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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425013 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia | | STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on interview, record review, and review of facility policy, the facility failed to ensure that Resident (R)521's advanced directives were updated as requested by their Resident Representative in a timely manner, for 1 of 1 resident reviewed for advanced directives.</p> <p>Findings include:</p> <p>Review of the facility policy titled Advanced Directives: South Carolina last revised on 11/28/17, revealed, This healthcare center recognizes the right of patients/residents to control decisions related to their medical care. Advanced Directives relate to the provision of care when the patient/resident lacks the capacity to make healthcare decisions. Advanced Directives executed in accordance with state law will be honored by the healthcare center. Patients/residents may revoke their advanced directives at any time without regard to the patient/resident's mental state or capacity. Revocation of any advanced directive for healthcare will become effective only upon communication to the attending physician by the patient/resident or by a person acting at the patient/resident's direction. The attending physician shall record in the patient/resident's medical record the time and date when the attending physician received notification of the written revocation. The healthcare center shall enter in the patient/resident's medical record any change in or termination of the advanced directive for health care that becomes known to the healthcare center.</p> <p>Review of R521's Face Sheet revealed R521 was admitted to the facility on [DATE], with diagnoses including but not limited to: vascular dementia with behaviors, type 2 diabetes, muscle weakness, and hypertension.</p> <p>Review of R521's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/08/24, revealed R521 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicates that he is cognitively intact.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of R521's Admission Agreement dated 07/03/24, revealed, Patient/Resident elects to appoint their Resident Representative (RR) as my authorized agent to act on my behalf and in my name of all purposes necessary for admission to the facility including but not limited to, the execution of admission agreements, payments forms, and arbitration agreements. This appointment in no way precludes the Patient/Resident's ability to also sign agreements for himself/herself, nor does this revoke any previously executed General Power of Attorney or Healthcare Power of Attorney. Further review of the Admission Agreement revealed that R521 has not executed an advanced directive, and did not wish to discuss advanced directives further at this time.</p> <p>Review of a Nurses Note dated 07/10/24, for R521 revealed, Spoke with [R521] Resident Representative, discussed code status and she would like the patient to be a Do Not Resuscitate (DNR). She would like Power of Attorney (POA) paperwork, will make the Social Worker aware, she plans to attend the care plan meeting scheduled for 07/15/24.</p> <p>Review of R521 Physician Orders for July 2024, revealed R521 with an order for Full Code.</p> <p>Review of R521's Care Plan last reviewed/ revised on 07/03/24, revealed, Advanced Directive: Full Code interventions include Patient/Resident's Advanced Directives are in effect, and their wishes and directions will be carried out in accordance with their advanced directives on a ongoing basis. Advise patient/resident and or appointed healthcare representative to provide copies to the facility of any updated Advanced Directives, all staff to be made aware of patient/resident wishes.</p> <p>During a phone interview on 07/30/24 at 4:37 PM, R521's Resident Representative (RR) revealed they wish for R521 to be a DNR and spoke with the facility staff related to R521's wishes a few weeks ago (07/10/24). R521's RR further stated that she makes medical decisions for R521 because he no longer is able to make his own due to his progressed dementia. During the interview with the RR, they mentioned about not being able to physically visit the facility due their own health issues but contact the facility by phone for everything regarding the resident.</p> <p>During a phone interview on 07/31/24 at 11:02 AM, the Nurse Practitioner (NP) revealed that R521's RR, requested that his code status be changed from a full code to DNR on 07/10/24, and told the Social Worker at the time but is unsure if the Social Worker was able to send R521's RR the appropriate documentation because they no longer work at the facility and the facility does not currently have a full time Social Worker. The NP further stated they are unsure of the facility's process for updating advanced directives when the resident representative is not able to come to the facility and physically sign the appropriate paper work.