

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Pocotaligo River Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  5583 Summerton Highway Manning, SC 29102	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31846</p> <p>Based on the facility policy, record reviews and interviews, the facility failed to develop a Comprehensive Plan of Care for Resident (R)79 related to dialysis, for 1 of 1 resident reviewed for Dialysis.</p> <p>Findings include:</p> <p>Review on 07/23/2024 at 01:07 PM of the facility policy titled, Comprehensive Care Plans, states, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives ad timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The Policy and Compliance Guidelines: 1. The care planning process will include an assessment of the resident's strengths and needs, and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally-competent and trauma-informed. 3. the comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. 6. The comprehensive care plan will include measurable objectives and timeframe's to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented as needed.</p> <p>Review of R79's Face Sheet revealed R79 was admitted to the facility on [DATE], with diagnoses including, but not limited to: end stage renal disease, diabetes insipidus and diabetes mellitus, diabetic chronic kidney disease, acute kidney failure, and dependent on renal dialysis.</p> <p>Review of R79's Comprehensive Care Plan on 07/23/24 at 1:07 PM, did not reveal a plan of care addressing R79's Dialysis treatment and care.</p> <p>During an interview on 07/24/24 at 2:10 PM, the Care Plan Coordinator stated the care plans were put into a PDF (portable document format) file, but now they could not locate the file. The Care Plan Coordinator further stated the care plans were being rewritten manually and it was taking a lot of time. The facility changed computer systems on 07/01/24. The Care Plan Coordinator confirmed the care plan for R79 was not developed to include dialysis.</p> <p>(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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/24/24 at 3:25 PM, the Administrator stated that all the care plans were printed out so that the facility would have a copy before the system change on 07/01/24. The Administrator further stated that the care plans were to be updated when they came due again.</p> <p>50788</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>31846</p> <p>Based on review of facility policy, record reviews, and interviews, the facility failed to ensure interventions were in place to ensure Resident (R)79 maintained acceptable parameters of nutritional status and decreased the likelihood for further weight loss for 1 of 3 residents reviewed for nutrition.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Weight Monitoring states as the Policy, Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameter of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. Compliance Guidelines: Weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem. 1. The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes. a. Identifying and assessing each resident's nutritional status risk factors. b. Evaluating/analyzing the assessment information, c. Developing and consistently implementing pertinent approaches. d. Monitoring the effectiveness of interventions and revising them as necessary. 4. Interventions will be identified, implemented, monitored and modified (as appropriate), consistent with the resident's assessed needs, choices, preferences, goals and current professional standards to maintain acceptable parameters 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 R79's Weights located in the medical record revealed the following weights:</p> <p>On admission (06/14/2024), R79 weighed 156 pounds.</p> <p>On 06/16/2024, R79 weighed 153 pounds.</p> <p>On 06/23/2024, R79 weighed 152 pounds.</p> <p>On 07/03/2024, R79 weighed 153 pounds.</p> <p>On 07/07/2024, R79 weighed 145 pounds.</p> <p>On 07/14/2024, R79 weighed 145 pounds.</p> <p>On 07/22/2024, R79 weighed 142 pounds.</p> <p>No interventions were in place to decrease the likelihood of further weight loss.</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 - Few</p>	<p>Review of R79's Medication Administration Record (MAR) revealed a supplement Nepro with Carb Steady after meals give 1 carton 3 times daily. The Nepro Carb Steady was ordered on 07/02/24 and was to be discontinued on 07/19/24. The MAR documented R79 receiving 3 times per day from 07/02/24 until 07/18/24. R79 did not receive the supplement after 07/18/24. Further review of the MAR revealed that on 07/24/24 the supplement was reordered due to the weight loss. No other supplements were ordered or had been ordered prior to 07/24/24.</p> <p>Review of the meal intake from 07/01/24 through 07/21/24 revealed no documentation for percentage of meals (breakfast, lunch, and dinner) eaten on 07/02/24, 07/07/24, 07/08/24, 07/11/24, 07/12/24, 07/15/24, 07/16/24 or 07/18/24.