

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sumter East Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 880 Carolina Avenue Sumter, SC 29150	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>31846</p> <p>Based on the facility policy, record review and interview, the facility failed to provide the required documents to notify Resident (R)63 and R125 regarding medicare eligibility and coverage for 2 of 3 residents reviewed for advance beneficiary notices.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Advance Beneficiary Notices, states: 4. The facility shall inform Medicare beneficiaries of his or her potential liability for payment. A liability notice shall be issued to Medicare beneficiaries upon admission or during a resident's stay. 5. The current CMS-approved version of the forms shall be used at the time of issuance to the beneficiary (resident or resident representative). Contents of the form shall comply with related instructions and regulations regarding the use of the form. a. For Part A items and services, the facility shall use the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), Form CMS-10055. c. A Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123, shall be issued to the resident/representative when Medicare covered service (s) are ending, no matter if the resident is leaving the facility or remaining in the facility. This informs the resident on how to request an appeal or expedited determination from their Quality Improvement Organization (QIO).</p> <p>Review of R63's Electronic Medical Record (EMAR) revealed R63 was admitted to the facility for rehab services. After the last covered day of Part A Medicare services, R63 remained in the facility with benefit days remaining. R63 received the form Notice of Medicare Non-Coverage, (NOMNC) Form CMS-10123 but not the required CMS form 10055. R63 received Form CMS-R-131 for Medicare Part B services.</p> <p>Review of R125's EMAR revealed R125 was admitted to the facility for rehab services. After the last covered day of Part A Medicare services, R125 remained in the facility with benefit days remaining. R125 received 2 notices of non coverage, however did not receive form CMS-10055.</p> <p>During an interview on 10/10/24 at 1:10 PM, the Social Services Assistant stated she was not aware that the incorrect forms were being used. She stated that the CMS-10123 and the CMS-R-131 form are the only forms the facility has and uses.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214</p> <p>Based on review of facility policy, interview, and record review, the facility failed to provide appropriate supervision for Resident (R)78, resulting in R78 successfully eloping from the facility.</p> <p>On 10/09/24 at 11:28 AM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template, informing the facility IJ existed as of 09/26/24. The IJ was related to 42 CFR 483.25 - Free of Accidents Hazards/Supervision/Devices.</p> <p>On 10/10/24 at approximately 1:40 PM, the facility provided an acceptable IJ Removal Plan. The survey team validated the facility's corrective actions and determined the facility put forth good faith attempts to address the non-compliance. The IJ is considered at Past Non-Compliance with a correction date of 09/30/24.</p> <p>An Extended Survey was conducted in conjunction with the Complaint Survey for non-compliance at F689, constituting substandard quality of care.</p> <p>Findings Include:</p> <p>Review of an undated facility policy titled Elopements and Wandering Residents documented under Definitions, elopement occurs when a resident leaves the premises or a safe area without authorization. Further review, documented under Policy Explanation and Compliance Guidelines, 2. Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to alarms in a timely manner . 4 a. residents will be assessed for risk of elopement and unsafe wandering upon admission and throughout their stay by the interdisciplinary care plan team, d. adequate supervision will be provided to help prevent accidents or elopements.</p> <p>Review of R78's Face Sheet revealed R78 was admitted to the facility on [DATE], with diagnoses including but not limited to: Dementia, cognitive communication deficit, and abnormalities of gait and mobility.</p> <p>Review of R78's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/21/24, revealed that a Brief Interview for Mental Status (BIMS) was not conducted because the resident is rarely/never understood. Further review of the MDS revealed R78 was moderately impaired regarding Cognitive Skills for Daily Decision Making. Additionally, R78's assessment for Rejection of Care and Wandering indicated that these behaviors did not occur.