cerebral artery, colostomy status, dysphagia, and hemiplegia affecting left non dominant side.</p> <p>Review of R50's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/04/2024 revealed a Brief Interview for Mental Status (BIMS) score of 08 out of 15, which indicated the resident was moderately impaired and required moderate assistance with bed mobility, substantial/maximal assistance for transfers, dependent for toileting, and substantial/maximal assistance for personal hygiene.</p> <p>Review of R50's Care Plan with a review date of 1/7/2025 revealed R50 is at risk falls/fall related injuries related to impaired functioning/mobility, weakness, bowel/bladder incontinence, multiple medication use and has dx of Anemia, Generalized Muscle Weakness, Muscle Wasting and Atrophy, Lack of Coordination, Age Related Debility, Anemia, Hypomagnesemia, Hypokalemia, Cognitive Communication Deficits, Aphasia, and hx of Right CVA with Left Sided Hemiplegia, and Metabolic Encephalopathy. 8/8/2022: Found on floor per staff. Stated he was attempting to grab water pitcher for bedside table. No injuries noted per staff. Approach: Encourage him to use the call light for assistance. Keep call light withing reach and answer promptly if/when used. Remind R50 not to attempt to get up/transfer without assistance. Educate/ remind R59 on the use of call light as needed/indicated</p> <p>Review of R33 ' s Face Sheet located in the hard chart on unit revealed an admitted [DATE] with medical diagnosis that included Cognitive communication deficit, dysphagia, lack of coordination, hemiplegia affecting right dominant side, dementia, and muscle weakness.</p> <p>Review of R33's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/2024 revealed a Brief Interview for Mental Status (BIMS) score of 06 out of 15, which indicated the resident was severely impaired and required substantial/maximal assistance with bed mobility, dependent for transfers, dependent for toileting, and substantial/maximal assistance for personal hygiene.</p> <p>Review of R33's Care Plan with a review/revised date of 12/4/2025 revealed R33 is at risk for Injuries/falling R/T weakness, impaired mobility, malnutrition, metabolic encephalopathy, thrombocytopenia, anemia, CVA, and acute respiratory failure, incontinence, dementia, right hemiplegia, CHF. Approach: keep call light in reach.</p> <p>(continued on next page)</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 02/04/25 at 02:13 PM, R50's call light was not within reach, call light was approximately 5 feet from resident sitting on the nightstand.</p> <p>During an observation and interview on 02/04/25 at 02:24 PM, R50 stated he can't reach his call light, and he won't be able to receive assistance until a Certified Nursing Aide (CNA) pops back in. R50 stated, this is normal, he gets his brief changed and they go on about their business.</p> <p>During an observation and interview on 02/04/25 at 2:32 PM, R33's call light was not in-reach, placed on R33's nightstand approximately 5 feet from R33's bed. R33 stated he would like to voice his needs and not have to wait, due to not being able to reach his call light. R33 states he is always looking for his call light.</p> <p>An interview on 2/4/2025 at 2:45 PM with CNA3 confirmed she is the aide for the unit and works first shift. She stated she will conduct her round 3-4 times through out the day starting when she first arrives. CNA3 stated she will ensure all call lights are within reach at the beginning of her shift as well as ensuring residents have water. CNA3 confirmed call lights were not in reach for R 50 and R33. She states she forgot to put it back for both beds from her previous visit in the room earlier in the day when she changed their briefs.</p> <p>An interview on 2/5/2025 at approximately 3:00PM with Licensed Practical Nurse (LPN)6 revealed there have been no issues with the call lights on this unit. No residents or staff have notified me of any complaints regarding call lights on the floor. LPN6 stated she expects for her aides to be rounding every hour or so and ensure that call lights are within reach for all resident, specifically for the residents who are dependent.</p> <p>An interview on 2/6/2025 at 12:46 PM with the Director of Nursing (DON) revealed the call lights should always be accessible to residents, its standards of practice. She stated, That's the way the residents can call for help. Before the staff leave the residents room, they should be making sure the call light is in reach.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25335</p> <p>Based on observations, record reviews, interviews and facility policy the facility failed to check the placement of a resident's g (gastrostomy)-tube prior to administrating medications for 1 of 3 residents observed during medication pass administration. Resident (R)395 was admitted to the facility on [DATE] with diagnoses including but not limited to traumatic brain injury.