</p> <p>During an interview on 07/31/24 at 4:15 PM, Licensed Practical Nurse (LPN)1 revealed R521's code status is full code.</p> <p>During an interview on 07/31/24 at 5:09 PM, the Temporary Social Worker (TSW) revealed they are not the Social Worker for this facility and work at the sister facility nearby. The TSW did not know about R521's RR but reviewed the nursing notes related to a request in advanced directives and was in agreement that it should have been completed in a timely manner. The TSW concluded that advanced directives can be mailed to resident representatives if they are not physically able to come to the facility to sign.</p> <p>(continued on next page)</p> | | |

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| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 08/01/24 at 6:39 PM, the Administrator revealed R521's advanced directives should have been updated in a timely manner.</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to provide Activities of Daily Living (ADL) care to Resident (R)46, who is dependent on staff, for 1 of 7 residents reviewed for ADL care.</p> <p>Findings include:</p> <p>Review of the facility policy titled Documentation: Charting ADLs last revised on 02/18/21, revealed It is required for ADL care given by Certified Nursing Assistants (CNA) and Nurses to be documented under Care Assist in patient/resident's Electronic Healthcare Record (EHR). For the healthcare centers not utilizing EHR, all documents will be completed using the CNA ADL Flow Sheet Form. Procedure: the monthly ADL tracking is utilized to code self-performance and coding all ADL's when support is provided. When the Care Assist is unavailable, the ADL documentation should be completed using the CNA/ADL Flowsheet form. CNAs are required to enter documentation at the point of care.</p> <p>Review of R46's Face Sheet revealed R46 was admitted to the facility on [DATE], with diagnoses including but not limited to: acute embolism and thrombosis of left femoral vein, sleep apnea, type 2 diabetes with diabetic neuropathy, muscle spasm, and complete rotator cuff tear or rupture of right shoulder.</p> <p>Review of R46's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/27/24, revealed R46 has a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicates that R46 is cognitively intact. Further review of the Admission MDS revealed R46 requires substantial/maximal assistance with shower/bathing.</p> <p>Review of R46's ADL Documentation for July 2024, revealed no indications that showers/bed baths were provided or offered to R46 on the following days: 07/02/24, 07/07/24, 07/08/24, 07/10/24, 07/12/24, 07/13/24, 07/14/24, 07/15/24, 07/19/24, 07/20/24, 07/21/24, 07/22/24, 07/23/24, 07/25/24, and 07/26/24.</p> <p>During an observation and interview on 07/29/24 at 12:45 PM, R46 was observed in her wheelchair with long fingernails, there was a buildup of an unknown substance underneath R46's fingernails. Further observation revealed R46 had greasy hair and a noticeable amount of dandruff. R46 and her Resident Representative (RR) revealed that staff don't always provide her ADL care in a timely manner.</p> <p>During an observation and interview on 07/31/24 at 9:11 AM, R46 was in bed. R46 had long fingernails, there was an unknown substance under her finger nails. R46's hair was long and greasy, and a noticeable amount of dandruff. R46 revealed that the last time staff offered to wash her hair was about a month ago and was provided by therapy staff using a shower cap technique. R46 further stated, when therapy staff washed her hair they washed it while R46 was in bed. R46 concluded she prefers to have bed baths but would like her hair washed more than once a month.</p> <p>(continued on next page)</p> | | |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 07/31/24 at 9:15 AM, Certified Nursing Assistant (CNA)1 revealed they were the resident's assigned CNA for the day and have been the CNA for the resident on and off since the resident was admitted to the facility. CNA1 stated that she was unsure of the last time R46 had her hair washed and was also unsure of when the last time they offered to wash R46's hair.