</p> <p>Review of R78's Progress Notes revealed a note dated 09/26/24 at 6:34 PM, which documented, resident wandered out of building and was found on the ground by staff. no injuries or broken skin noted. Resident stated that she did not hit her head. wonder guard was administered, and resident is in bed resting with eyes open. MD and family notified. will continue to monitor During my shift.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/08/24 at 12:04 PM, Dietary [NAME] (DC)1 stated, on 09/26/24 at approximately 5:20 PM, I went out to the trash can of the west building to throw away some boxes and that's when I saw the resident on the ground next to a tree. DC1 stated it was raining and [R78] was wet and looked like she had been out there for a while. DC1 then notified staff members who came and assisted [R78] back into the building.</p> <p>During an interview on 10/08/24 at 2:50 PM, Receptionist 1 stated at approximately 4:45 PM, she heard the door alarm going off in the east building, however she was assisting a family member and could not respond to the alarm. Receptionist 1 further stated that after about 15 seconds the alarms stopped and then a few minutes later a CNA [certified nursing assistant] asked if she had let a resident out and she said no. Receptionist 1 stated it was raining that day because it was the day before Hurricane [NAME].</p> <p>During an interview on 10/08/24 at 2:57 PM, Certified Nursing Assistant (CNA)1 stated around 4:40 PM dinner trays came to the unit, and then around 5:00 PM is when R78 was noticed to be missing and not in her room. CNA1 stated that all rooms and inside areas of the east building were searched and R78 could not be found. CNA1 further stated that R78 was found outside the west building on the fence line near a tree. CNA1 was not able to determine how R78 exited the building.</p> <p>During an interview on 10/08/24 at 3:20 PM, the Director of Nursing (DON) stated she was not on duty when R78 went missing, however she received a call stating that they could not find her (R78) and that they had looked everywhere inside. The DON stated R78 was not an elopement risk due to her being immobile at the time of admission and that an updated assessment was not done until after R78 eloped from the facility. The DON concluded R78 would walk the halls but had not previously attempted to elope.</p> <p>During an interview on 10/08/24 at 3:30 PM, the Administrator stated that R78 was not an elopement risk prior and that they had been unable to determine which door R78 had used to elope. The Administrator stated that elopement assessments are done upon admission.</p> <p>According to the Weather Channel, on 09/26/24 at 5:20 PM, the high was 73 F with heavy rain and fog.</p> <p>On 10/10/24 at 1:40 PM, the facility provided an acceptable IJ Removal Plan, which included the following:</p> <p>Action taken for the affected residents: On 9-26-24 at appx. 5:20 PM, Resident # 78 was returned to the facility and experienced no injury while outside of the facility. The Director of Nursing (DON) completed the initial report to South Carolina Department of Public Health for the elopement of Resident #78.</p> <p>On 9-26-24, when Resident# 78 returned to the facility an Elopement Assessment, Head to Toe Skin Assessment and an Incident Report were completed by the charge nurse including notification to the Physician and Responsible Party/Family of the incident and safe return.</p> <p>On 9-26-24, facility nursing staff initiated q 15-minute checks x 72 hours on Resident #78. Checks were completed without any negative occurrences.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Based upon the elopement assessment, a wander guard bracelet was placed on Resident #78 by the charge nurse on 9-26-24 with the Attending Physician and Family notified by the charge nurse. Resident #78's CP has been updated with intervention for wander guard by MDS on 9-27-24.</p> <p>Resident #78's Care Plan (CP) was updated to reflect this incident and her increased exit seeking behavior on 9-27-24 by the MDS Director.</p> <p>On 9-27-24, The Administrator completed a post incident Brief interview Mental Status (BIMS) on Resident #78.</p> <p>Actions taken to identify other residents potentially affected:</p> <p>On 9-26-24, Nursing Supervisor accounted for all residents listed on 24-hour census. All residents were accounted.</p> <p>On 9-26-24, Nursing Supervisor check all resident with wander guard bracelet. On 9-27-24, All doors with wander guard alarms were audited by Maintenance Director or designee determined to be in good working order.</p> <p>Systemic Changes:</p> <p>Wander guard door in the EAST building will be monitored by staff to ensure residents at risk do not elope from the buildings started on 9-27-24 in the East Building.