STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425104	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth- Bamberg	439 North Street Bamberg, SC 29003

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to ensure medications in the resident's room were deemed safe for self-administration for one of 22 Initial Pool residents (Resident (R) 22) observed for medications in the room. This failure placed R22 at risk for medication errors, accidental overdose, or misappropriation of her medications. Findings include: Review of the facility's policy titled, Self-Administration of Medications by Patients/Residents, dated 01/06/25, revealed All nurses and aides are required to report to the Charge Nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the Charge Nurse for return to the family or responsible party. Families or responsible parties are reminded of this procedure and related policy when necessary .When the interdisciplinary team determines that bedside or in-room storage of medications would be a safety risk to other patients/residents, the medications of patients/ residents .are stored in the central medication cart or medication room. The patient/resident requests each dose from the medication nurse, who provides the medication to the patient/resident. Review of R22's Face Sheet tab of the electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses including schizophrenia, dementia, anxiety, depression, delusions, hallucinations, bipolar disorder, and chronic pain. Review of R22's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/20/25 and located under the MDS 3.0 tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of eight out of 15 which indicated moderately impaired cognition. She exhibited verbal behavioral symptoms directed toward others and rejection of care daily. Review of R22's Care Plan located under the Care Plan tab of the EMR and dated 01/03/23, revealed, Resident has impaired decision making R/T [related to] dx. [diagnosis] of schizophrenia. Resident has pattern of delusional thought processes which impair ability to make safe decisions. Review of R22's Self-Administration of Medication assessment, located under the Observations tab of the EMR and dated 12/11/24, revealed she did not wish to self-administer medications, staff would administer all medications, and her medications would be kept in the nurses' cart. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 05/06/25 at 1:40 PM in R22's room, R22 was lying in bed. There was a round, red pill that looked as if it had been moistened that was stuck to the front of her gown on her chest. During a concurrent interview, R22 stated she did not know whether the object was a pill or not and did not know where it came from. During an interview on 05/06/25 at 1:56 PM, Licensed Practical Nurse (LPN) 1 stated she always ensured R22 took her pills, and the pill on her gown may be pill from another shift. During a concurrent observation in R22's room, LPN1 stated it was a pill that was stuck to R22's gown and looked like it may be ibuprofen. R22 confirmed she only received ibuprofen at bedtime the night before and LPN1 stated she had not administered ibuprofen on 05/06/25. LPN1 compared the pill to the ibuprofen stored in the nurses' cart and verified the pill on R22's chest was an ibuprofen tablet. She stated the night nurse (LPN3) had administered the medication last night. LPN1 stated the pill looked as if it had been moistened, and it probably fell out of the resident's mouth during administration. Review of R22's May 2025 Medication Administration Record (MAR), located under the Reports tab of the EMR, revealed an order for two tablets of ibuprofen, 200 milligrams (mg) three times a day as needed for pain. The MAR indicated the most recent administration of ibuprofen was on 05/04/25 at 11:52 PM. During an interview on 05/08/25 at 4:15 PM, the Director of Nursing (DON) stated the nurses should watch the residents while taking their pills to ensure all pills were swallowed.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to ensure that an allegation of injury of unknown source was reported to the State Survey Agency (SSA) within two hours of discovery for one of four residents (Resident (R) 2) reviewed for abuse of 25 sample residents. The failure to timely report the incident created a risk for potential further abuse or injury. Findings include: Review of the facility's policy titled, Reporting Patient Abuse, Neglect Exploitation, Mistreatment, and Misappropriation of Property, dated 11/15/24, revealed In accordance with applicable laws and regulations, the Administrator or his or her designee should notify the appropriate state agency (or agencies) .of any allegation or incident .The state survey agency .should be notified in accordance with state law through established procedures of any allegations of abuse, neglect, exploitation or mistreatment, including injuries of an unknown source and misappropriation of patient property, within 2 hours after the allegation is made if the events upon which the allegation is based involve abuse or result in serious bodily injury, and not later than 24 hours if the events upon which the allegation is based do not involve abuse and do not result in serious bodily injury. Review of R2's Face Sheet tab of the electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses including vascular dementia, unsteadiness on feet, muscle weakness, and hemiplegia on the right side. Review of R2's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/14/25 and located under the MDS 3.0 tab of the EMR, revealed she was unable to complete the Brief Interview for Mental Status (BIMS) and was assessed with long- and short-term memory problems and severely impaired cognition. She did not exhibit any behavioral symptoms. Review of the facility's 24-Hour Initial Report to the SSA, provided on paper in the incident report packet by the Administrator, revealed an injury of unknown source was discovered on 04/22/25 at 3:35 PM. The report indicated R2 had complained of pain in her right knee, an x-ray was done which showed a supracondylar fracture across the femur, and R2 was sent to the emergency department for treatment. The report documented it was sent to the SSA on 04/23/25 at 3:19 PM, almost 24 hours after the fracture was first discovered. Review of R2's x-ray Patient Report, included on paper in the incident report packet, revealed the report was received on 04/22/25 at 3:17 PM and indicated a supracondylar facture across the distal femur with mildly displaced bony edges. Review of R2's Care Plan, located in the Care Plan tab of the EMR and dated 04/24/25, revealed, Resident is s/p [status post] ORIF [open reduction internal fixation] for fracture to right fibula. Review of the facility's Five-Day Follow-Up Report, included in the incident report packet on paper and dated 04/28/25, revealed there was no fall or incident that was witnessed. The injury was substantiated; however, the resident had risk factors for sustaining injury, wheeled herself most of the day over long distances, and had cognitive deficiencies. (continued on next page)

