STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425048	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Hollow of Georgetown Rehabilitation Center LLC	2715 South Island Road Georgetown, SC 29440

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Number of residents sampled: 1Number of residents cited: 1Based on observation, interview, record review, facility document and policy review, and review of Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) guidelines, the facility failed to follow enhanced barrier precautions (EBP) for 1 (Resident (R)6) of 1 resident observed during direct patient care. Specifically, Certified Nursing Assistant (CNA)7 did not don a gown while bathing R6, who had a feeding tube. Findings include: A facility policy titled, Enhanced Barrier Precautions, revised 07/31/2024, indicated, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. The policy also indicated, Policy Explanation and Compliance Guidelines: 1. Prompt recognition of need: a. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. The policy also indicated, 3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e. [id est, that is], wound irrigation, tracheostomy care). b. PPE [personal protective equipment] for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. The policy also indicated, 4. High-contact resident care activities include: a Dressing b. Bathing. A CMS, Department of Health & Human Services (HHS) memorandum, QSO-24-08-NH, titled Enhanced Barrier Precautions in Nursing Homes, effective 04/01/2024, revealed, EBP recommendations now include the use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multi-drug resistant organism status. The memorandum also indicated, Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. An undated facility sign, published by the CDC, titled, Enhanced Barrier Precautions indicated, Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities. - Dressing - Bathing/Showering An admission Record revealed the facility admitted R6 on 08/08/2023. According to the admission Record, the resident had a medical history that included diagnoses of cerebral palsy and gastrostomy status (presence of a feeding tube). A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/15/2025, revealed R6 had a short- and long-term memory problem and severely impaired cognitive skills for daily decision-making per a Staff Assessment of Mental Status (SAMS). The MDS indicated the resident was dependent on staff for showering/bathing and had a feeding tube for nutrition. R6's Care Plan Report included an undated focus area that indicated the resident was at risk for infection and exposure to pathogenic agents. Interventions directed staff to practice good infection control procedures such as hand hygiene, including wearing masks and social distancing, until instructed otherwise and to follow enhanced barrier precautions related to the resident's percutaneous endoscopic gastrostomy (PEG) feeding tube. R6's Care Plan Report included an undated focus area that indicated the resident had a self-care deficit related to cerebral palsy and the presence of contractures in all limbs. The focus area indicated the resident required total assistance with all activities of daily living (ADLs). During a concurrent observation and interview on 08/25/2025 at 11:10 AM, CNA7 was observed bathing and dressing R6 while wearing a surgical mask and gloves but no gown. CNA7 stated R6 was on EBP because of their PEG feeding tube. CNA7 stated that she should have worn a gown along with gloves and a mask since she was providing direct patient care. CNA7 stated that she was sorry, she had failed, and she needed to be following EBP since R6 was at high risk of developing an infection. During an interview on 08/28/2025 at 1:15 PM, the Director of Nursing (DON) stated she expected staff to follow the EBP protocol while providing direct patient care, such as bathing, and to don appropriate PPE, which included a gown and gloves and a face shield, if there was a potential for splashing. During an interview on 08/28/2025 at 1:28 PM, the Administrator (ADM) stated she expected staff to follow all infection control protocols, including PPE protocols. The ADM confirmed CNA7 did not don the appropriate PPE while providing a bed bath to a resident who had a feeding tube.