</p> <p>On 9-27-24, Administrator provided education to the Central Supply Clerk, DON and Unit Managers on a Par System for Wander guard Bracelets.</p> <p>On 9-27-24, Administrator provided education to the Central Supply Clerk regarding the maintaining adequate supply of Wanderguard bracelets. PAR level was established of at least 5 and she was educated and verbalized understanding. She placed an order for 20 wander guards on to meet current needs and exceed PAR Level.</p> <p>On 9-27-24, the DON completed an Audit of residents identified as an elopement risk and needing a WanderGuard Bracelet. The DON created log to track which resident was issued a wander guard bracelet and the expiration of date of the Bracelet. The DON will update the log as wander guard bracelets are issued or as they expire. New wandering and elopement assessments will be completed by the DON, IDT Team and charge nurse on all residents and care plans will be updated as needed by 9-30-24.</p> <p>On 9-30-24, the Elopement Policy has been reviewed by the DON, Administrator and Corporate Nurse Consultant to include supervision for residents with increased behaviors/exit seeking behaviors.</p> <p>On 10-1-24, Door Vendor assessed wander guard doors and in the assessment process the vendor caused disruption of normal working and was not able to restore normal operations. Doors were already being watched by staff post elopement.</p> <p>On 10-8-24, a second vendor was able to assist Maintenance Director in replacing equipment that had been damaged and doors returned to normal operations. Door watch continues pending abatement of IJ.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 10-1-24, wander guard bracelets were received by Central Supply Clerk and nurses place bracelets on newly identified residents determined to be at risk and the bracelet removed by the resident and the bracelet found not to be operating by nursing staff.</p> <p>Staff will be educated on the elopement policy to include management of exit seeking behaviors beginning on 9-27-24 and continuing until 10-3-24. Any staff member who has not completed training by 5 PM on 10-3-24 will not be allowed to work until training is complete.</p> <p>The training is conducted by the DON, Staff Development Coordinator and the Administrator.</p> <p>Staff will be educated on the elopement policy and how to manage exit seeking behaviors upon hire, annually and as needed by the Staff Development Coordinator, Administrator, Director of Nursing or Designee on going.</p> <p>Elopement drills will be conducted weekly for 4 weeks on each shift beginning on 9/27/24 and continuing through week ending 10-25-24 by the Maintenance Director or Designee.</p> <p>Monthly elopement drills will be done for two months beginning in November 2024 and then at least quarterly by the Maintenance Director or Designee.</p> <p>The corporate regulatory consultant will do monthly random audits of behavior care plans and assessments for 90 days beginning October 2024 and continuing for 90 days.</p> <p>The DON/Designee will audit binder monthly and alert the central supply clerk of the number of bracelets to expire in the next 30 days in order to ensure PAR is maintained.</p> <p>QAPI</p> <p>On 9-30-24, an Ad Hoc QAPI Committee Meeting was held with the DON, Administrator and Medical Director. The plan of actions taken were review and the it was determined that all necessary actions had been taken at this time.</p> <p>The results of the audits, drills and wander guard documentation will be reported to the QAPI Committee for review and assessment to assure continued compliance.</p> <p>. date of compliance of 09/30/24.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846</p> <p>Based on review of facility policy, record review, and interview, the facility failed to provide services and interventions to prevent significant weight loss for 3 of 4 resident's reviewed for nutrition, Resident (R)3, R 17, and R78.</p> <p>Findings Include:</p> <p>Review of an undated facility policy titled, Weight Monitoring, revealed, . The facility will ensure that all residents maintain acceptable parameters of nutritional status . Further review of the Compliance Guidelines section, revealed, 1. The facility will utilize a systemic approach to optimize a resident's nutritional status 2. A comprehensive nutritional assessment will be completed upon admission on residents ., 3. Information gathered from the nutritional assessment and current dietary standards of practice are used to develop an individualized care plan ., 4. Interventions will be identified, implemented, monitored and modified (as appropriate), consistent with the residents' assessed needs and current professional standards to maintain acceptable parameter of nutritional status. 