</p> <p>During an interview on 07/31/24 at an unspecified time, the Unit Manager and Licensed Practical Nurse (LPN)2 revealed their expectation is for resident to receive a shower 3 times a week and offer residents a bed bath daily. LPN2 stated that for residents that prefer to have bed baths, they expect staff to wash a resident's hair during a bed bath as needed. LPN2 concluded staff are expected to document ADL care and the description in the Electronic Health Record (EHR).</p> <p>49800</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** 49918</p> <p>Based on review of facility policy, observation, interview, and record review, the facility failed to accurately provide Resident (R)30 with correct oxygen rate per physician orders, for 1 of 1 resident reviewed for respiratory therapy.</p> <p>Findings include:</p> <p>Review of the facility policy titled Oxygen Administration with a revised date of 08/02/23, revealed, It is the policy of PruittHealth Hospice and Healthcare Centers/Veteran Homes to provide oxygen safely and accurately to appropriate patients/residents. Procedure: Oxygen will be administered by licensed personnel only when ordered by the physician, PA or NP. The physician order may be written PRN for comfort/dyspnea or may specify the number of liters, method of administration and length of time the oxygen is to be administered.</p> <p>Review of R30's Face Sheet revealed R30 was admitted to the facility on [DATE], with diagnoses including but not limited to: Secondary malignant neoplasm of right lung, pulmonary nocardiosis, acute respiratory failure with hypoxia, chronic obstructive pulmonary disease with (acute) exacerbation, pneumonia, and dependence on supplemental oxygen.</p> <p>Review of R30's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/09/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R30 was cognitively intact.</p> <p>Review of R30's Care Plan with a start date of 07/30/24 documented, Oxygen Use related to: DX COPD, Acute Respiratory Failure w hypoxia, Malignant Right Lung Mass at risk for acute respiratory distress. Further review of the Care Plan directed staff to, administer medications as ordered, monitor for s/s acute respiratory distress despite use of continuous O2 as ordered, and Oxygen as ordered.</p> <p>Review of R30's Physician Order with a start date of 05/30/24, documented, Oxygen: Oxygen at 3 LPM [liters per minute] via Nasal Cannula continuous and ipratropium-albuterol solution for nebulization; 0.5 mg-3 mg (2.5 mg base)/3 mL; Amount to Administer: 3 ml; inhalation.</p> <p>During an observation of R30s room on 07/29/24 at 11:21 AM, revealed the oxygen flow rate was set at 4L/min (liters per minute).</p> <p>During an observation of R30's room on 08/01/24 at 8:31 AM, revealed R30 receiving oxygen at 4L/min.</p> <p>During an interview on 08/01/24 at 8:17 AM, Licensed Practical Nurse (LPN)4 stated, He [R30] is hospice. He wears his O2 continuously. He is on 3L/min. I am unaware of him changing his O2. He is on 3 L/min.</p> <p>During an observation on 08/01/24 at 8:31 AM, R30 was receiving oxygen at 4L/min.</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 observation on 08/01/24 at 8:32 AM, LPN4 entered R30's room to adjust R30's oxygen to the ordered rate.</p> <p>During an interview on 08/01/24 at 3:11 PM, LPN2 revealed that she performs audits on oxygen and verify all orders making sure the oxygen signs are on the door. LPN2 stated, I don't think his order has changed to 4L/min. He has a history of COPD, technically he should be on 3L/min. His oxygen sats are 92-95% on 3L/min.</p> <p>During an interview on 08/01/24 at 6:11 PM, the Administrator revealed we will implement that every time staff go in the room they will review the oxygen level.</p> <p>During an interview on 08/01/24 at 6:13 PM, the Nurse Consultant revealed, We will re-review the cause of why the O2 is not at the ordered rate.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918</p> <p>Based on review of facility policy, observation, and interview, the facility failed to ensure expired medications and biological's were removed from storage in 1 of 2 medication storage rooms.</p> <p>Findings include:</p> <p>Review of the facility policy titled Medication Storage in the Healthcare Centers revised on 04/09/24, states, Medications and biologicals are stored safely, securely, and properly following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel and pharmacy personnel. Respiratory Therapists may access medications used in the provision of respiratory services. 3. Nurses are required to check all medications for deterioration and expiration before administration. Nurses are also required to inspect medication storage facilities, including medication carts, routinely. Medication storage areas are to be kept clean, well-lit, and free of clutter. Nursing staff who administer medications are responsible for the cleaning and organization of medication carts and storage areas.