</p> <p>During an interview on 07/24/24 at 8:40 AM, the Registered Dietitian (RD) brought in a RD note dated 06/17/24, as there were no other RD notes in the medical record for R79. The RD stated she would be making recommendations today. On 07/24/24 the Nepro Carb Steady dietary supplement was reordered.</p> <p>During an interview on 07/24/24 at 10:40 AM, the Director of Nursing (DON) stated that was due to the new software and the changing from one computer system to the current one as of 07/01/24. All the medications are documented but not the supplement. The DON stated that if the surveyor asked the resident, he could tell me that he received it 3 times daily even though it is not documented. The documented meal intake was reviewed with the DON and she stated that they had had multiple issues changing from the old computer system to the new computer system.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>50788</p> <p>Based on record review, interviews, and review of facility policy, the facility failed to provide a completed performance review for 4 of 5 staff members reviewed for employee performance.</p> <p>Findings include:</p> <p>Review of the facility policy titled Competency Evaluation with a revision date of February 2023, revealed, It is the policy of this facility to evaluate each employee to assure appropriate competencies and skills for performing his or her job and to meet the needs of facility residents. Employee competency forms are maintained in the Staff Development Coordinator's office for current training year. Then forwarded to the Human Resource Director for placing into the employee's personnel file.</p> <p>Review of 5 Pocotaligo Health and Nursing Employee Personnel files revealed, current performance reviews were not included in personnel files for 4 of 5 staff members.</p> <p>Review of Nurse Aide Competency Performance Reviews revealed, competencies were assessed for 5 of 5 staff members, 4 of 5 Nurse Aide Competency Performance Reviews were without competency type and signature of staff member.</p> <p>During an interview on 07/24/24 at 4:14 PM, the Director of Nursing (DON) revealed, staff will be bringing performance reviews shortly. Competencies are based on patient acuity and determines the level of competency a staff member will need. Competencies are assessed by the unit managers, Assistant Director of Nursing (ADON), and DON.</p> <p>During a follow up interview on 07/24/24 at 4:40 PM, the DON revealed, she doesn't know why evaluations were not signed, had a lot that day just probably forgot to get them to sign.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49818</p> <p>Based on review of facility policy, interview, and record review, the facility failed to ensure that residents were free of unnecessary psychotropic medication, for 1 out of 5 residents reviewed for unnecessary medications, Resident (R)22.</p> <p>Findings include</p> <p>Review of the undated facility policy titled, Use of Psychotropic Medication revealed, Policy: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s). Policy Explanation and compliance guidelines: 12. Use of psychotropic medications in specific circumstances: c. New admissions: i. The facility shall identify the indication for use, as possible, using pre-admission screening and other pre-admission data. ii. The physician in collaboration with the consultant pharmacist shall re-evaluate the use of the medication and consider whether or not the medication can be reduced or discontinued up admission or soon after admission.</p> <p>Review of R22s Admission Record revealed R22 was initially admitted on [DATE] and readmitted to the facility on [DATE] with a diagnoses including but not limited to encounter for other orthopedic aftercare, Parkinsonism, and chronic obstructive pulmonary disease.</p> <p>Review of R22s Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 06/26/24 a Brief Interview for Mental Status (BIMS) score of 4 out of 15, indicating R22 has severe cognitive impairment.</p> <p>Review of R22's Physician Order revealed the following orders: Seroquel Oral Tablet 25 MG Give 25 mg by mouth at bedtime for sleep for 7 days order date of 07/11/24, start date 07/25/24, end date 08/01/24. Seroquel Oral Tablet 50 MG Give 50 mg by mouth at bedtime for sleep for 7 days order date of 07/11/24, start date 07/18/24, end date 07/25/24.</p> <p>Review of R22s Care Plan with a start date of 06/26/24 revealed no diagnoses that required that use of antipsychotic medications nor a plan related to adverse effects of the medication.