

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>26385</p> <p>Based on observation, record review, review of the facility policy titled Enteral Feeding-Administering Medications, and staff interviews, the facility failed to ensure that medications were given according to standards of practice via enteral feeding tube by one (1) Licensed Practical Nurse (LPN) for one (1) Resident (R)66.</p> <p>The findings include:</p> <p>Review of the Nursing Policy and Procedures titled Enteral Feeding-Administering Medications dated 5/5/2023 revealed that The licensed nurse will administer medication prescribed by the physician to be given by enteral tube, using the appropriate method according to recognized standards of practice. Equipment: Prescribed medication, fluid-impermeable pad or towel, clean enteral syringe (20 milliliters (ml) or larger, water, medicine cup (s), gloves, gown and crushed medications.</p> <p>Implementation: Verify the practitioner's order, gather and prepare the necessary equipment, supplies, and prescribed medication, put on gloves and other personal protective equipment, flush the enteral tube with a least 15 ml of water, repeat the procedure with the next medication, flush the enteral tube one (1) final time with at least 15 ml of water. Clamp the enteral tube and detach the syringe, re-attach the feeding if continuous.</p> <p>Special considerations: If the patient's gastrostomy tube becomes clogged, flush the tube with water. Notify the practitioner if flushing with water is unsuccessful.</p> <p>Review of R66's Physician Orders revealed an order to flush tube with 30 ml of warm water before and after medication administration. Check residual every shift and placement verification air bolus instillation with auscultation every shift.</p> <p>Review of R66's Physician orders revealed orders for Jevity at 80 cc (cubic centimeters which is equal to ml) from 4:00 a.m. to 6:00 p.m. via gastric tube with water flush of 55 ml per hour continuous. Special Instructions on at 4:00 a.m. and off at 7:00 p.m. Medications ordered, per gastric tube, were Lactulose solution 10 gram/15 ml-give 30 ml once daily, fluoxetine 20 milligram (mg) capsule once daily, lorazepam 1 mg one tablet every 12 hours, midodrine 10 mg one tablet, Nexium packet granules delayed release, 40 mg, dissolve one packet in 15 ml of water, allow to stand 2-3 minutes and thicken, and take per peg-tube within 30 minutes once daily.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Licensed Practical Nurse (LPN)1 on 6/19/24 beginning at 9:26 a.m. the medications were pulled from the medication cart, placed in a separate medicine cup, the lorazepam was signed out from the narcotic box and signed off (the count was correct), then the fluoxetine 20 mg capsule was opened into a separate medication cup, the midodrine and lorazepam were crushed separately and place in separate medication cups. The Nexium packet was poured into a small cup with water added and stirred. At 9:40 a.m. LPN1 put the medication cups and solution cups onto the bottom of a tissue box and brought them into the resident's room. Additional water for flush was not brought into the room or additional medicine cups for measuring the water flush. The medication cups, with the medication in them were taken to the resident bathroom and water was added to the medications. The tube feeding pump was stopped and the tubing was disconnected from the gastric tube. A clean 60 ml syringe was connected to the gastric tube and the capsule with water was then poured into the syringe to drain via gravity, then the next medication was given, and repeated. The Nexium solution was then poured into the syringe which caused the tubing to become clogged. LPN1 massaged the tubing repeatedly until the clog finally dislodged and the final amount of Nexium was administered, followed by the lactulose solution. LPN1 then re-attached the tubing to the gastric tube, set the pump to flush for 2-3 minutes then restarted the Jevity. LPN1 did not flush the gastric tube prior to medication administration, or between the medications. LPN1 then changed gloves, rinsed the syringe in the resident's sink, and left the room.</p> <p>An interview with the Administrator and the Regional Clinical Manager, after reviewing the Enteral Feeding-Adminstrating medication policy, on 6/19/24 at 2:35 p.m. revealed that the policy does call for water flushes before, between medications and when medication administration is complete for gastric tube medication administration.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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 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** 46211</p> <p>Based on observations, record reviews and interviews with staff and resident the facility failed to provide Activities of Daily Living (ADL) care for one (1) resident out of 20 sampled residents.</p> <p>The findings included:</p> <p>The facility's Nursing Policies and Procedures titled Activities of Daily Living, Optimal Function dated 5/5/23 stated The facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene.</p> <p>Review of Resident (R)20's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included Hypertension, Cerebrovascular Accident (CVA), Contracture of Joint: Multiple, Chronic Pain Syndrome, Osteoarthritis, Age-Related Debility, and Left-sided Hemiparesis.