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	425104	A. Building B. Wing	05/08/2025

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/08/25 at 5:23 PM, the Administrator stated she submitted the report to the SSA in 24 hours by mistake, thinking the incident was a fall rather than an injury of unknown source. The Administrator confirmed there was no fall, and it should have been submitted within two hours due to the situation of an injury of an unknown source that resulted in serious bodily harm.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure the Minimum Data Set (MDS) accurately reflected the status of two of 25 sample residents (Resident (R) 32 and R48) whose MDS indicators were reviewed in Initial Pool. These failures created a potential for lack of identification of current problems and resident needs, leading to an incomplete or ineffective plan of care. Findings include: Review of the facility's policy titled, MDS Assessment Accuracy, dated 01/11/24, revealed It is the policy of this healthcare center that each Minimum Data Set (MDS) reflects the acuity and the medical status of each patient/resident in accordance with acceptable professional standards and practices. 1. Review of R32's Face Sheet tab of the electronic medical record (EMR) revealed she was admitted to the facility on [DATE] with diagnoses including bipolar disorder, traumatic brain injury, mood disorder, depression, and anxiety, Review of R32's quarterly MDS with an Assessment Reference Date (ARD) of 03/31/25 and located under the MDS 3.0 tab of the EMR, indicated she did not use antipsychotic medications. Review of R32's Orders tab of the EMR revealed a physician's order, dated 07/13/23, for aripiprazole (an antipsychotic medication), 10 milligrams (mg) every night. Review of the March 2025 Medication Administration Record (MAR), located under the Reports tab of the EMR, revealed R32 received aripiprazole as ordered daily during the MDS lookback period. During an interview on 05/08/25 at 2:47 PM, the Case Mix Director (CMD) stated she originally had marked usage of antipsychotic, but had made corrections to all MDS assessments over the past year to show no antipsychotic use because she thought it was inaccurate. The CMD stated she did not see aripiprazole in the resident's medication list. She stated she would need to correct the assessments again to indicate antipsychotics were received. 2. Review of R48's Face Sheet tab of the EMR revealed he was admitted to the facility on [DATE] with diagnoses including chronic kidney disease. Review of R48's quarterly MDS with an ARD of 02/28/25 and located under the MDS 3.0 tab of the EMR, revealed he was receiving dialysis. Review of R48's Orders tab of the EMR revealed there was no order for dialysis treatment. Review of R48's EMR revealed there was no evidence he received dialysis treatment. During an interview on 05/08/25 at 2:42 PM, the Case Mix Coordinator (CMC) stated R48 had never been on dialysis, and she must have hit that button in error. (continued on next page)

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	425104	A. Building B. Wing	05/08/2025

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/08/25 at 4:15 PM, the Director of Nursing (DON) stated each MDS was reviewed for accuracy by the CMD prior to submission and should reflect an accurate assessment of each resident.

