

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER Millennium Post Acute Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2416 Sunset Boulevard West Columbia, SC 29169	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, interview, and record review, the facility failed to (1.) ensure linen and resident clothing was washed at appropriate temperatures or with proper disinfection to prevent the potential spread of infection and or diseases, in 1 of 1 laundry room. Specifically, the washing machine failed to maintain adequate hot water temperature. Additionally, the facility failed (2.) to ensure that medications were administered to residents utilizing proper hand hygiene and use of Personal Protective Equipment (PPE) while performing medication pass, for 2 of 2 residents reviewed. Findings include:</p> <p>1. Review of the facility policy titled Infection Control Prevention and Control Program with a revised date of 09/2017, revealed, II. GOALS The goals of the infection Control Program are to: . c. Identify the correct problems relating to infection control practices. d. Ensure compliance with state and federal regulations relating to infection control. III. SCOPE OF THE INFECTION CONTROL PROGRAM C. PREVENTION OF INFECTION Staff and resident education are done to identify risk of infection and promote practices to decrease risk. Policies, procedures and aseptic practices are followed by personnel in performing procedures, linen handling and disinfection of equipment.</p> <p>Review of the facility policy titled Housekeeping and Laundry Safety Procedures and Policy with a reviewed date of 2025, revealed, Laundry Sanitizing Methods Use one of the following methods based on the product label, washer programming, fabric type and the Infection Preventionist's guidance. 1. Chemical sanitizing: Use LL3000 bleach or Clothesline sanitizer at the label dose to reach the required parts per million in the cycle. These products may be used with hot or warm water as directed by the label. 2. High temperature sanitizing. Program a wash that maintains 165 degrees Fahrenheit for at least 25 minutes.</p> <p>During an observation and interview on 03/16/26 at 9:08 AM, of the laundry process with Laundry Assistant, revealed there are 5 collection rooms, one on each hall. Soiled/dirty laundry are transported in covered blue bins. The Laundry Assistant properly collected laundry using the proper PPE. Laundry was taken to the laundry room and loaded in an industrial washing machine. During the wash cycle the washing machine thermometer reading was 62 - 65 degrees Fahrenheit, this thermometer reading was verified by the Laundry Assistant. The Laundry Assistant was asked the proper hot water temperature for laundry, he stated he was not sure. The laundry assistant also revealed there has been a problem with the laundry room boiler. Further observation of the laundry room revealed laundry products sitting on a wooden pallet with hoses coming out from them into a automatic dispense system into the washing machine, which included: Spartan Chemical Co. Clothesline Fresh, Chlorine Bleach Drum, Clothesline Fresh Sour/Softener Drum, Clothesline Fresh Liquid Alkali Drum, and Clothesline Fresh Laundry Detergent Drum.</p> <p>During an interview on 03/16/26 at 9:20 AM, the Director of Housekeeping/Laundry was made aware (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>that the washing machine thermometer temperature was 62 &ndash; 65 degrees Fahrenheit. The Director stated that maintenance is aware and a new boiler has been ordered. The Director stated that Oxi-Clean Versatile Stain Remover has been used in the laundry since the boiler been down.</p> <p>Review of a [NAME] Order Form dated 01/27/2026 revealed 7 lbs of OxiClean Stain Remover was ordered.</p> <p>Review of an email, between a sales consultant and the facility, with the subject line Cold Water for Laundry dated 03/16/26 at 12:45 PM, revealed, the sales consultant stated that between the chemicals as they are, the water (assuming that it's somewhere around 70 degrees, preferably higher), and a dry cycle, the pathogens that exist on the materials would still be neutralized.</p> <p>During an observation and interview on 03/16/26 at 9:30 AM, the Maintenance Assistant in the laundry boiler room revealed the boiler is leaking water from the bottom of the tank, the riser thermometer gauge reading was 64 degrees Fahrenheit, and the water heater thermometer gauge was 65 degrees Fahrenheit. The Maintenance Assistant stated they are waiting for the new boiler to come in; they have ordered 2 to have as a backup.</p> <p>During an interview on 03/16/26 at 10:00 AM, the Maintenance/Life Safety Director revealed the boiler has been malfunctioning from time to time. A new boiler was ordered. The current boiler been malfunctioning for about 2.5 weeks. The boiler will be changed out next week when the new boiler comes in. When the current boiler works the temperature is between 140-160 degrees Fahrenheit. That boiler supplies hot water to the laundry room only.</p> <p>During an interview on 03/16/26 at 11:00 AM, the Administrator revealed he is aware the boiler has been out and stated another boiler has been ordered.</p> <p>During an interview on 03/16/26 at 4:25 PM, the Laundry Attendant revealed she has been using 1.5 - 2 cups of Oxi-Clean Versatile Stain Removal in each laundry load since the boiler had been malfunctioning.