</p> <p>Review of R20's Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident was dependent on staff to meet his/her personal hygiene needs.</p> <p>Review of R20's Progress Note dated 10/27/24 revealed R20 was seen for follow up for onychomycosis. R20 was sent out to dermatology to possibly assist with trimming down the resident's significantly thickened fingernail to the resident's right thumb and other fingernails that needed to be trimmed down R20's podiatrist reported that they were unable to trim the resident's fingernails. R20 was referred to the Dermatologist, who recommended topical ciclopirox and terbinafine cream for three (3) months and then referred the resident to an outpatient podiatry. R20 had been wanting his/her fingernails trimmed due to soreness.</p> <p>Review of R20's Progress Note dated 11/28/23 revealed .(R20) is telling me that he/she wants his/her fingernails cut down. The resident had significant onychomycosis to fingernails and was recently seen by dermatology who started him on ciclopirox polish and tropical terbinafine cream. We have sent the resident out to multiple specialists and requested to trim his/her fingernail, but they have declined. The resident reports that he/she has pain all over his/her lower extremities and to his/her fingernails, he/she currently on Tramadol for pain.</p> <p>Review of R20's Progress Note dated 1/11/24, revealed The resident is complaining of his/her right fungal fingernail, he/she is currently getting topical terbinafine polish, states that it does not seem to be helping him/her.</p> <p>Observation of R20 on 6/20/24 at 12:20 p.m. revealed the resident's fingernails, on his/her left hand revealed the following: the thumb and pinky nails were both about an inch long, his/her third finger had a nail that was approximately a quarter inch long; and on the right hand his/her fingernails were observed to be the following: the thumb was about two inches long, the index finger was about one inch long, and his/her fourth finger had approximately a one half inch nail.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/20/24 at 11:15 a.m., R20 stated I want my nails cut. It hurts. This has been going on since November. They brought me to the doctor, and they didn't do anything.</p> <p>During an interview on 6/20/24 at approximately 11:15 a.m., the Unit Nurse Manager (UNM) stated, the facility did not have the equipment to cut R20's left hand nails because of his/her hand being contracted. R20 will only let the wound nurse cut his/her nails and even then, the wound care nurse will not cut the resident's nails all the way down. The UNM further stated, normally nail care was done once a week when the Certified Nursing Assistants (CNAs) do a full body audit.</p> <p>During an interview on 6/20/24 at approximately 1:20 p.m., the Nurse Practitioner (NP) stated, I have tried sending the resident out. My supervising physician suggested removing the nail, but because of co-morbidities the resident is not a good candidate for surgery. Ciclopirox was prescribed but the supervising physician said that it was ineffective. Cutting the nails causes pain.</p> <p>During an interview on 6/20/24 at approximately 1:45 p.m. during an interview, the Wound Care Nurse (WCN) stated anyone can cut the resident's nails but sometimes R20 would let them cut their nails. The WCN stated that they cut the resident's nails because they felt bad for the resident.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39926</p> <p>Based on interview and record review, the facility failed to ensure the dialysis communication sheets were completed to ensure ongoing communication between the facility staff and the dialysis center for three (3) of four (4) sampled residents (R)13, R24, and R237). Portions of several of the Dialysis Communication Sheets were left blank including the section where staff should be checking the shunt for bruit post dialysis care.</p> <p>The findings include:</p> <p>Review of the facility's Dialysis - Hemodialysis Policy and Procedure revised 9/22/17 revealed .3. The facility staff will participate in ongoing communication with the dialysis center by using the Dialysis Communication Form which is filed in the resident's medical record.</p> <p>Review of the facility's Shunt Care - Arteriovenous (A.V.) Policy and Procedure revised 5/5/23 revealed .3. Post Dialysis Care: .C. Check for bruit upon return from dialysis and then once per shift.</p> <p>Review of R13's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included End-Stage Renal Disease, Chronic Kidney Disease, and Dependence on Renal Dialysis. Further review revealed the resident had a central venous catheter (CVC) to the right femoral artery.</p> <p>Review of R13's Dialysis Communication Sheets dated 5/20/24, 5/30/24, 6/3/24, 6/5/24, and 6/12/24 revealed documentation of the shunt site was not completed in the pre- and post-dialysis sections. The staff failed to document if they checked the CVC for thrills and bruits.</p> <p>Review of R13's Dialysis Communication Sheet dated 4/29/24 revealed documentation of the shunt site was not completed in the pre-dialysis section. The post-dialysis section was not completed due to the resident refusing dialysis.