</p> <p>During an observation on 07/30/24 at 3:36 PM, of the Unit 100 Medication Storage Room, revealed the following:</p> <p>Aerobika - not labeled, no expiration date, and no patient name.</p> <p>[NAME] RCI Adult Non Rebreathing Mask Ref # 1069 expired on 07/17/24.</p> <p>During an interview on 07/30/24 at 3:48 PM, Licensed Practical Nurse (LPN)6 verified the concerns identified in the medication storage room and stated, We discard all expired medications. I don't know how the Aerobika medication was distributed without a resident's name on it and being unlabeled. LPN6 discarded the medication and biological.</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, interview, and review of facility policy, the facility failed to ensure proper sanitation of kitchen equipment and overall kitchen cleanliness in 1 of 1 main kitchen. The facility also failed to discard expired foods in 1 of 1 main cooler.</p> <p>Findings include:</p> <p>Review of the facility policy titled Labeling, Dating, and Storage with a revision date of [DATE], states 1. Food and beverage items will have an identifying label as well as a received date and opening date, as applicable; for items prepared on site, a use by date will also be indicated . 2. Foods will be stored in their original or approved container and, if opened, shall be wrapped tightly with film, foil, etc. 3. Bulk food dispensing utensils (scoops) shall be stored: a. In a clean, protected location if the scoops are used only with a food that is not a time/temperature controlled for safety food.</p> <p>Review of the facility policy titled Foodborne Illnesses with a revision date of [DATE], states 3. It is the responsibility of the Dietary Manager to see that dietary employees practice safe and sanitary methods when preparing foods to prevent cross-contamination and the spread of bacteria . 4. It is the responsibility of the Dietary Manager to see that food is properly stored to reduce the chance of foodborne illness . 6. Hands, equipment, utensils, and work areas must be cleaned and properly sanitized to prevent cross-contamination of foods. All equipment must be dismantled, cleaned, and sanitized between uses.</p> <p>During the initial walk-through of the main kitchen on [DATE] at 10:30 AM, along with the Dietary Manager (DM), revealed the following:</p> <p>Main cooler:</p> <p>2 plastic bags, one containing Turkey Bologna and the other containing Turkey Salami. The use-by date was [DATE]. The contents in the bags were not in the original packaging. No open date was observed on the label.</p> <p>4 Quart clear plastic container, half full, containing pepperoni. Not in original packaging, with a use-by date of [DATE].</p> <p>Main preparation area:</p> <p>1 bin containing bread crumbs, scoop observed in the bin. The label on top of the bin states Breadcrumbs use by date ,d+[DATE].</p> <p>2 bins containing flour, scoop observed in the bin. The scoop had a layer of caked up flour. The label on top of the bin states, Flour use by date [DATE].</p> <p>Kitchen Equipment:</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>The industrial double-door oven was dirty. Both the top and bottom doors to the oven had an accumulation/build up of a brown substance covering most of the front topside of the oven. The glass to both oven doors had a build up of grease, it was cloudy, and dirty. The brown substance was noted throughout the oven doors.</p> <p>The deep fryer had a heavy accumulation of old food debris and an accumulation/build up of grease throughout the front and side panels. There was a dark brown/black build up on the top lid of the deep fryer.</p> <p>The industrial stove was dirty, with a heavy accumulation of old food debris and an accumulation/build up of grease was observed on the side of the stove. The backsplash of the stove was completely covered with an accumulation/build up of a black substance. The burners on the stove top were rusted.</p> <p>Review of an invoice from Southeast Restaurant Cleaning, LLC. dated [DATE], revealed under description, Hood Fan Duck Work Exhaust Cleaning Additional Comments One Fan not working.</p> <p>Review of an invoice from Southeast Restaurant Cleaning, LLC. dated [DATE], revealed under description, Hood Fan Duck Work Exhaust System. Additional Comments The Fan does not work.</p> <p>During an observation on [DATE] at 9:15 AM, the DM attempted to turn on the Hood Exhaust System and it was not working.</p> <p>During a walk through of the main kitchen on [DATE] at 11:18 AM, revealed all previous noted concerns from [DATE] at 10:30 AM, was not addressed. In addition, the exit door had a heavy accumulation/build up of a black substance and there was food debris running down the door.