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	425104	A. Building B. Wing	05/08/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to ensure food was at appropriate temperature and palatable for four of five residents (Resident (R) 22, R26, R81, and R35) reviewed for the food palatability of 25 sample residents. This failure had the potential for residents who disliked a meal to experience nutritional problems or dissatisfaction with their meals. Findings include: 1. Review of R22's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/20/25 and located under the MDS 3.0 tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] and had a Brief Interview for Mental Status (BIMS) score of eight out of 15 which indicated moderately impaired cognition. During an interview on 05/06/25 at 1:40 PM, R22 stated the food sucks, adding that it was too salty and was always cold. 2. Review of R26's quarterly MDS assessment with an ARD of 04/23/25 and located under the MDS 3.0 tab of the EMR, revealed she was admitted to the facility on [DATE] and had a BIMS score of 15 out of 15 which indicated intact cognition. During an interview on 05/06/25 at 2:23 PM, R26 stated she did not like the food, and felt the food was unrecognizable at times. She stated, It's stuff you wouldn't even feed your dog. 3. Review of R81's admission MDS assessment with an ARD of 02/24/25 and located under the MDS 3.0 tab of the EMR, revealed he was admitted to the facility on [DATE] and had a BIMS score of 13 out of 15 which indicated intact cognition. During an interview on 05/06/25 at 3:16 PM, R81 stated the food was not great and stated most of the food was too dry and didn't contain sufficient gravy to keep them moist. 4. Review of R35's quarterly MDS assessment with an ARD of 03/10/25 and located under the MDS 3.0 tab of the EMR, revealed he was admitted to the facility on [DATE] and had a BIMS score of 15 out of 15 which indicated intact cognition. During an interview on 05/06/25 at 1:22 PM, R35 stated the food was not good and was not served hot. 5. Review of the undated lunch menu Daily Spreadsheet, provided by the facility for 05/08/25 documented the following for a regular diet: Turkey Ala King, rice, and sweet peas. During observation of the steam table on 05/08/25 at 12:26 PM, the turkey was 190 degrees F. (Fahrenheit), the rice was 196 degrees F., and the peas were 200 degrees F. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observation on 05/08/25 at 1:10 PM, the Dietary Manager (DM) took the temperature of the food on a test tray of the turkey, rice, and sweet peas and confirmed the temperatures were 110 degrees F. During the evaluation of the test try, the regular turkey: Dry and bland, cool to palate; the regular rice: Flavorful but cool to the palate; the peas: Flavorful but cool to the palate; the puree turkey: Unseasoned, cool; the puree vegetable: Very garlicky, did not taste like peas, cold; the puree rice: Unseasoned cream of rice, no flavor and gluey, cool. During an interview on 05/09/25 at 1:13 PM, the [NAME] Dietary Aide (CDA)1 stated the food temperatures on the resident's plate before serving should be at least 165 degrees. During an interview on 05/09/25 at 1:14 PM, CDA2 stated the food temperatures on the resident's plate before serving should be at least 165 degrees. During an interview on 05/09/25 at 1:17 PM, the DM stated the food temperatures on the resident's plate before serving should be at least 165 degrees. The DM also stated the kitchen staff tasted each meal after it had been cooked every day.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of facility policy, the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety, in 1 of 1 kitchen. Findings include: Review of the facility policy titled Dietary Partner Hygiene and Dress Code last revised on 06/14/16, revealed, It is policy of the facility for partners working in the Dietary Department to dress in a manner appropriate for preparing, handling, and serving food that prevents contamination and spread of bacteria. This applies to all dietary partners, and any person(s) who handles and served food employed by the facility. Hygiene: hair is covered with hair net and or/cap. Facial hair is completely covered with a hair net or beard guard. Review of the facility policy titled Labeling, Dating, and Storage last revised on 11/11/22, revealed, It is policy of the facility for all partners who assist in handling, preparing, and serving food and beverage items to follow the proper procedures for labeling, dating, and storage to ensure proper food safety. Food and beverage items will have an identifying label as well as a received date and opened date, as applicable, for items prepared onsite, a 'use by' date will also be indicated. Foods will be stored in their original or approved container and, if opened shall be wrapped tightly with film, foil, etc. Review of the facility policy titled Dish Room Sanitation last revised 03/22/16, revealed, It is policy of the facility that the dish room must be maintained in a clean and sanitary condition. Dishwashing and sanitizing procedures will be available in the Dietary Department. Procedures include both full and empty dish racks are to be stored on a dish dolly, cart, or under a shelf in the dish room at all times. Keep dish room work surfaces in a clean and sanitary condition. Wash the soiled dish table, exterior of machine and other work surfaces with detergent, rinse thoroughly, and then sanitize. Review of the facility policy titled Cleaning Schedule Policy last revised on 09/29/22, revealed, It is policy of the facility that the Dietary Manager prepares a list of all cleaning tasks and posts them in the Dietary Department. It is the Dietary Manager's responsibility to develop and enforce the cleaning schedules and to monitor the completion of assigned cleaning tasks to promote a sanitary environment. The cleaning schedule: daily, weekly, and monthly lists all cleaning tasks. Review of the facility policy titled Food Temperatures last revised on 02/24/23, revealed, It is policy of the facility that the Dietary Manger or designee be responsible for ensuring that all food has reach and continues to maintain proper temperature prior to tray assembly. Procures include how to take temperatures: remove thermometer from sleeve and place it into the side clip, thermometer should be held by the sleeve, calibrate thermometer before using. Clean the thermometer shaft with an alcohol pad prior to use. The thermometer shaft must be cleaned with an alcohol pad prior to temping each food item. (continued on next page)