</p> <p>Review of R13's Dialysis Communication Sheet dated 4/24/24 revealed documentation of the shunt site was not completed in the pre-dialysis section. The post-dialysis section was completely blank.</p> <p>Review of R24's clinic record revealed the resident was admitted to the facility on [DATE] with diagnoses which included End-Stage Renal Disease, Type 2 Diabetes Mellitus and Hypertensive Chronic Kidney Disease (Stage 5). Further review revealed the resident had an Arteriovenous (AV) Fistula for Dialysis.</p> <p>Review of R24's Dialysis Communication Sheets dated 11/18/23, 3/2/24, 4/27/24, 5/28/24, 5/30/24, 6/8/24, and 6/14/24 revealed the Dialysis Center Section was not completed. Further review revealed the facility received the dialysis report from the dialysis center for all the dates but failed to complete the document.</p> <p>Review of R24's Dialysis Communication Sheet dated 6/11/24 revealed the post-dialysis section was not completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R24's Dialysis Communication Sheet dated 6/13/24 revealed the Dialysis Center Section and the post-dialysis documentation of the shunt site were not completed. Further review revealed the facility received the dialysis report from the dialysis center for this date but failed to complete the document.</p> <p>Review of R24's Dialysis Communication Sheets dated 11/18/23, 12/9/23, 1/16/14, 2/27/24, and 1/16/24 revealed in the pre-dialysis section staff failed to document regarding the shunt site. The staff failed to document on checking the thrill and bruit.</p> <p>Review of R237's clinical record revealed the resident was admitted to the facility on [DATE] with diagnoses which included End-Stage Kidney Disease, Dependence on Renal Dialysis, Malignant Neoplasm of Prostate, Diabetes Mellitus Type 2 and Chronic Kidney Disease.</p> <p>Review of R237's Dialysis Communication Sheets dated from 6/9/24 to present revealed the sheet was not completed by the dialysis center on 6/13/24, 6/15/24, 6/18/24, and 6/20/24.</p> <p>During an interview on 6/21/24 at 10:30 a.m., the Director of Nursing (DON) stated the facility was having a hard time getting the dialysis center to complete their section. He/she stated when the Dialysis Communication Sheet's dialysis center section was returned incomplete or blank, staff was to call and have the center send the dialysis report for that day.</p> <p>During an interview on 6/21/24 at 12:30 p.m., the DON verbalized that he/she understood that if the facility was going to use the Dialysis Communication Sheet for ongoing communication between the facility and dialysis center, the form had to be totally completed. He/she stated the facility will revisit how they communicated with the dialysis center and possibly change the policy. The Regional Clinical Nurse stated some of the nurses were writing Progress Notes regarding checking the shunt site, but it was not being documented on the Dialysis Communication Sheet. Once again, this Surveyor reiterated to the Administrative staff present that if the Dialysis Communication Sheets were being used for ongoing communication between the facility and the dialysis center, the forms had to be complete.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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 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>39926</p> <p>Based on observation, record review, review of the facility policy titled Enteral Feeding-Administering Medications, and staff interviews, the facility failed to ensure that medications were given according to standards of practice via enteral feeding tube by one (1) Licensed Practical Nurse (LPN)1 for one (1) resident (R)66. LPN1 failed to flush the gastric tube prior to administering five (5) medications, after each medication and when the medication administration. There were 26 medication opportunities and five (5) errors resulting a medication error rate of 19%.</p> <p>The findings include:</p> <p>Review of the Nursing Policy and Procedures titled Enteral Feeding-Administrating Medications dated 5/5/2023 revealed that The licensed nurse will administer medication prescribed by the physician to be given by enteral tube, using the appropriate method according to recognized standards of practice. Equipment: Prescribed medication, fluid-impermeable pad or towel, clean enteral syringe (20 milliliters (ml) or larger, water, medicine cup (s), gloves, gown and crushed medications.</p> <p>Implementation: Verify the practitioner's order, gather and prepare the necessary equipment, supplies, and prescribed medication, put on gloves and other personal protective equipment, flush the enteral tube with a least 15 ml of water, repeat the procedure wit the next medication, flush the enteral tube one (1) final time with at least 15 ml of water. Clamp the enteral tube and detach the syringe, re-attach the feeding if continuous.</p> <p>Special considerations: If the patient's gastrostomy tube becomes clogged, flush the tube with water. Notify the practitioner if flushing with water is unsuccessful.</p> <p>Review of R66's Physician Orders revealed an order to flush tube with 30 ml of warm water before and after medication administration.