</p> <p>During an interview on [DATE] at 3:49 PM, the DM revealed staff are expected to check coolers daily to make sure everything is properly labeled and stored. The DM further revealed the main cooking methods we use are the deep fryers, stoves, and ovens.</p> <p>The DM states the kitchen gets cleaned after each meal, and at the end of the day. Deep cleans are done weekly. Each staff member has designated duties, and they are expected to follow their designated tasks, which is a form they are given and they must sign or initial when items are completed and return the signed form. The DM verified the condition of the kitchen equipment, the expired foods, and the concerns in the cooler. The DM states it is unacceptable, and her expectation is for the equipment to be wiped down after every use and for dietary staff to check the coolers daily to keep track of dates, and to place scoops where they belong.</p> <p>During a follow up interview on [DATE] at 9:10 AM, the DM revealed she was unaware that the hood fans were not operable. The DM states the company did not tell her and is not sure if they communicated that with the Dietary Supervisor.</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>During an interview on [DATE] at 9:45 AM, the Director of Maintenance (DOM) revealed working at the facility has been a challenge. The staff have his direct number for around-the-clock services. The DOM stated, I told them [Dietary Manager and Supervisor] about a month ago, that the hood fans were not working. The shaft on the rooftop, on the exhaust fan is worn out and needs to be replaced. The DOM states dietary doesn't notify him about any equipment that needs to be fixed. The DOM verified the condition of the door and kitchen equipment were dirty and could be cleaned with some hot water and soap. The DOM concluded, the kitchen is responsible for all cleaning, including walls, and doors. If there is an area, they can't reach he will assist.</p> <p>During an interview on [DATE] at 10:38 AM, the Administrator stated, I was unaware of the hood issue because it would have gotten corrected if I was aware. I walked in and I agree with what you saw . I mean I understand what you saw. I do believe the staff took it strongly to heart. There will be some extra validation of the process. I believe the kitchen staff will pull this, together.</p> | | |

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| NAME OF PROVIDER OR SUPPLIER Pruitthealth- Columbia | | STREET ADDRESS, CITY, STATE, ZIP CODE 2451 Forest Drive Columbia, SC 29204 | |
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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Dispose of garbage and refuse properly.</p> <p>46934</p> <p>Based on review of facility policy, observation, and interviews, the facility failed to dispose of garbage and refuse properly for 1 of 2 dumpsters reviewed for garbage disposal. Specifically, trash/garbage was not contained in the dumpster, leaving food and debris surrounding the dumpster.</p> <p>Findings include:</p> <p>Review of the facility policy titled Waste Disposal: Dietary Services with a complete revision date of 04/11/16, states, It is the policy of PruittHealth for the Dietary Department to dispose of waste in an effective manner to prevent a breeding place for insects, rodents, and transmission of diseases . Procedure: 6. Dumpster lids, doors, and plugs should be kept always closed. 7. Dumpster and surrounding areas should be kept clean and free of debris.</p> <p>During an initial walk-through of the outside dumpster/refuse area on 07/30/24 at 4:01 PM, revealed 1 of the 2 dumpsters was observed with the doors open. Trash and debris was observed on the ground, surrounding the dumpsters.</p> <p>During a follow up observation on 07/31/24 at 9:19 AM, of the outside dumpster/refuse area, revealed the same concerns and was verified by the Dietary Manager (DM).</p> <p>During an interview on 07/31/24 at 9:19 AM, the DM verified the concerns of the dumpster/refuse area, and observed trash on the ground surrounding the dumpsters. The DM states, Trash gets taken out daily, and technically whoever is responsible for taking the trash out is responsible for ensuring all trash and debris is placed in the dumpster and not leaving trash on ground around the dumpster.</p> <p>During an interview on 07/31/24 at 10:38 AM, the Administrator stated, Typically, kitchen staff and maybe housekeeping are responsible for looking at dumpsters daily when they check outside for trash during morning walk-through. The trash company (drivers) are not allowed to get out of their truck so if trash drops on the floor, the facility staff are then responsible for ensuring it gets picked up and thrown in the trash, the next time they go outside.</p> | | |

