

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Valley Falls Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Locust Grove Road Spartanburg, SC 29303	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on interview, record review and review of facility policy, the facility failed to provide quarterly statements to the Responsible Party (RP) for 1 of 1 resident reviewed for personal funds, Resident (R)65.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Resident Trust Fund revised on 12/2014, states, the Business Office Manager distributes the quarterly Resident Trust fund statements. The facility mails the quarterly statements no later than the 25th of the month following the end of the quarter to each residents legal representative.</p> <p>Review of R65's Face Sheet revealed R65 was admitted to the facility on [DATE] with diagnoses including but not limited to: intellectual disabilities, dysphagia and acute cystitis with hematuria.</p> <p>During an interview on 05/07/24 at 11:10 AM, R65 stated, I don't know, when asked if he received a quarterly statement from the facility. R65's RP, who was at bedside, stated she was not aware of any monies, he is always in the red. R65's RP further stated she has not received any statements or been notified about money in his account. I use my money to purchase whatever toiletries he may need.</p> <p>During an interview on 05/09/24 at 9:20 AM, the Business Office Manager (BOM) stated, [R65] receives \$30.00 a month. He had money in his account. When his sister came to see me this week, she didn't realize there was money in his account. The BOM confirmed R65 and his RP should have received the statements, but did not.</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on record review, interview and the , the facility failed to accurately code the Minimum Data Set for 1 of 3 records reviewed for assessment, Resident (R)49.</p> <p>The findings include;</p> <p>Review of R49's Face Sheet revealed R49 was admitted to the facility on [DATE], with diagnoses including but not limited to: acute respiratory failure with hypoxia, schizophrenia, and gastro-esophageal reflux disease without esophagitis.</p> <p>Review of R49's Minimum Data Set (MDS) with an Assessment Reference Date of 03/27/24 revealed R49's Brief Interview for Mental Status (BIMS) score was 13 out of 15, indicating R49 was cognitively intact. Further review of the MDS revealed under Section I, Diagnosis, schizophrenia was not coded.</p> <p>Review of the Minimum Data Set 3.0 Section I states, Include the primary medical condition coded in this item in Section I: Active Diagnoses in the last 7 days.</p> <p>During an interview on 05/09/24 at 12:15 PM, the MDS Registered Nurse (RN) stated, [R49's] diagnosis of Schizophrenia should have been coded on the MDS.</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>48835</p> <p>Based on interview, record review, and review of facility policy, the facility failed to post daily staffing for 2 days out of 4 months reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Posting of Licensed and Unlicensed Direct Care Staff revised in 2017 states, Direct care staffing for licensed and unlicensed staff is posted on a daily basis.</p> <p>Review of the facility's posted staffing sheets for 03/01/24 thru 05/07/24, revealed on 03/16/24 and 03/17/24, there was no documentation of hours for Registered Nurses (RN)s, Licensed Practical Nurses (LPN)s, or Certified Nurse Assistants (CNA)s for all three shifts.</p> <p>During an interview on 05/08/24 at 11:59 AM, the CNA Staffing Coordinator stated, I complete the weekend staffing sheets afterward on Mondays. The CNA Staffing Coordinator confirmed on 03/16/24 and 03/17/24 the posted staffing was not completed.</p> <p>During an interview on 05/08/24 at 1:15 PM, the Administrator stated, These (posted staffing) are supposed to be filled out on Friday for the weekend staff to post or they could fill it out and post it each day of the weekend.</p>		

