

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Kershaw Health Karesh Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Lindsay Lane Camden, SC 29020	

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 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** 28306</p> <p>Based on observation, record review, interview and review of facility policy, the facility failed to follow infection control guidelines for Enhanced Barrier Precautions for 2 of 2 residents (Resident (R)237 and R57) and failed to follow infection control guidelines for 1 of 1 resident out of 29 sampled residents (R72) during a dressing change.</p> <p>Findings include:</p> <p>1. Review of the facility's policy titled Novel or Targeted MDROs [Multi-Drug Resistant Organisms] dated 10/19 revealed, .Implement Enhanced Barrier Precautions (EBP) for all residents residing on the same neighborhood who have a central line, urinary catheter, feeding tube, tracheostomy, or open wound. Wear gloves and a gown for the following high-contact resident care activities: Dressing - Changing linens, Bathing/showering - Providing hygiene, Transferring - Changing briefs or Assisting with toileting, and Device care or use: central line, urinary catheter, feeding tube, tracheostomy, wound care (any skin opening requiring a dressing) .</p> <p>Review of R237's undated Face Sheet located under the Face Sheet tab in the electronic medical record revealed R237 was admitted to the facility on [DATE] with diagnoses including but not limited to: hypertensive chronic kidney disease, Alzheimer's Disease, and sepsis.</p> <p>Review of R237's Admission Note located under the Progress Note tab in the EMR revealed an entry dated 07/15/24 at 3:59 PM, which stated, .She [R237] is demented and unable to answer question appropriately .</p> <p>Review of R237's Admission Minimum Data Set (MDS) revealed the MDS had not been completed at the time of this review.</p> <p>Review of R237's Baseline Care Plan dated 07/15/24, revealed, Foley placed for urinary retention with interventions to encourage fluids, Foley catheter care and output noted.</p> <p>During observations made on 07/17/24 at 3:00 PM and 07/18/24 at 8:30 AM, R237 had a Foley catheter in place with a privacy bag covering the drainage bag. Observations also revealed there was no signage on the door indicating the resident was on Enhanced Barrier Precautions (EBP).</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/18/24 at 1:16 PM, Licensed Practical Nurse (LPN)5 confirmed R237 had a Foley catheter in place. When asked if R237 should be on EBP due to having a Foley catheter, LPN5 stated, No, she [R237] doesn't have to be. LPN5 was asked when is a resident placed on Enhanced Barrier Precautions and she stated, When they have ESBL [Extended-spectrum beta-lactamase] or other organisms in the urine.</p> <p>During an interview on 07/18/24 at 1:18 PM, the Unit Manager (UM)1 was asked when is a resident placed on EBP and UM1 stated, When they have something like ESBL in their urine, we put them on precautions.</p> <p>During an interview on 07/18/24 at 1:45 PM, the Assistant Director of Nursing (ADON) was asked when a resident is placed on Enhanced Barrier Precautions and the ADON stated, Residents are placed on this if they have wounds, Foley catheters, history of any infectious organisms. This is our way of protecting our staff and residents from passing on infections during direct patient care.</p> <p>During an interview on 07/18/24 at 1:48 PM, the Director of Nursing (DON) confirmed that residents are placed on Enhanced Barrier Precautions when they have wounds or indwelling medical devices such as peg tubes or Foley catheters. When asked if R237 should be on Enhanced Barrier Precautions, the DON stated, Yes, she has a Foley catheter.</p> <p>Review of R57's Face Sheet located in the Face Sheet tab of the physical chart revealed R57 was admitted to the facility 10/01/20 with diagnoses including but not limited to: chronic kidney disease stage 3, Bacteremia and calculus of kidney.</p> <p>Review of R57's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/14/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated the resident was not cognitively intact.</p> <p>Review of R57's Physician Orders dated July 2024 revealed an order for Enhanced Barrier Precautions (Foley) with start date 07/17/24.