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| <p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>42424</p> <p>Based on interview, the facility failed to have a qualified Social Worker, on a full-time basis, on site at the facility, for 4 of 4 units.</p> <p>Findings include:</p> <p>No policy regarding Social Services was provided by the facility.</p> <p>During an interview on 07/30/24 at an unspecified time, the Administrator revealed that the facility does not currently have a full time Social Worker on site at the facility.</p> <p>During a phone interview on 07/31/24 at 11:02 AM, the Nurse Practitioner (NP) revealed that the facility does not currently have a qualified Social Worker at this time.</p> <p>During an interview on 07/31/24 at 5:09 PM, the Temporary Social Worker (TSW) revealed that they are not the Social Worker for this facility and work at the sister facility nearby. The TSW stated that they are unsure of how long the Social Worker for this facility has been absent from work but was asked to come and assist for the survey.</p> <p>During an interview on 08/01/24 at 6:36 PM, the Administrator revealed that the Social Worker for the facility is not returning and the position had been empty for a few weeks, but was uncertain of specifically which date. The Administrator concluded that the facility does not have a policy related to Social Services but follows the federal regulation related to guidance.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42424</p> <p>Based on observation, interview, record review, review of the Centers for Disease Control (CDC) guidance, and review of the facility policy, the facility failed to ensure appropriate signage or Personal Protective Equipment (PPE) was donned and doffed, for residents (Resident (R)92, R29, R6, R113, and R35.) on Enhanced Barrier Precautions, for 5 of 7 residents reviewed.</p> <p>Findings include:</p> <p>Review of facility policy titled Enhanced Barrier Precaution last revised on 04/30/24, revealed It is the policy of this facility to implement Enhanced Barrier Precaution (EBP) for the prevention of transmission of Multi-Drug-Resistant Organisms (MDRO). EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and gloves use during high-contact resident care activities. Procedure: all staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. All staff receive training on high-risk activities and common organisms that require the use of EBP. The facility will have the discretion to communicate to staff which residents require the use of EBP, as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities. Initiation of EBP: the facility will have the discretion in using EBP for residents who do not have a chronic wound or indwelling medical device and are infected or colonized with an MDRO that is not currently targeted by the CDC. An order for EBP will be obtained for residents with any of the following: wounds (chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO. Implementation of EBP: make gowns and gloves available immediately near or outside of the resident ' s room. PPE for EBP is only necessary when providing high-contact care activities and may not need to be donned prior to entering resident ' s rooms. High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing bed linens, changing briefs or assisting with toileting, device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, or wound care: any opening requiring a dressing.</p> <p>Review of the CDC guidance titled Implementation of Person Protective Equipment Use in Nursing Homes to Prevent Spread of MDROs last revised on 07/12/22, revealed, Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs . EBP are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO colonization status; infection or colonization with an MDRO; effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care. Standard Precautions, which are a group of infection prevention practices, continue to apply to the care of all residents, regardless of suspected or confirmed or colonization status.</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 - Some</p> | <p>Review of R92's Face Sheet revealed R92 was admitted to the facility on [DATE], with diagnoses including but not limited to: gastrostomy status, epilepsy, personal history of other mental and behavioral disorders, and hypertension.</p> <p>Review of R92's Significant Change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/04/24, revealed R92 had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicates R92 has severe cognitive impairment. Further review of the Significant Change MDS revealed that while a resident, R92 received nutrient through a feeding tube in the last seven days.