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<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>49801</p> <p>Based on review of facility policy, record review, observations, and interviews, the facility failed to ensure a medication administration error rate of less than 5 percent. Specifically, insulin administered via an insulin pen was not primed before administration for Resident (R)18. The facility additionally failed to ensure R18 received the correct dose of insulin due to incorrect priming of the pen. Furthermore, the facility failed to ensure that oral tablets were administered according to directions. The medication administration error rate was 12 percent, for 3 of 25 opportunities for error.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pharmacy Services Policies and Procedures with a revision date of 04/17/24, revealed, Section 6-Medication Management. Subject: 6.3 Medication Errors; Prevention, Identification and Management of. Policy: 1. The facility shall strive to prevent medication errors, and will identify and manage them appropriately when they occur and ensure that its- A. Medication error rates are not 5 percent or greater; and B. Residents are free of any significant medication errors. Procedures: 1. The staff and practitioners shall strive to minimize potential for medication error by: A. Following The 8 Rights for administering medication: 1. The Right Patient/Resident 2. The Right Drug 3. The Right Dose 4. The Right Time 5. The Right Route 6. The Right Charting 7. The Right Results 8. The Right Reason B. Following relevant clinical guidelines and manufacturer's specifications for use, dose, administration, duration, and monitoring of the medication.</p> <p>Review of the facility's policy titled, Nursing Policies and Procedures with an emailed revision date of 07/13/21 revealed, Subject: Medication Management Program, Policy: The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standard of practice and regulatory requirements. Administering the Medication Pass 3. The authorized licensed or certified/permitted medication aide or by state regulatory guidelines staff member follows the MAR prepared for the patient/resident .7. The authorized staff member reads the label on the medication three (3) times. A. Before removing the medication from the drawer. B. Before dispensing the medication. C. After dispensing the medication. 8. G. Tablets should not be split. The pharmacy should be contacted to provide the correct dose. In an emergency situation, if the licensed nurse must split a tablet, the nurse should wear gloves and break only scored tablets. Unscored or coated tablets may not be split.</p> <p>Review of the facility's Staff Education/Orientation Policies and Procedures dated as new policy 11/18/21 revealed, Discipline: Nursing, Competency: Medication Administration-Insulin Pen. Performance Criteria, Preparing the Pen: 2. Removes the external pen cover and inspects the excessive air in the cylinder . Priming the Pen: 1. Removes the outer needle cap and dials 2 units. 2. Points the pen up and presses the plunger button to expel 2 units of insulin. 3. Repeat these steps as needed until a drop or stream of insulin appears at the needle tip. Note: A new pen may have to be primed up to 6 times before it will expel insulin.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R18's Physician Order documented, acetaminophen [OTC] tablet extended release; 650 mg; amt: one tablet; oral Every 8 Hours 12:00 AM, 08:00 AM, 04:00 PM. Additionally, insulin lispro insulin pen; 100 unit/mL; amt: Per Sliding Scale; If Blood Sugar is less than 60, call MD. If Blood Sugar is 200 to 249, give 2 Units. If Blood Sugar is 250 to 299, give 4 Units. If Blood Sugar is 300 to 349, give 6 Units. If Blood Sugar is 350 to 399, give 8 Units. If Blood Sugar is 400 to 449, give 10 Units. If Blood Sugar is 450 to 499, give 12 Units. If Blood Sugar is greater than 499, call MD. Subcutaneous Before Meals and At Bedtime 06:00 AM, 11:30 AM, 04:30 PM, 09:00 PM.</p> <p>Review of R61's Physician Order documented, famotidine [OTC] tablet; 10 mg; amt: 2 tablets; oral Twice A Day (Take with food) 09:00 AM, 05:00 PM.</p> <p>During an observation and interview on 05/08/24 at 4:00 PM, Licensed Practical Nurse (LPN)1 did not prime the insulin pen prior to administering the medication for R18. When asked how an insulin pen is primed, she stated that no one ever told her how and that you just dial up the dose. Further observation revealed, LPN1 did not wear gloves to break the Acetaminophen in half and when asked, LPN1 stated that she did not think gloves were needed to be worn since she had just sanitized her hands. LPN1 further stated, she was not aware that there was a pill cutter in the top drawer of the cart and stated that she had never used it.</p> <p>During an observation and interview on 05/08/24 at 4:10 PM, prior to the administration of Famotidine to R61, LPN1 stated there were no additional instructions for the administration of R61's Famotidine. Surveyor asked LPN1 to take a look at the medication card to see if there was anything she missed. LPN1 was able to identify the instructions that stated to take with food. LPN1 stated that she had seen the resident eating prior to the medication being given. LPN1 also reported that the resident had received something at the last activity that she had just come from.