</p> <p>During an interview on 03/17/26 at 7:03 PM, the Infection Preventionist revealed she was made aware of the laundry room boiler being out of order a few weeks ago. She was not aware the boiler was still out of order. She doesn't know off the top of her head what is the proper hot water temperature for the washing machine. The Infection Preventionist further stated she does know the water temperature has to be at a certain degree along with using sanitizer. Her expectation is if there is any change or break in the infection control process, maintenance and the IP need to be notified to get back in compliance. Infection control education is done daily. She was not aware of Oxi-Clean Stain Versatile Remover being used.</p> <p>2. Review of the facility policy titled, Infection Control Policy Related to Medication Administration states, Policy Statement: The Skilled Nursing Facility (SNF) is committed to preventing the transmission of infection during all aspects of medication administration. This policy establishes standardized infection control practices to ensure the safety of residents, staff, and visitors during the preparation and administration of medications, including oral, topical, ophthalmic (eye drops), injectable medications, and insulin therapy. Purpose: To reduce the risk of infection and cross-contamination by outlining proper hand hygiene, medication handling, administration techniques, and equipment use in accordance with infection prevention and control standards applicable to skilled nursing facilities. Scope: This policy applies to all licensed nurses and other authorized personnel (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 - Many</p>	<p>involved in medication preparation and administration within the facility. General Infection Control Principles for Medication Administration: Hand hygiene should be performed before and after every medication administration encounters potential contact. 1. Standard precautions must be followed at all times. 2. Gloves may be worn when there is potential contact with blood, body fluids, mucous membranes, or non-intact skin. 3. Medications must be prepared in a clean, designated medication preparation area free from contamination. 4. Single-use supplies must never be reused between residents. Hand Hygiene: 1. Hand hygiene must be performed: Before preparing medications. Before and after resident contact. Before aseptic procedures. After contact with blood, body fluids, or contaminated surfaces. After removing gloves. 2. Acceptable hand hygiene methods include: Alcohol-based hand sanitizer when hands are not visibly soiled. Soap and water when hands are visibly soiled, after toileting assistance after exposure to bodily fluids.</p> <p>Review of the facility policy titled, Medication Administration: Hand Hygiene states, Policy Statement: It is the policy of PruittHealth Pharmacy Services that partners will use appropriate during medication administration. Appropriate hand hygiene reduces the spread of decreases the spread of infections. Scope: This policy applies to all licensed healthcare staff at a healthcare center and assisted serviced by PruittHealth Pharmacy Services. Definition: Hand Hygiene: The cleansing of hands by using the organization-approved, alcohol-base sanitizer or by washing hands with soap and water. Procedure: 1. During medication administration, use hand hygiene before and after touching a pa immediately before performing a clean or aseptic procedure, immediately after an exposure risk to body fluids, before moving from a soiled body site, after touching patient's immediate surroundings, and before and after glove removal.</p> <p>During an observation on 12/18/2024 at 8:00 AM, during medication administration revealed, R81 on Enhanced Barrier Precautions (EBP) as recognized by a sign on the resident's room door. Licensed Practical Nurse (LPN)1 prepared the by mouth medications for R81, she noticed the EBP sign on the door and went to the nurses desk to get a Personal Protective Equipment cart. She returned with the cart and stated, I do not need to use the gown and gloves just to give oral medications. She entered the room, went over to the resident and called her name. She sat down the medications on the bedside table and with bare hands took the bed control and elevated the head of the bed. LPN1 then placed her bare hand on the side of the resident's face and head and tried to straighten her head up to take her medications by mouth. She administered the medications one at a time, and then took the remote control in hand and lowered the head of the bed. LPN1 did not wear gloves to position the resident's head or when elevating the head of the bed.</p> <p>During an observation on 03/16/26 at 9:19 AM, during medication administration revealed, R62 on Enhanced Barrier Precautions (EBP) as recognized by a sign on the resident's room door. LPN1 practiced hand hygiene and donned a gown and gloves before entering the resident's room. LPN1 administered residents first eye drops. She did not remove her gloves or practice hand hygiene before giving R62 his oral medication. After administering R62's oral medication, LPN1 removed her gloves and donned a new pair of gloves, without practicing hand hygiene and administered a second eye drop to R62.