</p> <p>Findings include:</p> <p>Review of the facility policy entitled Medication Management Program, revised May 6, 2023 revealed: The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standards of practice and regulatory requirements.</p> <p>On 2/06/25 at approximately 8:31 AM, Licensed Practical Nurse (LPN)3 prepared a watery mixture (approximately 4 ounces) of Haldol Oral Solution 2 mg (milligram)/ml (milliliter) 5 ml (10 mg), gabapentin 100 mg x 2 capsules emptied/crushed, amlodipine 10 mg x 1 tablet crushed and thiamine 100 mg x 1 tablet crushed and proceeded to administered these medications to R 395 through his g-tube without checking for g-tube placement.</p> <p>02/06/25 at approximately 8:46 AM, during an interview, LPN3 acknowledged that she did not check placement prior to administering the medications.</p> <p>02/06/25 at approximately 10:22 AM, during an interview, the Director of Nursing stated that checking g-tube placement is standard nursing practice and that it should always be checked prior to the administration of medications.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801</p> <p>Based on observations, interviews, record review and facility policy, the facility failed administer oxygen according to physician's orders for 3 of 3 residents reviewed for respiratory care, Resident (R)9, R39, and R3.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Respiratory Policies and Procedures. Subject: Oxygen Therapy with revision date 02/12/2024 revealed, Preparation of Equipment: The licensed nurse is to check the oxygen outlet port to verify flow in accordance with providers order. Procedures:</p> <p>A. Verify the provider's order for the oxygen therapy; all orders for oxygen therapy will include administration modality, liter flow, continuous or as needed (PRN) .</p> <p>Review of R39's Electronic Medical Record (EMR) revealed R39 was admitted to the facility on [DATE] with diagnoses including but not limited to: Functional quadriplegia, cognitive communication deficit, other pulmonary embolism without acute cor pulmonale, pneumonia, unspecified organism, hydronephrosis with renal and ureteral calculous obstruction, and major depressive disorder.</p> <p>Review of R39's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 12/20/24 revealed a Brief Interview for Mental Status (BIMS) score of 99.</p> <p>Review of R39's Care Plan documented, Problem: Resident has impaired gas exchange R/T (related to) hypoxia . with start date 02/20/2024. Goal: Resident will have an effective gas exchange as evidenced by: clear breath sounds, mental status within normal limits, skin color within normal limits, pulse oximetry above 92% with target date: 03/15/2025. Approach: Administer oxygen per NC (nasal cannula) as ordered . with start date 02/20/2024.</p> <p>Review of R39's Physician Order documented, Oxygen at 2 Liters (L) per minute by nasal cannula as tolerated for hypoxia.</p> <p>During an observation of R39's room on 02/04/25 at 8:41 AM, observed oxygen via nasal cannula at 1 Liter per minute using a concentrator.</p> <p>During an observation of R39's room on 02/04/25 at 11:22 AM, observed oxygen via nasal cannula at 1 Liter per minute.</p> <p>During an observation and interview on 02/04/25 at 12:25 PM, Licensed Practical Nurse (LPN)2 verified oxygen was set at 1 L/min while in room at the concentrator. LPN2 then checked order on Medication Administration Record (MAR) which was observed to be 2L/min. When asked what the next steps would be, LPN2 stated that she was going to adjust the rate to what it was supposed to be.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/04/25 at 12:40 PM, the Director of Nursing (DON) stated that it is the nurse's responsibility to verify the oxygen order and then to check the oxygen flow rate in the room every shift. The nurse should then sign off on the administration record to ensure the accuracy of order being administered by orders.</p> <p>51857</p> <p>2. Review of R9's Face Sheet revealed she was admitted to the facility on [DATE] with diagnoses including, but not limited to, acute respiratory failure with hypoxia esophagitis with bleeding, morbid obesity due to excess calories, hypoxemia, and type II diabetes mellitus.</p> <p>Review of R9's Quarterly MDS Assessment, with an ARD of 12/03/24 revealed R9 had a BIMS score of 12 out of 15, indicating that the resident has a moderate cognitive impairment.</p> <p>Review of R9's Care Plan with a start date of 11/20/24, revealed R9 requires oxygen therapy related to shortness of breath, chronic obstructive pulmonary disease, and respiratory failure with hypoxia. R9 has a new diagnosis of congestive heart failure. Interventions include administer oxygen as ordered, observe oxygen precautions, change tubing per protocol, break tasks into manageable sub-tasks, encourage frequent rest periods, monitor and report signs of hypoxia (cyanosis, tachypnea, dyspnea, confusion, restlessness, nasal flaring, elevated blood pressure, increased respirations, increased pulse) and monitor oxygen saturation via pulse oximetry initiated on 12/11/24.