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	425104	A. Building B. Wing	05/08/2025

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation and interview on 07/03/25 at 10:18 AM, revealed the facility's Kitchen Manager (KM) without a hair net and standing near food being prepped for meal service. The KM stated it is expected that dietary staff put on a hair net when entering the kitchen. During an observation on 07/03/25 at 10:20 AM, of a drying rack near food preparation, revealed a plastic tray underneath with a sticky substance on 3 of 4 shelves. During an observation and interview on 07/03/25 at 10:21 AM, of a drying rack near the 3 compartment sink, revealed plastic totes/bins stacked on top of each other and visibly wet. The KM stated that wet items should not be stack on top each other so it can dry freely. During an observation and interview on 07/03/25 at 10:24 AM, of the cooler revealed an opened gallon of milk with an expiration date of 07/14/25. The gallon of milk was in a grocery store bag and was not dated. The KM stated that staff had brought that milk from the store earlier this morning. During an observation on 07/03/25 at 10:27 AM, of the freezer revealed an opened bag of ready to bake cookies not labeled/dated when opened. During an observation and interview on 07/03/25 at 12:06 PM, of food items being temped on the steam table revealed the [NAME] was reusing the same sanitizer wipe for sanitizing the thermometer. The [NAME] stated that she should have gotten more wipes to sanitize the thermometer, and those wipes are to be discarded after single use. During an observation on 07/03/25 at 12:10 PM, revealed personal items (car keys) on two separate food preparation tables/ areas. A follow up interview on 07/03/25 at 1:06 PM, with the KM and Cook, revealed the [NAME] admitted to using the same sanitizer wipe by folding it in smaller portions to tempt the last 3 food items on the steam table. The KM agreed that after temping each food item the thermometer should be cleaned with a new sanitizer wipe. During a phone interview on 07/03/25 at 2:05 PM, the Registered Dietitian (RD) revealed that their expectation is that all staff should have on hair nets/beard guards when entering the kitchen. Wet bins/trays and other kitchen equipment should not be stacked on top of each other while wet, to allow items to dry without the potential of bacterial build-up. The RD further stated all food items should labeled/dated after opening or removed from their original packaging. The RD concluded that when testing the temperature of the food on the tray line, the thermometer should be cleaned with a new sanitizer wipe after each food item is temped.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to ensure staff, and a visitor used the proper personal protective equipment (PPE) when in contact with one of one resident (Resident (R) 82) who was on transmission-based precautions (TBP) out of a census of 79 residents. This failure had the potential to spread infection among the visitors, staff, and other residents. Findings include: Review of the facility's policy titled, Transmission-Based Isolation Precautions, dated 12/11/23, revealed Personal protective equipment (PPE) is provided for everyone who needs to care for or visit a resident on isolation precautions .Contact Precautions .Personal Protective Equipment (PPE): 1) Gloves: Perform hand hygiene prior to donning gloves. -Wear gloves (clean, non-sterile gloves are adequate) upon entry into the room. -Wear gloves when touching the resident's intact skin, surfaces and items near the resident. 2) Gowns -Perform hand hygiene prior to donning gown. -Don a gown upon entry into the room. -Remove gown before leaving the resident's environment and perform hand hygiene .Visitation with residents on Transmission-based Requirements: While not recommended, residents who are on transmission-based precautions (TBP) or COVID-19 quarantine can still receive visitors . Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of exposure by visiting and precautions necessary to visit the resident. Review of R82's Face Sheet tab of the electronic medical record (EMR) revealed he was admitted to the facility on [DATE] with diagnoses including an unstageable pressure ulcer to the right buttock. Review of R82's Nursing note, dated 04/22/25, revealed, Wound culture results received from [lab]. New order for contact precautions. ABT [antibiotic] therapy already in place. RP [responsible party] in room and notified. Review of R82's Orders tab of the EMR revealed an order, dated 04/22/25, for contact precautions due to a wound infection. During an observation on 05/06/25 at 2:12 PM, R82's room had a sign on the door indicating Contact Precautions, which directed to sanitize hands and don (put on) a gown and gloves before entering. R82 was lying in bed, and his Family Member (F) 1 was in the room. F1 was not wearing a gown or gloves. During an observation on 05/07/25 at 12:21 PM, R82 was lying in bed, and F1 was in the room. F1 was not wearing a gown or gloves. The sign indicating Contact Precautions was posted on the door of the room. A PPE cabinet was located across the hall from R82's room; however, it did not contain gowns. There were no other PPE cabinets in the vicinity. During an interview on 05/07/25 at 12:23 PM, Licensed Practical Nurse (LPN) 2 stated R82 was on contact precautions due to a wound infection. (continued on next page)