7. Documentation: a. The physician should be informed of a significant change in weight and may order nutritional interventions, c. Meal consumption information should be recorded and may be referenced by the interdisciplinary team as needed, e. The Registered Dietitian, Dietary Manager should be consulted to assist with interventions: actions are recorded in the nutrition progress notes, g. The interdisciplinary plan of care communicates care instructions to staff.</p> <p>Review of an undated facility policy titled Menu and Adequate Nutrition revealed, The purpose of the policy is to assure menus are developed and prepared to meet resident choices including their nutritional, religious, cultural and ethnic needs, while using established guidelines.</p> <p>1. Review of R78's Face Sheet revealed R78 was admitted to the facility on [DATE], with diagnoses including but not limited to: Dementia, protein calorie malnutrition, type 2 diabetes mellitus, dysphagia and gastro-esophageal reflux disease.</p> <p>Review of R78's Weights located in the Electronic Medical Record (EMR) revealed the following weights:</p> <p>On admission (05/17/2024), R78 weighed 145 pounds.</p> <p>On 06/07/2024, R78 weighed 145 pounds.</p> <p>On 07/05/2024, R78 weighed 142 pounds.</p> <p>On 07/12/2024, R78 weighed 123 pounds.</p> <p>On 08/16/2024, R78 weighed 120 pounds.</p> <p>On 08/30/2024, R78 weighed 118 pounds.</p> <p>On 09/13/2024, R78 weighed 116 pounds.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/04/2024, R78 weighed 115 pounds.</p> <p>Review of R78's Physician Orders revealed the following:</p> <p>On 05/17/2024, weekly weights on Fridays.</p> <p>On 05/21/2024, Diabetic diet, pureed texture, regular consistency.</p> <p>On 05/21/2024, [Speech-Language Pathologist] (SLP) to see patient 5x a week for 5 weeks to increase PO [by mouth] intake.</p> <p>On 05/22/2024, Glucerna three times a day for inadequate energy intake x1 with meals.</p> <p>Review of the Registered Dietitians (RD) Monthly Weight Report dated 08/23/24, revealed, R78 had a 15.5 % weight loss over the last 30 days and a 16.8% weight loss over 90 days. Further review revealed, the following interventions: Med pass [a fortified nutritional shake] 120ml TID r/t significant [weight] loss.</p> <p>Review of R78's Electronic Medical Record (EMR) revealed that this intervention was never ordered.</p> <p>During an interview on 10/11/24 at 10:02 AM, the Registered Dietitian (RD) reported that she had noticed a significant weight change for R78 and had requested a re-weigh from staff, however RD did not follow up afterwards. RD states that she wrote interventions for R78 in August, 2024 and she sent them to the facility, but she is responsible for entering orders that do not include medications. RD confirmed interventions for R78 were not entered and never put in place.</p> <p>2. Review of R3's Face Sheet revealed R3 was admitted to the facility with diagnoses including, but not limited to: dementia, cognitive communication deficit, fracture of left femur, and a wedge compression fracture of the second lumbar vertebra.</p> <p>Review of R3's Weight revealed an unplanned weight loss. On 05/01/24, R3 weighed 154.2 pounds. On 06/06/24, R3 weighed 131.3 pounds. On 07/04/24, R3 weighed 125.4 pounds and on 08/01/2024 R3 weighed 120.0 pounds. On 10/01/24, R3 weighed 133.8 pounds.</p> <p>Review of R3's Physician Orders revealed R3 is receiving a dietary supplement, Magic Cup, and a cardiac diet with regular texture and regular consistency.</p> <p>Review of R3's Comprehensive Plan of Care, revealed that R3 has potential for nutritional deficits and the following interventions are in place: Resident to maintain adequate nutritional status as evidenced by maintaining weight, no signs or symptoms of malnutrition and consuming meals daily. Determine individual likes and dislikes and serve preferences as able. Invite to activities that promote additional intake. Meal assistance: Provide set up assistance and offer snacks at bedtime and as requested. Weigh per orders/protocol. Registered Dietician to to evaluate and make diet change recommendations as needed. Provide and serve diet as ordered and record intake of each meal.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/10/24 at 3:19 PM, the Registered Dietician (RD) stated that R3 had a 13.75% weight loss. The RD stated that the scales are calibrated and may or may not be accurate. The RD further stated she is in the facility one day a week and sometimes she will request a reweigh. The RD concluded that R3 has a body mass index of 20 and feels like some of the previous weights are not correct due to the broken scale, the RD will check her again on the following Tuesday.