

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 07/29/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** Based on review of the facility policy, observations, and interviews, the facility failed to 4 of 4 insulin prefilled syringes were labeled with an open date and 3 of 3 unopened prefilled insulin syringes were refrigerated, 2 of 2 medication carts were reviewed. Review of the facility's policy titled Medication Management: 6.4 Medication Labeling last revised [DATE] revealed, Policy . 2. The Facility shall ensure that all medications are labeled appropriately. Procedures 1. Ensure that all drugs and biologicals used in the facility are labeled in accordance with professional standards, including expiration dates and with appropriate accessory and cautionary instructions. Review of the facility's policy titled, Staff Education/Orientation Policies and Procedures last revised [DATE] stated, [sic] preparing the pen inspect expiration date on pen. If opening a new pen, writes date opened on the body of the pen being careful not to cover the manufacturer's expiration date or resident name. If pen is already opened, inspects date opened to ensure pen use within established parameters. (Max days 28 days or less depending on product). During an observation on [DATE] at 3:41 PM, the following was noted on the [NAME] Hall Medication Cart A: 1. A Glargine SoloStar pen (Lantus) in use with no open/expiration date documented. 2. A Glargine SoloStar pen opened on [DATE] with 160 units remaining was expired as of [DATE]. 3. A NovoLog FlexPen opened on [DATE] was expired as of [DATE]. 4. A Lantus SoloStar pen with no open/expiration date with 80 units remaining. 5. Two NovoLog FlexPen prefilled syringes and one Lantus SoloStar pen were found unopened and unrefrigerated. During an interview on [DATE] at 03:55 PM, Registered Nurse (RN)1 stated, When pharmacy comes and checks the cart they place medications in the refrigerator. Once we get the keys to the cart, we make sure it is labeled and dated. RN1 disposed expired insulin syringe in the needle box. During an observation on [DATE] at 4:08 PM, the following was noted on the East Hall Medication Cart B, one unopened Lantus SoloStar insulin pen not refrigerated. During an interview on [DATE] at 04:10 PM, Licensed Practical Nurse (LPN)1 stated, We will have to get rid of it. I'll give it to the Director of Nursing (DON). He will dispose of it. During an interview on [DATE] at 04:40 PM, the DON stated, The Interventionist Nurse educates the nurses on insulin medications. Currently, she is out on leave. The unit manager also educates the nurses on the floor. It is the unit manager and the nurses on the medication cart responsibility to check the carts. The pharmacy comes every two months to refill and check the medication carts.</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 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>(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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, review of an Ecolab Manual, observations and interviews, the facility failed to ensure foods that are stored in the freezer, coolers and dry food storage were appropriately sealed, labeled, dated with an open or use by date, and/or discarded by the use by day in 1 of 1 walk in freezer, 1 of 1 walk in cooler, 1 of 1 reach in cooler and 1 of 1 Dry Food storage, reviewed. In addition, the facility failed to ensure that the dietary staff properly monitored the dishwasher ensuring that it reached the required temperature for safe/proper sanitation of the dishes. Review of facility policy titled, Food Safety in Receiving and Storage, last revised 6/20/23, revealed General Food Storage Guidelines. 3) Place food that is repacked in a leak-proof, pest-proof, nonabsorbent, sanitary container with a tight fitting lid. Label both the container and its lid with the common name of the contents, the date, it was transferred to the new container, and the discard date. Dry storage Guidelines, 2) Tightly seal open packages to prevent contamination or place food in covered containers. Refrigerated Storage Guidelines: 12) Refrigerated, ready to eat Time/Temperature Control for Safety Foods (TCS) are properly covered, labeled, dated with use-by date, and refrigerated immediately. [NAME] them clearly to indicate the date by which the food shall be consumed or discarded. The day of preparation or day original container is opened shall be considered day 1. Follow USDA guidelines for food storage.; 14) Refrigerated condiments and salad dressings are properly covered, labeled, and clearly marked to indicate a use by date two months from the date opened. Review of facility policy, titled Warewashing using Dishwashing Machine, last revised last revised 6/20/23, revealed Utensils and dishes washed by a mechanical dishwasher will be clean and sanitized. Procedures: 1) .Check the temperature of the wash and rinse cycles, verifying that both meet the temperatures posted on the dishwashing machine. If using a low temp machine, check the sanitizer lever at contact times specified in accord with the product label. Record data on the Temperature and Sanitizer Log Form .Review of an Ecolab [NAME] Installation & Operation Manual dated March 9 2022 revealed, Section 1: Specification Information, ES-4000 Series Specifications: Temperatures: wash --- F (minimum) 120, wash --- F (recommended) 140, Rinse --- F 120, rinse --- F (recommended) 140; water requirements: inlet temperature (minimum) 120 F, inlet temperature (recommended) 140 F, minimum chlorine required (PPM) (parts per million) 50. Review of the dishwashing machine date plate revealed, Ecolab model ES-4000CDL Minimum wash temperature 120 F, minimum rinse temperature 120 F, recommended incoming water temperature, minimum chlorine 50 PPM (parts per million). During an initial kitchen tour on 07/27/25 at 10:38 AM, the dry food storage revealed: 1 - 5 pound (lb.) box of gold metal buttermilk biscuit mix open without a open or use by date and not properly sealed; 2 - 24 ounce (oz) peppered old fashioned biscuit gravy mix with no open or use by date; 2 bags of spiral pasta noodles open with no clear open or use by date; 2 bags of elbow pasta noodles open with no open or use by date; 1 - 10 lb. bag of penne pasta with no open or use by date; 1 bag of tortilla chips with no open or use by date; 1 - 18 quart (qt) storage