</p> <p>During an interview on 05/08/24 at 4:13 PM, R61 stated she had not eaten anything recently and did not come back to her room from an activity. R61 further stated just prior to returning to her room, she was at the nurse's station requesting a grilled cheese sandwich and soup for the next meal.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>49801</p> <p>Based on review of facility policy, observation, and interviews, the facility failed to remove expired medications and biologicals in 2 of 2 medication storage rooms, 1 of 2 treatment carts, and 1 of 4 medication carts.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Pharmacy Services Policies and Procedures dated 04/17/24, revealed, Section 8-Medication Storage Policy: 1. Medications and biologicals are stored safely, securely and properly following manufacturer's recommendations or those of the supplier . Procedures: 5. Medications with manufacturer's expiration date expressed in month and year (e.g., May, 2019) will expire on the last day of the month. (unless a sooner expiration date has been placed on the package by the pharmacy). 6. Once any medication or biological package is opened, the facility should follow manufacturer/supplier guidelines with respect to expiration dates of opened medications. 12.) Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the Pharmacy, if replacements are needed.</p> <p>Review of the facility's policy titled, Nursing Policies and Procedures with an emailed revision date of 07/13/21 revealed, Subject: Medication Management Program, Policy: The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standard of practice and regulatory requirements. Security and Safety Guidelines: 15. Outdated medication is destroyed or returned to the pharmacy according to applicable state rules and regulations. A new supply of medication is obtained, when necessary.</p> <p>During an observation on 05/08/24 at 5:00 PM, of the medication storage room on B Hall with Registered Nurse (RN) 3 revealed the following:</p> <ol style="list-style-type: none"> 11 Exel Hypodermic Needles, 27 gauze, with lot number 180615 and expiration date of 05/15/23. 1 Shiley Tracheostomy Tube Cuffed with Disposable Inner Cannula 4 DCT, 5.0 mm ID, 9.4 mm OD, 20.0 mm, 62 mm, with lot number 19C0489JZX and expiration date of 03/23/24. 1 Medline EntraFlo, Nutrition Delivery System, Gastrostomy Feeding Tube & Lubricant Jelly, 20 Fr/15 cc balloon with lot number S19007077 and expiration date of 09/09/22. <p>During an observation on 05/08/24 at 5:49 PM, of the medication storage room (which also contained a treatment cart), with the Director of Nursing (DON) revealed the following:</p> <ol style="list-style-type: none"> 3 Major Biscodyl 10 mg Stimulant Laxative Suppository with lot number YD008 and expiration date of 04/24. 1 BD Vacutainer, Red/Yellow top, with lot number 2321343 and expiration date of 04/30/24. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 05/09/24 at 9:28 AM, of the Medication Cart 1 on B Hall, with RN2 revealed the following:</p> <p>1. Medication card for an order for Resident (R)50-Cyclobenzaprine 10 mg 1 tab by mouth daily at bedtime as needed with lot number NB201113 with an expiration date of 03/31/24.</p> <p>During an interview on 05/08/24 at 5:00 PM, RN 3 verified the expired medications and biologicals, and removed them from the medication storage room on B Hall.</p> <p>During an interview on 05/08/24 at 5:49 PM, the DON verified the expired medications and biologicals, and removed them from the medication storage room on A Hall.</p> <p>During an interview on 05/09/24 at 9:28 AM, RN2 verified the expired medications and biologicals, and removed them from B Hall Medication Cart 1.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49818</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure foods that were stored in the freezer, refrigerators and dry food storage were properly sealed, labeled, dated with a use by date, and/or discarded after the manufacturer's expiration date. This failure had the potential to cause foodborne illnesses in all residents who received meal trays from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Nutrition Orientation & Competency Policies and Procedures, with a complete revision date of [DATE], revealed, Food storage: label and date food items removed from their original containers; Always cover, label and date leftovers that are to be stored. They should be date marked with the use by date; tightly reseal open packages, such as pancake mix; Keep all containers of food tightly covered.