</p> <p>Review of R9's Progress Note dated 12/18/24 revealed, R9 was hospitalized on [DATE]-[DATE] for acute hypercapnic respiratory failure that resolved with oxygen supplementation. R9 did not want BiPAP, and her issue resolved with five liters of oxygen via nasal cannula.</p> <p>Review of R3's Face sheet revealed he was admitted to the facility on [DATE] with a readmitted [DATE] with diagnoses including, but not limited to, cerebral palsy, muscle weakness, lack of coordination, intellectual disabilities, psychosis, hypothyroidism, acute respiratory disease, and pneumonia.</p> <p>Review of R3's Quarterly MDS Assessment, with an ARD of 12/03/24 revealed R9 had a BIMS score of 01 out of 15, indicating that the resident has severe cognitive impairment.</p> <p>Review of R3's Care Plan with a start date of 02/03/25, revealed R3 has potential for complications related to bronchitis, hypoxia. Interventions include monitor for signs of dyspnea, respiratory distress, oxygen as ordered, change tubing per protocol initiated on 02/03/25. R3 is at risk for respiratory failure related to wheezing, 11/22/24 pneumonia, 01/29/25 hypoxia, and 02/03/25 rib fractures. Interventions include monitor respiratory status daily during treatment period. Respiratory distress s/sx: -Shortness of breath. -Fast breathing, or taking lots of rapid, shallow breaths. -Fast heart rate. -Coughing that produces phlegm. -Blue fingernails or blue tone to the skin or lips. -Extreme tiredness. -Fever. -Crackling sound in the lungs. Nebulizer treatments as ordered, change tubing per protocol and as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Faith Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 617 West Marion Street Florence, SC 29501	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R3's Physicians Orders for the month of January 2025 revealed, Oxygen at two liters per minute via nasal cannula wear as tolerated, oxygen at four liters per minute via nasal cannula as needed to keep oxygen saturation above 88, check oxygen saturation every shift. Orders for the month of February 2025, revealed oxygen at two liters per minute via nasal cannula to keep saturations above 94%, every shift effective 02/04/25. Oxygen at four liters per minute via nasal cannula as needed to keep oxygen saturation above 88%, order was discontinued.</p> <p>During an observation on 02/04/25 at 9:28 AM, R3's oxygen flow rate was on 2.5 L/min.</p> <p>During an observation on 02/04/25 at 9:28 AM, R9's oxygen was set at a flow rate of 3 L/min. R9 stated her oxygen is supposed to be set on 5 L/min, via nasal cannula.</p> <p>During an observation on 02/04/25 at 1:30 PM, R9's oxygen flow rate was at 5L/min. R9 stated that the nurse had just came in her room to adjust the rate.</p> <p>During an observation on 02/05/25 at 8:58 AM, R3's oxygen flow rate was on 2.5 L/min via nasal cannula.</p> <p>During an interview on 02/04/25 at 12:44 PM, the DON stated that she expects staff to verify oxygen orders for the residents receiving oxygen. The DON stated that staff are to sign off on the orders every shift, to ensure residents are getting the correct flow of oxygen. The DON's expectation of staff is to follow guidelines for oxygen therapy for the residents and to ensure they are following the physician orders. The DON stated if there is additional training that needs to be performed, they will offer the training to staff as needed.</p> <p>During an interview on 02/04/25 at 1:00 PM, the Administrator stated that his staff is to follow the physician's orders for oxygen. He stated that staff is to ensure the resident's oxygen flow rate is on the correct setting to ensure the resident is getting the oxygen they need. The administrator stated that annual trainings are conducted for clinical services and on an as needed basis.</p> <p>During an interview on 02/04/25 at 1:30 PM, LPN2 stated that she corrected the oxygen flow rate on R9 to five liters per minute at 1:00 PM. LPN2 stated that she was notified by the DON that another surveyor encountered an inaccurate flow rate for another resident. LPN2 stated that prompted her to check R9's oxygen. She realized the flow rate was set at three liters, so she corrected it at that time to five liters. LPN2 stated that she never checks the oxygen flow rate on her residents, she just glances to see if the humidifier has water and checks the resident's oxygen saturation rate during her shift.</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** 25335</p> <p>Based on observations, record reviews, interviews and facility policy the facility failed to ensure a medication error rate less than 5 % (percent) for 1 of 3 residents observed during medication pass administration. The medication error rate was 14.29 % (percent) based on 4 medications not being completely administered to Resident (R)395 through his g (gastrostomy)- tube. R395 was admitted to the facility on [DATE] with diagnoses including but not limited to traumatic brain injury.