</p> <p>During an observation on 07/17/24 at 1:23 PM, revealed R57 had an enhanced barrier precaution sign noted beside the door. The sign was visible and detailed Enhanced Barrier Precaution protocol and directions. Certified Nursing Assistant (CNA)2 was observed going into the room with Hoyer lift and transferring R57 to the bed with just gloves on. CNA2 proceeded to provide incontinence care for R2 with just gloves on.</p> <p>During an interview on 07/17/24 at 3:01 PM, CNA2 stated they were trained on enhanced barrier precautions a few months ago. CNA2 stated they were instructed that they only have to use the directions placed on the resident's door if the resident had an active infection. CNA2 stated R57 did not have an active infection so gloves would suffice for care.</p> <p>During a follow-up interview on 07/18/24 at 2:31 PM, CNA2 stated they were wrong previously, and they were supposed to wear Personal Protective Equipment (PPE) for any resident that had an enhanced barrier precautions sign when providing hands on care.</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>2. Review of the facility's policy titled Dressing - Non-Sterile dated 08/04, provided by the facility, stated, . Open sterile dressings. Pour prescribed cleaning solutions over needed number of clean (for wound cleaning) and sterile (for wound dressing) gauze pads . Put on non-sterile gloves. Clean wound gently but thoroughly with prepared gauze pads. Clean from top to bottom and from the center outward. Use a separate gauze pad for each stroke. Discard soiled gloves, wash hands, and apply clean gloves .</p> <p>Review of R72's undated Face Sheet located under the Face Sheet tab in the EMR revealed R72 was admitted to the facility on [DATE] with diagnoses including but not limited to: dementia, and stage four pressure ulcer to the sacral region.</p> <p>Review of R72's Quarterly MDS with an ARD of 06/18/24, coded the resident as having a stage four pressure ulcer which was present on admission to the facility.</p> <p>Review of R72's Physician Orders located under the Orders tab in the EMR revealed an order, dated 06/25/24, which stated, sacrum: clean with wound cleanser, skin prep to surrounding tissue, apply calcium alginate to bed and pack wound edges, cover with gauze, then apply blue sorbex dressing, ABD, then tape 2 ties (cover all of ABD with tape). This treatment was to be performed every shift every day.</p> <p>Review of R72's Care Plan dated 10/02/23, revealed R72 was at risk for impaired skin integrity related to incontinent of bowel and bladder, immobility, and pressure ulcer present on admission. The interventions in place were to provide incontinence care for episodes of incontinence, ensure proper body alignment, weekly body audit, offer fluids as tolerated, evaluate nutritional status as needed, report changes to medical doctor and obtain treatment orders as indicated, and air mattress to bed.</p> <p>During a wound care observation on 07/19/24 at 11:35 AM, with Licensed Practical Nurse (LPN)3 the following observations were made: 1. LPN3 cleaned the overbed table with a Santi Cloth bleach wipe but did not wait the dry time of four minutes before placing barrier on top of it. 2. LPN3 brought scissors from their personal bag into R72's room and cleaned the scissors with an alcohol prep before using them to cut the gauze and packed the gauze in the wound. 3. LPN3 sprayed wound cleanser into the wound and then wiped around the outer edges of the wound with a 4x4. 4. After LPN3 cleaned the wound, he did not discard his dirty gloves and apply clean gloves before cutting the calcium alginate with scissors and begun to dress the wound.</p> <p>During an interview on 07/19/24 at 2:00 PM, LPN3 stated, I thought the dry time of the wipes was two to three minutes. I didn't realize my scissors could not be cleaned with the alcohol preps and I thought I had changed my gloves after I cleaned the wound. When asked how a wound is to be cleaned when performing wound care, LPN3 stated, I did not want to wipe the center of the wound so that I didn't disturb the granulation tissue.</p> <p>During an interview on 07/19/24 at 3:00 PM, the ADON was notified of the observation made of the wound care performed by LPN3 on R72. The ADON stated, You clean the wound from the center to the outer of the wound. The nurse is to clean the scissors with the bleach wipe and not the alcohol wipe and the nurse should have changed his gloves after cleaning the wound, washed his hands and applied cleaned gloves before redressing the wound.