</p> <p>Review of the facility policy titled, Nutrition Policies and Procedures with a complete revision date of [DATE], revealed, General food storage guidelines: 3. Place food that is repacked in a leak-proof, non-absorbent, sanitary container with a tight-fitting lid. Label both the container and the lid with the common name of the contents, the date it was transferred to the new container, and the discard date. It is recommended that food stored in bins (e.g. flour or sugar) be removed from its original packaging. Dry Storage Guidelines: 2. Tightly seal opened packages to prevent contamination or place food in covered containers.</p> <p>During an initial brief tour of the kitchen on [DATE] at 9:38 AM, revealed the following:</p> <p>The walk-in refrigerator revealed:</p> <p>,d+[DATE] gallon (gal) container of sliced jalapeno peppers opened with no open date.</p> <p>1 box of lemons not dated or labeled, consisted of 5 lemons with a green fuzzy substance on the outside of the lemons, and 3 lemons were turning brown.</p> <p>,d+[DATE] pound (lb.) box of tomatoes not date labeled.</p> <p>,d+[DATE] lb box [NAME] Spunkmeyer chocolate chip cookies, open with no open date, the box and bag was not tightly sealed.</p> <p>1-Blue bag containing chocolate chips not labeled with contents, and no open or expiration date.</p> <p>The walk-in freezer revealed:</p> <p>,d+[DATE] lb box of beef patties opened and not labeled with an open date and the bag and box were not sealed.</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>.d+[DATE] lb bag frozen blueberries, opened with no open or expiration date.</p> <p>1-Large pan of doughnut dough, not dated or labeled.</p> <p>.d+[DATE] lb bag of hash brown patties opened (not tightly sealed) with no open date.</p> <p>The dry food storage room revealed:</p> <p>1-Used/dirty mop head stored on top of storage container of brown rice.</p> <p>1-Large storage container of oatmeal with no prepared date or use by date,</p> <p>1-Box containing 31 packs of 0.42 ounce (oz) packs of nectar thickened coffee mix with use by date of [DATE].</p> <p>.d+[DATE] lb bag of [NAME] macaroni noodles, open with no open date or expiration date.</p> <p>.d+[DATE] lb bag of [NAME] rice, open with no open date or expiration date.</p> <p>.d+[DATE] lb. bag [NAME] penne pasta open with no open date or expiration date.</p> <p>1-Box containing 38 packs of 0.42 oz packs honey thicken coffee mix with use by date of [DATE].</p> <p>.d+[DATE] quart plastic container of flour not tightly sealed.</p> <p>1-Bin containing the following: 8 Jell-O cups, 2 snack size apple sauce, 3 packs peanut butter crackers, 3 bags Scooby doo graham crackers, 3 bags Cheez It, 3 fig bars, 6 fudge rounds with a white powdery substance at bottom.</p> <p>1-Storage bin containing sweet & low sugar packets filled with a white powdery substance under packets.</p> <p>1-Storage bin containing Splenda sugar packets filled with a white powdery substance under packets.</p> <p>The kitchen prep area revealed:</p> <p>1-Loaf of sandwich bread open with no open date.</p> <p>1-Bag Lays potato chips open with no open date.</p> <p>Microwave revealed dried food particles on ceiling of the microwave.</p> <p>Ice maker revealed black spots on the inside of the ice maker and on the ledge of the door.</p> <p>Ceiling vents revealed orange and brown debris throughout the kitchen.</p> <p>Kitchen window has thick black dust on window and top window seal.</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>During a follow-up observation of the kitchen on [DATE] at 11:06 AM, revealed the following:</p> <p>The kitchen door propped open with a black pedestal fan with the fan blowing into the kitchen facing the steam table.</p> <p>1-Dirty white towel on top of the oatmeal storage container.</p> <p>1 container of unused tea bags observed in open container uncovered and not labeled or dated</p> <p>Food particles on top of the plate warmer base.</p> <p>Plate warmer cart contained debris on top of cart.</p> <p>Buildup/debris observed in refrigerator doors and handles, bottom vent on refrigerator revealed a bent vent grate and brown substance with the appearance of grease built up on grate.</p> <p>During an observation on [DATE] at 1:39 PM, the 300 Hall nourishment room revealed the following:</p> <p>.d+[DATE] oz. carton of cotton candy mix, open and not dated or labeled.</p> <p>2-Boxes of [NAME] ice cream cones and 1 open pack of cup lids stored next to 1 spray bottle labeled Peroxide Multiple Surface Cleaner & Disinfectant, in cabinet.