</p> <p>During an interview on 10/11/24 at 11:20 AM, the attending Physician stated he does not like to be too aggressive with the elderly and sometimes the staff will let him know of weight loss but he checks it himself while reviewing the record. The Physician stated sometimes he will order lab work or a supplement and he does not always trust the scales.</p> <p>3. Review of an admission record revealed the facility admitted R19 on 02/02/24, with diagnoses including but not limited to: acute respiratory failure with hypoxia, unspecified protein-calorie malnutrition, and muscle wasting and atrophy in left and right lower leg, and left and right upper arm not elsewhere classified.</p> <p>Review of R19's Orders dated 10/09/24 revealed Pro-Stat AWC Oral Liquid (Amino Acids-Protein Hydrolysate) Give 30 ml by mouth three times a day for advanced care wound healing, dated 09/12/24 Med-Pass give 30ml by mouth three times a day for advanced care wound healing.</p> <p>Review of R19's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/04/24, revealed R19 had a Brief Interview for Mental Status (BIMS) of 15 out of 15, which indicated R19 was cognitively intact.</p> <p>During an interview on 10/08/24 at 11:17 AM, R19 stated, I seen the nutritionist about two weeks ago, they do not have nondairy ensure. So, I must order mine from Amazon when I have the money. I get my niece to order it for me.</p> <p>During an interview on 10/08/24 at 2:43 PM, R19's Daughter-in-law stated, He is losing weight. I know he is a picky eater. He doesn't like grits, but he will eat oatmeal.</p> <p>During an interview on 10/10/24 at 10:49 AM, the Registered Dietician (RD) stated, I have a note on 09/10/2024 my intervention was to increase med pass a concentrated source and change prostat awc 30ml BID. I don't know if they were able to get [R19] on it or not. We tried to initiate tube feeding to meet additional needs. I am planning on doing a report on my recommendations. The weights are not accurate, it is questionable. The conversation needs to start with the resident and if he refuses the recommended tube feeding all I can do is supplement him.</p> <p>During an interview on 10/11/24 at 9:05 AM, Certified Nursing Assistant (CNA)3 stated, [R19] doesn't always like the food. We feed him too. He is a total care. He buys his own supplements because he is lactose free. If he doesn't eat the food, someone from his family will bring him something to eat. His brothers will bring him food. He likes breakfast foods and sandwiches, and fast-food items. He does look like he is losing weight.</p> <p>During an interview on 10/10/24 at 1:02 PM, the Director of Nursing (DON) stated, [R19] is lactose intolerant. We can order the nondairy supplements. He gets up quite a bit. Every day or every other. He has a friend in this building so he will come over here and they will sit on the porch.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/11/24 at 9:52 AM, Licensed Practical Nurse (LPN)5 stated, [R19] has had several appointments. He is followed by RD and wound MD. He is alert and oriented. A lot of the food he doesn't like. Even the staff goes out and get him food. We have lactose intolerant supplements, but he still thinks it has dairy in it.</p> <p>During an interview on 10/11/24 at 11:05 AM, the Medical Director (MD) stated, I am aware of the situation, [R19] is a picky eater. I talk to him many times. It's related to GI. [R19] bounces back a few months. I knew him before. I look at the residents' weights myself to follow up. I review the weights. Sometimes I review the charts before I document my notes. I order weekly or biweekly instead of monthly. The first number of weights I don't trust. So, I always ask them to reweigh and get PO intakes. Any true nutritional decline like eating less than half. I ask when I make rounds how they are eating, sleeping and etc. I usually go by their look and go with that. So, the staff may or may not tell me, but I usually assess that when I come to the facility.</p> <p>48214</p> <p>49918</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214</p> <p>Based on review of facility policy, observation, interview, and record review, the facility failed to ensure that Resident (R)18 who needed respiratory care was provided with such care that was consistent with professional standards of practice for 1 of 2 residents reviewed for oxygen therapy.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Oxygen Administration revealed, Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the residents' goals and preferences. 1. Oxygen is administered under orders of a physician .