</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 interview on 07/19/24 at 3:30 PM, Registered Nurse (RN)1 stated, The dry time for the bleach wipes is four minutes.</p> <p>During an interview on 07/19/24 at 3:40 PM, the DON stated her expectation for a nurse that is performing a dressing change is for the nurse to follow the physician orders for the wound care as well as follow infection control guidelines during wound care.</p> <p>38517</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28306</p> <p>Based on interview, record review, review of Centers for Disease Control and Prevention (CDC) guidance, and review of facility policy, the facility failed to maintain a functional Antibiotic Stewardship Program that ensured criteria was met for the use of antibiotics for 1 of 2 residents reviewed for antibiotics in a sample of 29 residents (Resident (R)119).</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Antibiotic Stewardship Program revealed, . Frequency of meetings . monthly . Medical Director . sets standards for antibiotic prescribing practices for all healthcare providers prescribing antibiotics in the facility . Director of Nursing . Oversees established standards for nursing staff to assess, monitor, and communicates changes in a resident's condition that could impact the need for antibiotics . Infection Preventionist . Oversees facility infection control and Antibiotic Stewardship Programs . Tracks infections control data and reports to . Antibiotic Stewardship Committee .</p> <p>Review of an undated, untitled CDC [Centers for Disease Control and Prevention] document located at http://uprevent.[NAME].com/2855wp/wp-content/uploads/2018/01/nh-hac_mcgreercriteriaevcomp_2012-1.pdf; revealed The Core Elements of Antibiotic Stewardship for Nursing Homes indicated . Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority . Antibiotic stewardship refers to a set of commitments and actions designed to 'optimize the treatment of infections while reducing the adverse events associated with antibiotic use' . CDC also recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use . Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Below are examples of antibiotic use and outcome measures . Process measures: Tracking how and why antibiotics are prescribed . Antibiotic use measures . Tracking how often and how many antibiotics are prescribed . Antibiotic outcome measures . Tracking the adverse outcomes .</p> <p>Review of R119's undated Face Sheet, located under the Face Sheet tab of the electronic medical record (EMR), revealed R119 was admitted to the facility on [DATE] with diagnoses including but not limited to: pneumonia, and acute respiratory failure with hypoxia.</p> <p>Review of R119's Physician Orders revealed an order, dated 07/05/24, for one tablet of Levaquin 500 milligram (mg) daily for ten days for pneumonia.</p> <p>Review of the monthly Antibiotic Stewardship Tracking logs dated July 2023 through April 2024, revealed the logs consisted of name, type of infection, symptom onset, pathogen, if antibiotic used, disposition and status. There was no documentation on the logs which stated the type of antibiotic used, duration of therapy and if the criteria were met for antibiotic usage.</p> <p>Review of the Antibiotic Stewardship Monthly Meeting reports revealed reports for the months of September 2023, November 2023, December 2023, and April 2024. These reports contained residents who were started on antibiotics prior to receiving urinalysis and culture and sensitivity results.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the July 2024 Antibiotic Stewardship Monthly Tracking log revealed R77 was listed on the document but did not indicate whether the criteria for antibiotic use was met or not met, which antibiotic was used, and for how long.</p> <p>During an interview on 07/19/24 at 4:00 PM, the Administrator and Director of Nursing (DON) were notified of the above documented findings regarding the antibiotic stewardship tracking, trending, and ordering of antibiotic for R119's pneumonia. The DON stated, We use the McGeer's criteria, and we have areas that can be improved upon.</p> <p>The Infection Preventionist was not available for interview concerning the failure to ensure criteria were met as was indicated on the review the Antibiotic Stewardship logs.</p>