</p> <p>During an observation on 07/30/24 at 11:55 AM, revealed R92's room did not have appropriate signage outside the door related to EBP, due to tube feeding status.</p> <p>Review of R29's Face Sheet revealed R29 was admitted to the facility on [DATE], with diagnoses including but not limited to: Human Immunodeficiency Virus (HIV), hypertension, major depressive disorder, and muscle weakness.</p> <p>Review of R29's Quarterly MDS with an ARD of 07/15/24, revealed R29 had a BIMS score of 99 out of 15, which indicates the BIMS was not conducted due to resident refusal/nonsensical answers. Further review of R29's Quarterly MDS revealed R29 is dependent on staff for most Activities of Daily Living (ADLs).</p> <p>During an observation on 07/31/24 at 11:00 AM, revealed R29's room without appropriate signage outside of their door related to EBP, due to a diagnosis of HIV.</p> <p>During an interview on 07/31/24 at 3:45 PM, the Administrator revealed that they were unaware that residents were recommended to be placed on EBP. The Administrator further stated that they believed that signage only had to be placed when residents had active infections.</p> <p>Review of R6's Face Sheet revealed R6 was admitted to the facility on [DATE], with diagnoses including but not limited to: HIV, chronic respiratory failure, bipolar disorder, and functional quadriplegia.</p> <p>Review of R6's Quarterly MDS with an ARD of 07/23/24, revealed R6 had a BIMS score of 15 out of 15, which indicates that she is cognitively intact. Further review of the Quarterly MDS revealed that R6 is dependent on staff for toileting, hygiene and shower/bathing.</p> <p>During an observation on 07/30/24 and 07/31/24, revealed R6 without appropriate signage outside of the door, related to EBP, due to a diagnosis of HIV.</p> <p>Review of R113's Face Sheet revealed R113 was admitted to the facility on [DATE], with diagnoses including but not limited to: encounter for attention to gastrostomy, quadriplegia, adult failure to thrive, and pressure ulcer sacral region.</p> <p>Review of R113's Quarterly MDS with an ARD of 06/24/24, revealed R113 had a BIMS score of 99 out of 15, which indicates that she was unable to complete the interview due to resident refusal/nonsensical responses. Further review of the Quarterly MDS revealed R113 is dependent on staff for all ADLs, is always incontinent with bowel and bladder, and has a Foley catheter.</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 - Some</p> | <p>During an interview on 07/31/24 at an unspecified time, Licensed Practical Nurse (LPN)4 revealed that R113 has a Foley catheter and the facility is only required to have EBP and use PPE when residents have an active infection.</p> <p>During an observation and interview on 08/01/24 at 8:38 AM, Certified Nursing Assistant (CNA)4 was providing ADL care to R113, after a bowel movement. R113 was observed with a Foley catheter, CNA4 was observed not wearing appropriate PPE. CNA4 stated they were unaware that they are required to wear PPE when providing personal care to residents with EBP.</p> <p>Review of R35's Face Sheet revealed R35 was admitted to the facility on [DATE], with diagnoses including but not limited to: pressure ulcer sacral region, dementia without behaviors, contracture multiple sites, and muscle weakness.</p> <p>Review of R35's Quarterly MDS with an ARD of 07/08/24, revealed R35 had a BIMS score of 7 out of 15, which indicates that she has severe cognitive impairment. Further review of the Quarterly MDS revealed that R35 is dependent on staff for all ADLs and has an indwelling catheter.</p> <p>During an observation and interview on 08/01/24 at 2:08 PM, revealed CNA5 and CNA6 providing Foley catheter care to R35. CNA5 and CNA6 were not wearing appropriate PPE while providing catheter care. CNA5 and CNA6 stated that PPE is only required to be worn during care when the resident has an active infection.</p> <p>During an observation and interview on 08/01/24 at 10:18 AM, revealed LPN5 providing wound care to R35. LPN5 was not wearing appropriate PPE while providing wound care. LPN5 stated that a gown is only required to be worn during wound care when the wound is infected, since R35's wound is not infectious only gloves are required when providing dressing changes.</p> <p>During an interview on 08/01/24 at 4:27 PM, the Infection Preventionist (IP) revealed that they were unaware of the CDC guidance or facility policy related to signage and PPE for residents on EBP, regardless of active infection.</p> | | |