</p> <p>During an observation on 03/17/26 at 8:45 AM, during medication administration revealed, LPN2 applied gloves before entering R123's room to administer his medication. LPN2 was preparing to administer NovoLog Flex Pen 100 UNIT/ML Solution pen-injector inject 5 unit subcutaneously with meals for DM and Lantus Solostar 100 UNIT/ML solution pen-injector Inject 15 unit subcutaneously in the morning for DM. LPN2 pulled the privacy curtains and closed the resident's room door with her gloves on. She did not remove her gloves and perform hand hygiene before administering the insulin (continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete the Preadmission Screening and Resident Review (PASARR) assessment tool for Residents (R)84 and R108, prior to their admission to the facility, for 2 of 7 residents reviewed. Findings Include:The facility does not have a policy related to PASARR assessments.Review of R84's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, chronic respiratory failure, type 2 diabetes mellitus, major depressive disorder, and anxiety disorder.Review of R84's PASARR Level 1, revealed it was completed on 01/02/25, by the facility.Review of R108's Face Sheet revealed she was admitted to the facility on [DATE], with diagnoses including, but not limited to, rheumatoid arthritis, mood (affective) disorder, anxiety disorder, schizophrenia, and major depressive disorder.Review of R108's PASARR Level 1, revealed it was completed on 06/04/25 by the facility.During an interview on 03/16/26 at 5:20 PM, the Social Services Director (SSD) revealed that she is checking all PASARR Level 1's, as they have not been completed correctly. She included the department is having to redo the PASARRs, and they have been getting pushback from the hospitals to have them completed, so her department has been correcting them by reviewing the hospital records and receiving information from the resident and/or the family. The SSD also stated that a licensed social worker or a nurse can complete a Level 1, but a Level 2 has to be completed with a physician.During an interview on 03/17/26 at 5:18 PM, the Director of Nursing (DON) revealed that he understands that Level 1 PASARRs are required for entry into the facility and Level 2's are required if they had a recent psychiatric stay or diagnosis. He included that Level 1 PASARRs can be completed by any licensed social worker. The DON stated that if the facility did not receive a Level 1 prior to entry, then the facility social worker can complete it or they would try to get one from the hospital or community as well.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on record review, interview and observation, the facility failed to ensure Resident (R)1's adaptive equipment was clean, for 1 of 4 residents reviewed. Findings include: The facility did not have a policy and procedure regarding the cleaning/maintenance of wheelchairs. Review of R1's Face Sheet revealed R1 had an admission date of 07/22/24, with diagnoses including, but not limited to, muscle wasting atrophy, unsteadiness on feet, pain in left hip, stiffness of joint, muscle weaknesses, and difficulty in walking. Review of R1's Quarterly Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 12/15/25, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating R1 was cognitively intact. Further review of the MDS revealed R1 uses a wheelchair. During an observation on 03/15/26 at 11:43 AM, revealed R1's wheelchair leaf, had turned brown and there were white stains visible on the back of the wheelchair and on the wheels. During an observation on 03/16/26 at 8:45 AM, revealed R1's wheelchair leaf, was still brown and the white stains were still visible on the back of the wheelchair and on the wheels. During an interview on 03/17/26 at 9:20 AM, Licensed Practical Nurse (LPN)1 revealed that housekeeping cleans wheelchairs and to her knowledge the wheelchairs are cleaned at least once a month. If the wheelchairs need to be cleaned before the next scheduled cleaning, then a request can be made to housekeeping for them to be cleaned or a CNA will clean the wheelchair as needed. During an interview on 03/17/26 at 9:24 AM, 9:40 AM and 10:06 AM, the Director of Housekeeping and Laundry Services revealed that the wheelchairs are sanitized every day if there is nothing in the chair. The chairs are rinsed with water, then a sanitizer then with water again. There is a schedule for the month of March and previous months for when all the chairs in the facility are cleaned twice a month. The wheelchairs are labeled by physical therapy to identify which resident the chair belongs to. During an interview on 03/17/26 at approximately 2:54 PM, the Director of Housekeeping and Laundry Services revealed that she observed how the wheelchairs have visible debris and the last time the chairs were cleaned was on 03/10/26. She stated the wheelchairs would be cleaned by housekeeping to remove the debris on 03/17/26. During an interview on 03/17/26 at 3:07 PM and 3:15 PM, the Director of Nursing (DON) revealed that if a wheelchair is soiled, then the chair will be cleaned even if it has recently been cleaned and if necessary, he would clean it himself. The DON observed that R1's wheelchair was visibly dirty and will be cleaned on 03/17/26.</p>		