

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  Saluda Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  581 Newberry Highway Saluda, SC 29138	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 11599</b></p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure residents' right to participate in the care planning process was honored for one of one residents reviewed for care plans out of 32 sampled residents (Resident (R) 48). This failure placed the resident at risk for the care plan not being a person-centered care plan.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Participation - Assessment/Care Plans, dated 12/2016, revealed The resident and his or her legal representative are encouraged to attend and participate in the resident's assessment and in the development of the resident's person-centered care plan. The Resident/Family Services Director or designee is responsible for notifying the resident/representative and for maintaining records of such notices. Notices include: a. The date, time, and location of the conference; b. The name of each person contacted and the date he or she was contacted; c. The method of contact (e.g., mail, telephone, email, etc.); d. Input from the resident or representative if they are not able to attend; e. Refusal of participation, if applicable; and f. The date and signature of the individual making the contact.</p> <p>Review of R48's undated Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed R48 was admitted to the facility on [DATE] with diagnoses that included hemiplegia with hemiparesis following a cerebral infarction affecting the right dominant side.</p> <p>Review of R48's annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/22/24 and located under the MDS tab of the EMR, revealed R48 scored 14 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated R48 was cognitively intact.</p> <p>During an interview on 05/13/24 at 11:09 AM, R48 stated that he chose to stay in bed in his room and not leave his room. R48 said he only had use of his left arm and that he had to ask to have the television turned on to a station he liked due to cataracts and not being able to see very much. During the interview about his care, R48 stated, they don't invite me to care conference anymore like they used to, I'd like to be there.</p> <p>During an interview on 05/14/24 at 9:05 AM, R48 stated, I want to be invited to my care conference like I used to be, they would come in my room to have the meeting.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/15/24 at 9:59 AM, R48 stated, It's been a while since the last Team Conference (care conference) in my room, more than three or four months, I would like them to come in again.</p> <p>Review of R48's Team Conference, forms, located in the paper chart revealed interdisciplinary team conferences on 05/10/23, no documented evidence that R48 or a representative were invited or attended the care conference. The form documented, nurse spoke with resident who offered no concerns.</p> <p>Review of the Social Service Progress Notes, located in the EMR under the Clinical tab revealed Team Conferences were held:</p> <p>On 03/29/24, there was no documented evidence that R48 was invited or attended the care conference.</p> <p>On 01/02/24, there was no evidence that R48 was invited or attended the care conference.</p> <p>On 10/31/23, there was no evidence that R48 attended the care conference.</p> <p>On 07/25/23, there was no evidence that R48 was invited or attended the care conference.</p> <p>During an interview on 05/15/24 at 10:53 AM, the Social Service Director/Admissions (SSD/AD) stated, The Director of Nursing (DON) runs the team conferences and the resident's Social Worker would be the one who invited the resident.</p> <p>During an interview on 05/15/24 at 12:02 PM, R48's Social Worker (SW) stated, Sometimes he wants to go and other times not, it varies day to day. If it's not in my notes, I must not have documented if he participated or not. Sometimes the nurse will just have a conversation with him in his room.</p> <p>During an interview on 05/15/24 at 2:48 PM, the Director of Nursing (DON) stated, The resident has changed so much, he won't come out of his room, I didn't know he wanted to come.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 06401</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure food stored in the kitchen was covered and/or dated, free of scoops, and did not have expired manufacturer's use by dates. This had the potential to affect 140 of 141 residents who consumed food prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Food Storage, dated 2020, indicated, Guideline: Food shall be stored on shelves in a clean, dry area free from contaminants. Food shall be stored at appropriate temperatures and using appropriate methods to ensure the highest level of food safety. Procedure: 1. General storage guidelines to be followed: a. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discarded . 2. Refrigerated storage guidelines to be followed . Wrap food properly. Never leave any food item uncovered and not labeled.</p> <p>Observation on [DATE] from 7:35 AM to 8:03 AM of the initial kitchen inspection revealed the following:</p> <p>a. In a kitchen dry storage area a large plastic container which contained fish mix and a large plastic container which contained sugar were stored opened to air with their tops not completely closed. Additionally, a scoop was observed stored inside the container of sugar.</p> <p>During an interview on [DATE] at 7:40 AM, the Dietary Manager (DM) confirmed the containers of fish mix and sugar were stored opened and a scoop was stored inside the container of sugar. The DM stated the containers of fish mix and sugar should be completely closed by staff when stored and the scoop should not have been stored in the container of sugar.</p> <p>b. Observation of bread products stored on bread racks in the kitchen revealed a package of sliced bread with an expired manufacturer's use by date of [DATE], six undated packages of thawed hamburger buns, one undated package of thawed hot dog buns, and 15 undated loaves of thawed sliced sour dough bread.</p> <p>During an interview on [DATE] at 7:45 AM, the DM confirmed the package of sliced bread which had an expired use by date of [DATE] and the undated bread products stored on the kitchen's bread racks. The DM stated staff were expected to discard any bread product that had an expired use by date and to date bread products when they were removed from the freezer to thaw.</p> <p>c. Observation of food stored in a kitchen reach in refrigerator revealed a package of sliced ham and a package of sliced turkey that were undated and stored opened to air.</p> <p>During an interview on [DATE] at 7:50 AM, the DM confirmed the packages of sliced ham and sliced turkey stored in the reach in refrigerator were not covered and were not dated. The DM stated staff were expected to date and cover food items prior to storing them for future use.</p>		