</p> <p>Review of R18's Face Sheet revealed R18 was admitted to the facility on [DATE], with diagnoses including but not limited to: chronic respiratory failure, congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD).</p> <p>Review of R18's Quarterly Minimum Data Set with an Assessment Reference Date of 08/26/24, revealed that R18 had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderate cognitive impairment. Further review of the MDS revealed R18 has dyspnea (shortness of breath).</p> <p>Review of R18's Physician Orders did not reveal any orders for oxygen therapy.</p> <p>Review of R18's Care Plan revealed, R18 has an altered respiratory status and has the potential for difficulty breathing and/or shortness of breath related to acute respiratory failure with hypoxia, COPD, CHF. Further review revealed R18 requires oxygen use.</p> <p>During an observation and interview on 10/09/24 at 1:00 PM, revealed R18 lying in bed receiving oxygen at 2 liters per minute (LPM) via nasal cannula (NC). R18 stated that she had always been on oxygen and was waiting for someone to change her NC.</p> <p>During an observation and interview on 10/10/24 at 10:21 AM, Licensed Practical Nurse (LPN)2, stated R18 was currently receiving oxygen via NC at 2 LPM. LPN2 was unable to find or produce an order for oxygen therapy for R18, and stated she should have one, but she would need to go check.</p> <p>During an interview on 10/10/24 at 10:39 AM, the Director of Nursing (DON), stated when residents are admitted from the hospital any orders are automatically populated into the system and then the medical director will review and sign off on them. The DON states that she will update R18's orders to correctly reflect oxygen therapy. The DON was unaware of how often orders are reviewed by the physician.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425107	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Sumter East Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 880 Carolina Avenue Sumter, SC 29150	
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 - Few</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** 49918</p> <p>Based on review of facility policy, observations, and interviews, the facility failed to ensure that all drugs and biologicals used in the facility were labeled in accordance to professional standards including expiration dates for 3 of 3 Medication Storage Rooms, 1 out of 4 Medication Carts , and 1 out of 3 Treatment Carts.</p> <p>Findings include:</p> <p>Review of the facility policy, copyright 2024 (The Compliance Store, LLC), titled, Medication Storage, states It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. 8. Unused medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy.</p> <p>An observation on 10/09/24 at 9:17 AM, of [NAME] Front Medication Storage Room (#1) for 100 & 200 Hall revealed the following: CareFusion MaxPlus Clear needleless connector Ref # MP1000-C Lot (10) 18065214 exp 2023-06-02, EZ Huber Safety Infusion Set 22G x 1.0 in with needless Y site exp 2024 05-31 Manufacturer BARD Sterile Lot REFU0162.</p> <p>An interview on 10/09/24 at 9:31 AM, Licensed Practical Nurse (LPN)5 stated, I went through the cabinets 10 times. I don't know why it is still expired items in there. This is my unit, so I am responsible for checking the cabinets on this unit for expired medications.</p> <p>An observation on 10/09/24 at 3:34 PM, of the South Medication Storage Room (#2) revealed: Dressing change kit w/Chloraprp @ Triple swab sticks manufacturer Wolf-Pak Lot No 221586506, Expired 2024 01-31.</p> <p>An observation on 10/09/24 at 3:50 PM revealed Storage room [ROOM NUMBER] refrigerator logs for August 2024, days 20-23 days temperature was not recorded.</p> <p>An interview on 10/09/24 at 3:50 PM, LPN1 stated the refrigerator is checked by the manager but we are in the process of hiring a manager. I've been trying to check for expirations.</p> <p>An observation on 10/10/24 at 11:50 AM, of the [NAME] Back Medication Storage Room (#3) revealed the following: BD max Plus clear needless connector Ref MP1000C Lot # (10) 19075266 exp 2024 07-10, Care fusion clear needless connector Ref MP1000-C Lot (10)18065214 Exp 2023 06 02, CareFusion MaxPlus Ref MP10000-C Lot# (10) 18055492 Exp 2023 05 30, EZ Huber Safety Infusion Set 22G x 1.0 in (0.7 mm x 25 mm) with needless Y site Lot REF3523 Exp 2024 09 30 Sterile open, Medline Insulin safety syringe 0.5 ml (50 units), 29 G x 0.5" Ref SYRSI193292 Lot # 897190700001 Exp 2024 06 30, [NAME] Point Syringe 3ml 25G x 1 (0.50 mm x 25 mm) Ref 10391 exp 2024 09 28 x2.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Sumter East Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 880 Carolina Avenue Sumter, SC 29150	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/10/24 at 12:20 PM reviewed expired medication with LPN3 who discarded in needle box.