</p> <p>Check residual every shift and placement verification air bolus instillation with auscultation every shift.</p> <p>Review of R66's Physician orders revealed orders for Jevity at 80 cc (cubic centimeters which is equal to ml) from 4:00 a.m. to 6:00 p.m. via gastric tube with water flush of 55 ml per hour continuous. Special Instructions on at 4:00 a.m. and off at 7:00 p.m. Medications ordered, per gastric tube, were Lactulose solution 10 gram/15 ml-give 30 ml once daily, fluoxetine 20 milligram (mg) capsule once daily, lorazepam 1 mg one tablet every 12 hours, midodrine 10 mg one tablet, Nexium packet granules delayed release, 40 mg, dissolve one packet in 15 ml of water, allow to stand 2-3 minutes and thicken, and take per peg-tube within 30 minutes once daily.</p> <p>Observation of Licensed Practical Nurse (LPN) #1 on 6/19/24 beginning at 9:26 a.m. the medications were pulled from the medication cart, placed in a separate medicine cup, the lorazepam was signed out from the narcotic box and signed off (the count was correct), then the fluoxetine 20 mg capsule was opened into a separate medication cup, the midodrine and lorazepam were crushed separately and place in separate medication cups. The Nexium packet was poured into a small cup with water added and stirred.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 9:40 a.m. LPN1 put the medication cups and solution cups onto the bottom of a tissue box and brought them into the resident's room. Additional water for flush was not brought into the room or additional medicine cups for measuring the water flush. The medication cups, with the medication in them were taken to the resident bathroom and water was added to the medications. The tube feeding pump was stopped and the tubing was disconnected from the gastric tube. A clean 60 ml syringe was connected to the gastric tube and the capsule with water was then poured into the syringe to drain via gravity, then the next medication was given, and repeated. The Nexium solution was then poured into the syringe which caused the tubing to become clogged. LPN1 massaged the tubing repeatedly until the clog finally dislodged and the final amount of Nexium was administered, followed by the lactulose solution. LPN1 then re-attached the tubing to the gastric tube, set the pump to flush for 2-3 minutes then restarted the Jevity. LPN1 did not flush the gastric tube prior to medication administration, or between the medications.</p> <p>LPN1 then changed gloves, rinsed the syringe in the resident's sink, and left the room.</p> <p>An interview with the Administrator and the Regional Clinical Manager, after reviewing the Enteral Feeding-Administering medication policy, on 6/19/24 at 2:35 p.m. revealed that the policy does call for water flushes before, between medications and when medication administration is complete for gastric tube medication administration.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Magnolia Manor - Greenville		STREET ADDRESS, CITY, STATE, ZIP CODE 411 Ansel St Greenville, SC 29601	
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>26385</p> <p>Based on observation, review of the facility policy titled Infection Prevention and Control Policy and Procedures for Enhanced Barrier Precaution, and staff interviews the facility failed to ensure that one (1) Licensed Practical Nurse (LPN) followed personal protective equipment (PPE) requirement while administering medication via a gastric tube to one (1) resident (R)66) to prevent the transfer of infectious organisms during high-contact procedures.</p> <p>The findings include:</p> <p>Review of the facility policy titled Infection prevention and control policies and procedures dated 5/15/23, revealed Procedures: Enhanced Barrier Precautions (EBP) 1. Enhanced Barrier Precautions expand the use of PPE (gowns and gloves) during high-contact resident care activities that provide opportunities for transfer of MDROs (Multidrug-resistant organism) to staff hands and clothing. A. 2) Wounds and/or indwelling medical devices (central lines, urinary catheter, feeding tubes, tracheostomy/ventilator) regardless of MDRO colonization. B. EBP will be implemented during the following high-contact resident care activities: 7. Device care or use: central lines, urinary catheter, feeding tube, tracheostomy/ventilator.</p> <p>Observation of Licensed Practical Nurse (LPN)1 on 6/19/24 beginning at 9:26 a.m. revealed that he/she entered the room of R66, (with three beds in the room with all resident's having a gastric tube) with a sign on the door stating EBP precautions. LPN1 did not put a gown on prior to the administration of medication via a gastric tube or at any time during the medication administration.</p> <p>An interview with LPN1 on 6/19/24 at 10:21 a.m. revealed that he/she should have worn a gown and just forgot.</p> <p>An interview with the Administrator and the Regional Clinical Manager, after reviewing the Enteral Feeding-Adminstrating medication policy, on 6/19/24 at 2:35 p.m. revealed that EBP went into effect on 4/1/24 and that LPN1, who is on a prn (as needed) basis has received training regarding the requirements for EBP. The Administrator revealed it has been challenging for staff although the facility has provided frequent education to the staff.</p>		