</p> <p>Findings include:</p> <p>Review of the facility policy entitled Medication Management Program, revised May 6, 2023 revealed The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standards of practice and regulatory requirements.</p> <p>On 2/06/25 at approximately 8:31 AM Licensed Practical Nurse (LPN)3 prepared a watery mixture (approximately 4 ounces) of Haldol Oral Solution 2 mg (milligram)/ml (milliliter) 5 ml (10 mg), gabapentin 100 mg x 2 capsules emptied/crushed, amlodipine 10 mg x 1 tablet crushed and thiamine 100 mg x 1 tablet crushed and proceeded to administered these medications to R395 through his g-tube.</p> <p>On 2/06/25 at approximately 8:48 AM, after LPN3 had finishing administrating the four medications, the Surveyor inspected the medication cup and found approximately 15 ml of the medication slurry left in the cup with visible pieces of crushed medications.</p> <p>On 2/06/25 at approximately 8:51 AM, LPN3 acknowledged that the slurry left in the medication cup contained medications and she had not administered all of the prepared medications.</p> <p>On 2/06/25 at approximately 10:22 AM, the Director of Nursing (DON) stated a nurse should always make sure that all medications are administered, unless there is a good reason not to do so.</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>25335</p> <p>Based on observations, interviews and facility policy, the facility failed to ensure that medications were locked when not being used or being observed by licensed staff in 1 of 8 medication carts.</p> <p>Findings include:</p> <p>Review of the facility policy entitled General Guideline for Storage of Medications and Biologicals, revised 4/1/2022 states Medications and biologicals are stored safely, securely and properly following manufacturer's recommendation or those of the supplier., In accordance with State and Federal laws, the facility will store all drugs and biologicals in locked compartments , The medication and biological supply is only accessible to licensed nursing personnel, pharmacy personnel or authorized staff members., .Outdated .medications are immediately removed from stock</p> <p>Review of the facility policy entitled Medication Management Program, revised May 5, 2023 states no medications are left on top of the cart.</p> <p>On 2/04/25 at approximately 9:54 AM an unattended medication cart on Skilled East was observed near the common area with approximately four medication cards containing medications located atop the locked cart with a wandering resident in wheelchair passing the cart.</p> <p>On 2/04/25 at approximately 9:58 AM during an interview Licensed Practical Nurse (LPN)1 confirmed having left the medicines unattended atop the cart.</p> <p>On 2/04/25 at approximately 12:46 PM, the DON (Director of Nursing) stated her expectation is that unattended medications be locked.</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 observation, staff interviews and a review of facility dietary policies, revealed the facility failed to ensure proper sanitation of kitchen equipment and overall main-kitchen cleanliness. The facility also failed to properly label leftovers and discard expired foods in 1 of 1 main kitchen. These deficiencies could potentially affect 100 residents who reside in the facility and who consume food from the kitchen.</p> <p>Finding include:</p> <p>A review of facility policy titled, Food Safety In Receiving and Storage with a completed revision date of [DATE] states check expiration dates and use by dates to assure the days are within acceptable parameters. Store food in its original packaging if the packaging is clean, dry, and intact. Place food that is repackaged in a leak proof, pest proof, non-absorbent, sanitary container with tight fitting lid, Label both the container and its lid with the common name of the content, the date it was transferred to the new container, and the discard date. Refrigerated, ready to eat are properly covered, labeled, dated with a use by date. [NAME] them clearly to indicate the date the food by which the food should be consumed or discarded.</p> <p>A review of facility policy titled, Safe Food Preparation with a completed revision date of [DATE] states, All working surfaces, utensils, and equipment are cleansed thoroughly and sanitized after each period of use.</p> <p>An initial walk through of the kitchen on [DATE] at 8 AM revealed the following:</p> <p>Main walk-in cooler, located outside of the main kitchen.</p> <p>1 18-ounce jar of Smuckers red raspberry jam with a use by date of [DATE].</p> <p>Main Freezer, located in the main kitchen-</p> <p>1-gallon Ziploc bag of hot dogs sealed, with a date written of [DATE]</p> <p>1-gallon Ziploc bag country style steak dated ,d+[DATE], with no year.</p> <p>1-gallon Ziploc bag of chicken, dated ,d+[DATE], with no year.</p> <p>No use by date or expiration date written and items were not in original packing.