</p> <p>During an observation on [DATE] at 2:57 PM, the 100 Hall nourishment room revealed the following:</p> <p>1 Sandwich not labeled or date,</p> <p>12- .42 oz Thickened Coffee Mix mildly thick Nectar packets with an expiration date of [DATE].</p> <p>During an interview on [DATE] at 10:30 AM, the Dietary Manager (DM) revealed that he usually checks food packages on Fridays to ensure that they are date marked. The DM stated that since he has been at the facility he has been instructing staff to label container/packages with an open date when they open it. The DM explained that he expects staff to twist close bags in boxes and close the box once opened.</p> <p>During an interview on [DATE] at 11:44 AM, the Kitchen Manager (KM) revealed the particles observed on the plate cover warmer was grits and that the warmers needed to be rewashed. The KM explained that the ice machine should be wiped daily by staff, but maintenance cleans the machine once a month.</p> <p>During an interview on [DATE] at 12:11 PM, the DM revealed that the ice machine should be checked daily. The DM stated the microwave should be cleaned after each use and that the container of tea bags on the bottom of the prep table should be covered with a lid. The DM revealed that the kitchen staff should be wiping down the prep areas while working, at the end of each meal, and the kitchen staff should be wiping down the area and sanitizing. Deep cleans are expected to be performed weekly.</p> <p>During an interview on [DATE] at 1:45 PM, the Activities Assistant revealed that the cotton candy mix belongs to the activities department but hasn't been used in a long time and probably should be thrown away.</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>During an interview on [DATE] at 11:23 AM, the Administrator revealed that the KM is responsible for monitoring the food storage and that anyone touching the food should make sure that the food is good before preparing it for the residents. The Administrator states that it is her expectation that any unused food packages be stored with the date it was opened so that it can be discarded at the appropriate time and all goods should be checked before it expires and if any items are found expired, they should be discarded. The Administrator further states that the kitchen should be cleaned according to the cleaning schedule or when there is anything visible it should be addressed and cleaned immediately. The Administrator concluded that a walk through is completed every Thursday and that sanitation audit is sent to the corporate office.</p>		

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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** 49801</p> <p>Based on observations, interviews, record review, review of Medline EvenCare G2 Blood Glucose Monitoring System User's Guide, and review of facility policy, the facility failed to ensure that Resident (R)18's glucometer was properly cleaned and sanitized. Additionally, the facility failed to ensure that staff wore gloves when breaking a tablet.</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Nursing Policies and Procedures with an emailed revision date of 07/13/21 revealed, Subject: Medication Management Program, Policy: The Facility implements a Medication Management program to meet the pharmaceutical needs of patients and residents, according to established standard of practice and regulatory requirements. Procedure-Preparing for the Medication Pass K. Blood Glucose meter is available, calibrated, and quality validated. Meters are cleaned between each use, according to policy and manufacturer guidelines. L. Disposable gloves are available. Administering the Medication Pass 3. The authorized licensed or certified/permitted medication aide or by state regulatory guidelines staff member follows the MAR prepared for the patient/resident .7. The authorized staff member reads the label on the medication three (3) times. A. Before removing the medication from the drawer. B. Before dispensing the medication. C. After dispensing the medication. 8. G. Tablets should not be split. The pharmacy should be contacted to provide the correct dose. In an emergency situation, if the licensed nurse must split a tablet, the nurse should wear gloves and break only scored tablets. Unscored or coated tablets may not be split.</p> <p>Review of the facility's policy titled Staff Education/Orientation Policies and Procedures with an emailed revision date of 04/09/15 revealed, Discipline: Nursing, Competency: Blood Glucose Monitoring. Performance Criteria, 5. Follows manufacturer's guidelines for Blood Glucose Monitoring. 