container labeled cornmeal with a Styrofoam cup inside container; 1 - 22 qt storage container labeled panko with a Styrofoam cup inside; 1 - 16 qt storage container labeled sugar with a Styrofoam cup inside; 1 - 22 qt container labeled flour with a Styrofoam cup inside; 1 - 25 lb. box imperial instant food thickener open with no open or use by date; 1 - 5 lb. bag of devil's food cake mix open with no open or use by date; 1 - 5 lb. bag of white cake mix open with no open or use by date; 1 - 12 oz bag of Hershey's chocolate chips open with no open date or use by date. During the initial kitchen tour on 07/27/25 at 11:14 AM, the walk-in freezer revealed: 1 unlabeled Ziploc bag of bread sticks, identified by Dietary Manager (DM) with an illegible label, unsure of open or use by date; 1 Ziploc bag of unlabeled mac cheese bites, 1 Ziploc bag of cooked bacon; 1 Ziploc bag of frozen okra with no open date and marked with use by date 05/15/25. During the initial kitchen tour on 07/27/25 at 12:13 PM, the walk-in cooler revealed: 1 - 5 lb. packaged of sliced American cheese not dated with an open or use by date; 1 - 5 lb. package of Mozzarella cheese not labeled with an open or use by date; 1 box of slimy cucumbers, 1 Ziploc bag with 6 cucumbers in a white cloudy liquid; 1 - 1 qt apple juice open not labeled with an open or use by date. During the initial kitchen tour on 07/27/25 at 12:23 PM the reach in cooler revealed: 1- 2 qt container of ground turkey sausage unlabeled, identified by DM; 1 - 2 qt container marked cream of chicken with no prep/open or use by date; 1 - 2 qt container of pureed squash, identified by DM, not labeled with contents or prep/open or use by date; 1 - 1 gal container of dill pickle chips with no open date or use by date; 1 - 4 qt of egg salad marked with a prep date 07/21/25 and a use by date of 07/24/25; 1 - 4qt container prepared oatmeal not labeled with</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on review of the facility policy and procedures, observations and interviews, the facility failed to ensure proper handling and processing of resident laundry during observation of laundry services. Review of the facility policy titled, Maintenance/Housekeeping Policies and Procedures Subject: Laundry states: Policy: Laundry services will comply with appropriate guidelines to assure that measures are implemented to provide pro effective laundry service. Procedures: 5. Personnel in the laundry services are properly garbed at all times. When handling soiled linens, gowns, and gloves, at a minimum will be donned. These are removed as soon as possible after completing of duties involving soiled linens. Personal protective equipment is not necessary when handling clean linens through uniforms or personal clothing should be clean. All Linens: 1. Linens are to be handled in a safe manner to prevent contamination of the linen, the personnel and the environment. 2. All soiled laundry is to be considered contaminated and handled in the same safe manner. This precludes the use of isolation or different procedures for soiled linen handling. During an observation on 07/28/25 at 10:00AM, the Housekeeping Supervisor was observed donning goggles, latex gloves and rubber gloves. No gown was donned. The soiled linen was separated, and the clear bags were thrown away. The soiled linen cart was pushed to the washing machine and the soiled linen was loaded into the washing machine. The Housekeeping Supervisor failed to don a gown while handling the soiled linen. During an interview on 07/29/2025 at 3:12 PM, the Housekeeping Supervisor stated, I just got nervous. I know I should always wear a gown. I looked up and saw the gown after I got started, I just forgot. During an interview on 07/29/2025 at 5:10 PM, the Administrator revealed, my expectation is for the laundry staff to apply and wear the correct PPE the way they are supposed to when sorting laundry.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on review of facility policy, record review, observations and interviews, the facility failed to maintain an effective pest control program to ensure the facility remained free of pests. Review of the facility policy titled, Pest Control last revised on 09/19/24, documented, Policy: The hospital will maintain an effective pest control program to prevent or eliminate infestation of pests and rodents. Procedures: 6. Pest management decisions will be based on the results of regular inspections. If a pesticide is needed, the least hazardous pesticide is selected that will effectively control the pest problem. Pesticides used at this hospital will be applied by certified pesticide applicators or registered technicians that have working knowledge of IPM principles and practices. 8. Facility staff will: A. Note and report any evidence of pest activity (i.e. rodent droppings). All documentation/reports shall be as detailed as possible with reporting this information. B. Report sightings of live pests immediately to the Integrated Pest Management Coordinator to request emergency service to provide additional, unscheduled treatment as necessary. During an observation on 07/28/25 at approximately 10:30AM, of the conference room in the front of the building, a large amount of small, light brown antlike insects were observed on the walls, floor and in the personal belongings of the survey team. The maintenance man was notified. He treated the area with an over-the-counter insect spray called Home Defense. The survey team was relocated to the Activities room. During an observation on 07/28/25 at 12:00 PM, there were four brown bugs crawling in resident's bathroom. During an interview on 07/28/25 at 12:09 PM, the Unit Manager verified the presence of the bugs. She stated that she would get maintenance to spray for the bugs. During an interview on 07/28/25 at 12:18 PM, Certified Nursing Assistant (CNA)1 stated she has worked at this facility for 10 years. She stated, this is an old building in the summer. There are going to be roaches. During an interview on 07/29/25 at 5:00 PM, the Administrator stated Regarding the pest control program. Ecolab sprays monthly. My expectation when staff have a pest sighting is that staff will notify myself, the Director of Nursing or Maintenance of the pest sighting. Whoever staff notifies they will call Ecolab. Ecolab knows that they must come out either that same day or the next day.</p>		