</p> <p>Cooler- 2</p> <p>Lettuce in Ziploc bag dated [DATE], no use by date.</p> <p>Pint size Ziploc bag labeled, turkey with date of ,d+[DATE]. No year, no use by date. Not in original packing.</p> <p>(continued on next page)</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>Cooler-3</p> <p>2-quart round container written brown gravy dated [DATE], no use by date.</p> <p>2-quart round container containing a red substance, dated ,d+[DATE]. There was no year and no use by date.</p> <p>4-quart round container with red Jello, with a preparation date of ,d+[DATE], no year and no use by date.</p> <p>2-quart round container written pudding vanilla use by date of [DATE].</p> <p>Second freezer</p> <p>1-gallon Ziploc bag containing 5 blueberry muffins dated ,d+[DATE], no year, no use by date and not in original packaging.</p> <p>1-gallon Ziploc bag containing 12 muffins dated ,d+[DATE], no year, no use by date and not in original packaging.</p> <p>1-gallon Ziploc bag containing 6 blueberry muffins dated ,d+[DATE]. no year, no use by date and not in original packaging.</p> <p>1 2-gallon Ziploc bag dated ,d+[DATE] of what appeared to be 5 chocolate chip individual dough, no year, no use by date and not in original packaging.</p> <p>Dry Storage</p> <p>2-gallon size Ziploc bag filled with bread loaves, dated ,d+[DATE] no year, no use by date and not in original packaging.</p> <p>1 clear plastic bag containing 5 burger buns dated ,d+[DATE], no label and no use by date.</p> <p>1 lb, 4-ounce bag of Texas Toast bread best used by date [DATE].</p> <p>24-count Food Service dinner rolls with a best use by date [DATE].</p> <p>2-gallon size Ziploc bag filled with bread loaves in original packaging with best use by date of [DATE].</p> <p>An interview on [DATE] at 8:09 AM with Dietary Aide/Cook revealed left overs are kept ,d+[DATE] days. They are to be labeled, have a prep date, and use by date.</p> <p>A continuation of initial walk-through on [DATE] at 8:49 AM revealed in the main preparatory area, observation of the facility's industrial double-doors oven (all) were visibly dirty.</p> <p>(continued on next page)</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>Behind the oven, the oven motor was full of covered with brown lint/dust with brown and white residue throughout back of the oven. The deep fryer had an accumulation of old food crumbs/grease debris throughout the front panel, and inside the deep fryer, where the baskets hang.</p> <p>An observation of the facility's industrial stove there was a heavy accumulation of old food /grease debris was observed on the side of the stove. Accumulation of grime was observed on the side backsplash of the stove, beside the deep fryer.</p> <p>An observation of the large window, above the three compartment sinks, were visibly dirty. Window had accumulation of dried grease and grime, making it difficult to see outside.</p> <p>An observation of all kitchen doors that led to outside and that led to the main dining room were visibly dirty. There was chipped paint on all 3 doors, also with visible dirty with finger prints, built-up dirt/grime. There was also a brown, unknown substance on all doors.</p> <p>During an interview with the Dietary Manager (DM) on [DATE] at 2:20 PM revealed she has been in her role for approximately two years. DM confirmed the findings, however, was unable to confirm if the dates on all Ziploc bags were expiration dates or dates the items were placed in the sealed bags. She states she is responsible for receiving and storing the shipments. DM confirms left overs are to be kept for ,d+[DATE] days, then left overs would need to be discarded. DM stated the facility uses first in first out method and everyone in the kitchen is responsible for making sure all expired foods get discarded, and all foods get checked daily. DM stated the facility has had a high turn over rate, which is why things are not getting done as they should, such as checking for expired foods and cleanings. She stated cleanings are done daily, and the cooks are to maintain their designated areas cleaned. One designated staff that will mop and sweep under equipment. DM stated the kitchen is deep cleaned weekly. DM stated Ecolab provides all cleaning chemicals.</p> <p>A walk through on [DATE] at 11:44 AM revealed the kitchen in the same condition from the [DATE] observations.</p> <p>A walk through on [DATE] at 11:13 AM revealed the kitchen in the same condition from the [DATE] observations.</p> <p>An interview with the Director of Nursing (DON) on [DATE] at 1:02 PM revealed she was unaware of the findings in the kitchen, and that mock surveys were done annually. She stated she will be putting a system in place to get all those areas of concern fixed. DON stated the DM is ultimately responsible for overseeing dietary staff and ensuring kitchen cleanliness.