11. Clean Glucometer utilizing 2-step process with approved EPA disinfectant wipe which is labeled effective against TB or HBV, HCV and HIV to remove any visible contaminants, soil or other debris. Use a second EPA disinfectant wipe to disinfect the device surfaces, ensuring adequate contact time.</p> <p>Review of the facility's policy titled, Nursing Policies and Procedures with a revision date of 05/05/23 revealed, Subject: Blood Glucose Monitoring, Policy: The facility provides point of care blood glucose monitoring according to standards of practice and infection prevention and control principles. Competency Evaluations: All personnel, including Licensed Individual Practitioners who perform resident blood glucose testing will have successful written and demonstrated competency evaluations completed prior to performing resident testing. Both written and demonstrated competency evaluations for performing resident testing will be completed during initial orientation and annually thereafter. Refer to Staff Education/Orientation Polices and Procedures SD-II Nursing Services. Cross References: 1. Lippincott Nursing Procedures 9th Ed., pages 78-79. 2. Manufacturer Guidelines (attach) (for use of specific meter). 3. #24 Staff Education/Orientation Policy and Procedure Manual.</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>Review of the Medline Even Care G2 Blood Glucose Monitoring System User's Guide revealed on pages 44-47, Caring for the Meter, Cleaning and Disinfecting your EvenCare G2 Meter, Cleaning and disinfecting your meter and .is very important in prevention of infectious disease. Cleaning is the removal of dust and dirt from the meter and .so no dust or dirt gets inside. Cleaning also allows for subsequent disinfection to ensure germs and disease causing agents are destroyed on the meter .Your EvenCare G2 Meter .are validated to withstand a cleaning and disinfection cycle of ten times per day for an average period of three years. The following products are validated for disinfecting the EvenCare G2 meter .:Dispatch Hospital Cleaner Disinfectant Towels with Bleach (EPA Registration Number: 56392-8). Medline Micro-Kill+ Disinfecting, Deodorizing, Cleaning Wipes with Alcohol (EPA Registration Number: 59894-10). Clorox Healthcare Bleach Germicidal and Disinfectant Wipes (EPA Registration Number: 67619-12). Medline Micro-Kill Bleach Germicidal Bleach Wipes (EPA Registration Number: 37549-1). These disinfecting wipes are available through major retailers online or call [PHONE NUMBER] to purchase. Other EPA Registered wipes may be used for disinfecting the EvenCare G2 system, however, these wipes have not been validated and could affect the performance of your meter .Cleaning and Disinfecting Your Meter and Lancing Device 3. To clean the meter, use a moist (not wet) lint-free cloth dampened with a mild detergent. Wipe all external areas of the meter or lancing device including both front and back surfaces until visibly clean .4. To disinfect your meter, clean the meter with one of the validated disinfecting wipes listed below. Other EPA registered wipes may be used for disinfecting the EvenCare G2 system, however these other wipes have not been validated and could affect the performance of your meter. 5. Wipe meter dry or allow to air dry.</p> <p>Review of R18's Physician Order documented, acetaminophen [OTC] tablet extended release; 650 mg; amt: one tablet; oral Every 8 Hours 12:00 AM, 08:00 AM, 04:00 PM. Additionally, insulin lispro insulin pen; 100 unit/mL; amt: Per Sliding Scale; If Blood Sugar is less than 60, call MD. If Blood Sugar is 200 to 249, give 2 Units. If Blood Sugar is 250 to 299, give 4 Units. If Blood Sugar is 300 to 349, give 6 Units. If Blood Sugar is 350 to 399, give 8 Units. If Blood Sugar is 400 to 449, give 10 Units. If Blood Sugar is 450 to 499, give 12 Units. If Blood Sugar is greater than 499, call MD. Subcutaneous Before Meals and At Bedtime 06:00 AM, 11:30 AM, 04:30 PM, 09:00 PM.</p> <p>During an observation and interview on 05/08/24 at 4:00 PM, Licensed Practical Nurse (LPN)1 did not clean or sanitize R18's personal glucometer before or after use. LPN1 stated she did not think that it needed to be cleaned since it was for use for only one resident. Additionally, LPN1 was observed not wearing gloves to break the Acetaminophen in half. LPN1 stated that she did not think gloves were needed to be worn since she had just sanitized her hands. LPN1 further stated she was not aware that there was a pill cutter in the top drawer of the cart and stated that she had never used it.</p>		