</p> <p>An interview on 10/10/24 at 12:30 PM, LPN3 stated, The unit managers usually check the medication storage rooms for expirations we are in transition now.</p> <p>An observation on 10/10/24 at 7:40 AM, of the Medication Cart 2 600 Hall (#3) revealed ExcelGinate Sterile Non-Woven Calcium Alginate 4 x 5 Dressing 1 Dressing, Manufactured MPM Medical, Lot # 21010151, Expired 2024 02 19.</p> <p>An interview on 10/10/24 at 7:40 AM, LPN4 stated, I never used that before. It is usually kept in the treatment cart. Expired medication was also reviewed by DON.</p> <p>An interview on 10/11/24 at 7:22 AM, the Director of Nursing (DON) stated, They are supposed to throw the expired medications away. The Staff Development Coordinator (SDC) does education on all treatment supplies and dressings. The wound MD usually instructs if it is different from the norm.</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>Provide and implement an infection prevention and control program.</p> <p>49918</p> <p>Based on review of facility policy, observations, interviews, and record review, the facility failed to properly clean a glucometer machine.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Blood Glucose Monitoring copyright date 2023 revealed, It is the policy of this facility to preform blood glucose monitoring to diabetic residents as per physician's orders. Policy Explanation and Compliance Guidelines 2. The nurse will perform the blood glucose test utilizing the facility's glucometer as per manufacturer's instructions. 3. The nurse will abide by the infection control practices of cleaning and disinfection of the glucometer as per the manufacturer's instructions and in accordance with the facility's glucometer disinfection policy. Procedure 18. Clean and disinfect the glucometer as per manufacturer's instructions.</p> <p>During an observation on 10/10/24 at 8:16 AM, Licensed Practical Nurse (LPN)2 cleaned a glucometer machine with an alcohol wipe.</p> <p>During an interview on 10/10/24 at 10:00 AM, Director of Nursing (DON) stated, Glucometer machines are cleaned with our Bleach Wipes.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>31846</p> <p>Based on review of facility policy, observation and interview, the facility failed to ensure 3 of 3 clothes dryers in the East Building did not contain an excessive amount of lint. The lint was located above the lint baskets and onto the wiring.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care of Equipment states, To review the use and care of all equipment used by the Laundry Department to perform their daily duties. Laundry departments work with 2 types of equipment. Large pieces (washers/dryers, etc). Larger equipment must be maintained on a regular basis. Preventative Maintenance (PM) work may be the responsibility of the Maintenance Department in some buildings, but the Laundry Supervisor must still be familiar with the daily cleaning and simple maintenance. Laundry Equipment - Dryers Lint screens must be cleaned every two or three loads. The bottom of the dryers must also be lint free. The drums of dryer should be cleaned after each load to prevent any type of trash or lint from heating up and melting to the inside. The area between the drum and walls of the dryers should be blown clean of lint on a regular basis. The area at the top of the dryers by the control panel and around the pilot should be kept free of lint at all times. The area behind the dryers as well as the vent work coming from the dryers should be kept free of lint. Always document the dryer cleaning.</p> <p>An observation on 10/10/24 at 7:40 AM, of the laundry room in the East Building revealed 3 clothes dryers with an excessive amount of lint on top of the lint baskets and around the wiring. This was confirmed by the laundry worker and the maintenance director.</p> <p>Review of the Work History Report: Listed is the Building, East or West, the Due Date, the Task Description and Task Completion date and time and by whom. The dryer vent cleaning was completed in the East Building on 10/01/24. The dryer vents in the East Building were scheduled to be cleaned on 08/31/24 and was completed on 09/18/24. On 07/31/24 the dryer vent cleaning was due to be competed but was marked as completed on 07/30/24.</p> <p>During an interview on 10/10/24 at 7:45 AM, the Maintenance Director confirmed the excessive amount of lint over the lint baskets and hanging from the wiring for 3 clothes dryers in the East Building. The Maintenance Director stated that the area above the lint baskets and on the wiring is removed monthly.</p>		