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51857</p> <p>Based on observations, interviews, and facility policy, the facility failed to adhere to foley catheter procedures for 1 of 1 resident reviewed for infection control. Specifically, Resident (R)359's foley catheter bag wasn't properly stored below the bladder to maintain unobstructed urine flow. R359's tubing contained cloudy urine with debris and sedimentation, which could potentially cause discomfort and urinary complications.</p> <p>Findings include:</p> <p>Review of the Centers for Disease and Control (CDC) Infection Control Summary of Recommendations with a revised date of 03/25/24 states, III.B. Maintain unobstructed urine flow. III.B.1. Keep the catheter and collecting tube free from kinking. III.B.2. Keep the collecting bag below the bladder at all times.</p> <p>Review of the Indwelling Urinary Catheter Care and Removal, policy with no revision date states, Implementation Catheter Care: Keep the catheter and drainage tubing free from kinks and avoid dependent loops to allow the free flow of urine. Keep the drainage bag below the level of the patient's bladder to prevent backflow of urine into the bladder, which increases the risk of Catheter-Associated Urinary Tract Infection (CAUTI).</p> <p>Review of R359's face sheet revealed he was admitted to the facility on [DATE] with diagnoses including, but not limited to, traumatic subdural hemorrhage, gastrostomy, dysphasia, and retention of urine.</p> <p>Review of R359's Quarterly Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 01/22/25 revealed R359 had a Brief Interview of Mental Status (BIMS) score of 11 of 15, indicating that the resident has a moderate cognitive impairment. R359's MDS indicated he is always incontinent of bowel and bladder and has an indwelling catheter.</p> <p>Review of R359's Care Plan with a start date of 01/27/25, revealed R359 has a urinary catheter. Interventions include to keep the catheter bag off the floor, keep kinks out of the tubing, and keep the catheter below the bladder.</p> <p>Review of R359's Progress Note dated 01/15/25 revealed, R359 has urinary retention requiring foley catheter placement. A foley catheter was placed on 12/11/24. R359 failed voiding trial. R359 will continue Flomax 0.4 mg twice a day.</p> <p>During an observation on 02/04/25 at 9:44 AM, R359's foley catheter bag was folded and tucked in the bed rail on the right side. The tubing contained cloudy urine with sedimentation and debris. R359's foley catheter didn't have a privacy bag.</p> <p>During an observation on 02/04/25 at 12:11 PM, R359's foley catheter bag was folded and tucked on the right-side rail. The foley catheter didn't have a privacy covering. The tubing contained cloudy urine with sedimentation and debris.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 02/05/25 at 08:58 AM, R359's foley catheter bag was dated, and below waist level hanging on side of bed rail. R359's urine was free of kinks and urine was flowing freely.</p> <p>During an interview on 02/04/25 at 12:11 PM, Licensed Practical Nurse (LPN)2 states that the foley catheter bag is supposed to have a privacy bag and be hung below R359's waist to prevent kinks in tubing and not on the side of the bed rail. LPN2 further states that the urine could backflow and cause urinary retention. She acknowledges the foley catheter wasn't dated. LPN2 states she was going to replace the foley catheter, tubing and obtain a privacy covering for the bag.</p> <p>During an interview on 02/04/25 at 12:43 PM, the Director of Nursing (DON) states that foley catheter care is important as it relates to infection prevention of the resident. The DON states there should be no obstruction or kinks in the tubing, and the foley catheter bag should be below the bladder, secured in a privacy bag. She states that the privacy bags are to cover the foley catheter bag whenever the residents are away from their room. The DON states that she isn't sure what the policy says when the resident is in the room.</p> <p>During an interview on 02/04/25 at 1:56 PM, the Administrator states he normally reaches out to the clinical team for questions regarding nursing. The Administrator states that if there are issues with the foley catheters, the staff takes care of them. He states that if the foley catheter bag needs to be emptied or changed, he expects his staff to do so in a timely manner. The Administrator states that the staff development coordinator annually trains staff and upon hiring on clinical competencies such as catheter care. He further states if there is an issue with the foley catheters, he ensures that his staff is reeducated. His expectation of staff is to provide the best care for the residents and their needs. The Administrator states they have clinical meetings in the mornings, and they try to rectify any issues at that time. He states that he knows the importance of dignity with the residents regarding caring for foley catheters. He also states that it is important to ensure that foley catheters are properly handled so there won't be any infections and to keep the residents in-house and out of the hospital.</p>		