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	425104	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 05/08/25 at 9:11 AM, F1 stated she did not know R82 was on contact precautions. She stated, I saw the sign on the door and was wondering about it, but nobody has talked to me about it. F1 stated she had never been told to wear a gown or gloves while in contact with objects in the room or with R82. F1 also stated the nursing staff typically did not don a gown while working with R82; however, the therapy staff typically did wear gowns. During an observation on 05/08/25 at 9:49 AM, R82's room door was observed with the sign announcing, Contact Precautions. The PPE cabinet located across the hall from R82's room did not contain gowns and there were no other PPE cabinets in the vicinity. The Unit Manager (UM) entered R82's room. She did not perform hand hygiene or don a gown or gloves before entering. The UM joined Certified Nurse Assistant (CNA) 2 who was also in R82's room. CNA2 was not wearing a gown in the room. The staff closed R82's door and provided care. At 10:03 AM, the room door was opened, and the UM and CNA2 were again observed in the room without wearing gowns. During an interview on 05/08/25 at 10:03 AM, the UM stated she gave R82 a bed bath while in the room and confirmed she did not don a gown while providing care. The UM stated R82 was on contact precautions because of a wound infection, and she should have donned a gown and gloves prior to entering the room. The UM added there was no reason why she did not don the appropriate PPE; it was just an oversight. During an interview on 05/08/25 at 10:03 AM, CNA2 stated she had given R82 a bed bath while in his room. She stated she did not wear a gown while providing care. CNA2 stated she should have donned a gown and gloves prior to entering the room because the resident was on contact precautions and stated there was no reason why she did not don the appropriate PPE; it was just an oversight. During an observation on 05/08/25 at 10:06 AM, CNA2 again entered R82's room without first performing hand hygiene or donning a gown and gloves. During an interview on 05/08/25 at 1:23 PM, the Infection Preventionist (IP) stated R82 was on contact precautions due to a wound infection. She stated the staff should wash their hands, don a gown and gloves before entering the room, and dispose of PPE and wash hands when leaving the room. The IP stated F1 was always in R82's room and could decide whether to wear PPE or not after being educated on what's going on and the recommendations. The IP stated she had not talked to F1 about contact precautions even though she interacted with F1 frequently. The IP stated it was her responsibility to ensure PPE was available in the carts on the halls; however, she typically only checked them once a week. The IP stated she had not done any recent training with the staff on transmission-based precautions and did not know how often the education was provided.