</p> <p>During an interview on 07/24/24 at 12:02 PM, the Medical Director (MD) revealed that inability to consent determination for resident stated that resident is unable to consent due to dementia and encephalopathy. The MD states, resident does not have a true diagnosis of dementia and that's why I added the encephalopathy. The MD states that R22 does have encephalopathy. When advised that neither diagnosis was listed on R22's diagnosis list the MD revealed that because, signing the inability to consent form is not something we charge for, I would not go back and add an ICD on the diagnosis, it's done off of clinical judgement.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up interview on 07/24/24 at 12:43 PM, related to R22 receiving Seroquel for sleep, the MD revealed that, [R22] came to the facility from the hospital, back in June with Parkinsons, had some falls, which goes back to encephalopathy. The MD states, I saw him on the 25th and the nurse practitioner saw him on the 27th. He came to us on it, we wouldn't have done a psychotic GDR (gradual dose reduction) yet, medication reviews are done quarterly. The MD continues to explain, everyone I work with knows I like I like to see a correct diagnosis. If there is not one on there that is on us. The MD further explains, I don't think pharmacy has mentioned that to me, I don't have a good explanation. When asked is there something you all do when residents come in regarding medications, the MD revealed, with new admits it's a team discussion and if they don't have a past history, staff knows I don't like keeping them on it. I like to stop it. This has been an oversight. The MD states I will see the resident today. The encephalopathy would be a correct diagnosis.</p> <p>During an interview on 07/24/24 at 3:05 PM, Registered Nurse (RN)2 revealed they are familiar with R22 and their diagnoses and care and explains that R22 has a diagnosis of dementia, congestive heart failure, blind, and needs to be fed. RN2 continues to explain that R22 is taking Seroquel for behaviors. RN2 reviewed R22's chart during the interview and revealed that R22 had no listed diagnosis of dementia then stated, dementia is a loose term when residents are confused. RN2 further explains that, the MD and admin team make the call for the medication based on input from nurses, bottom line is the doctor, he relies on the admin team's input to warrant medication.</p> <p>During an interview on 07/24/24 at 3:47 PM, the Administrator revealed that residents come in with discharge summary, every medication should have a diagnosis. The Administrator states, I think pharmacy reaches out to us or the MD for clarification of the order if there are two orders for the same medication. The Administrator states that a medication review is done when a resident comes in but is unable to specify the exact time frame. The Administrator further explains, pharmacy is in here every month doing drug reviews. The Administrator revealed their expectation is that, residents would have a proper diagnosis, but I leave it to the MD to make the determination.</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>47075</p> <p>Based on review of facility policy, observation, interview, and record review, the facility failed to ensure accurate labeling and dating of foods. Furthermore, the facility failed to ensure cold foods are held at safe temperatures.</p> <p>Findings include:</p> <p>Review of the facility policy titled Labeling, Dating Foods (Date Marking) dated 2020, revealed, Procedure: 2. Date marking for refrigerated storage food items. Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility and place in/on proper storage location utilizing the first in-first out method of rotation. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to the current safe food storage guidelines or by the manufacturer's expiration date.</p> <p>Review of the facility policy titled Monitoring Food Temperatures for Meal Services dated 2020, revealed, Guideline: Food temperatures will be monitored to prevent foodborne illness and ensure foods are served at palatable temperatures. Procedure: 1. Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures, any food item not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action listed below. 2. The temperature for each food item will be recorded on the Food Temperature Log Foods that required corrective action (such as reheating) will have the new temperature recorded with a notation of the corrective action intervention.</p> <p>During an observation on 07/22/24 at 10:14 AM, of the kitchen with the Registered Dietician (RD) revealed the following in the Walk in Cooler: one box of opened romaine lettuce labeled with an open date of 07/19/24, but no discard date. One opened box of lettuce with an open date of 07/19/24, but no discard date. One box of cucumbers with an open date of 07/16/24, but no discard date.</p> <p>During an interview on 07/22/24 at approximately 10:17 AM, the Registered Dietician (RD) revealed that all staff are trained on how to properly receive, label, rotate and discard items.</p> <p>During an observation on 07/23/24 at approximately 12:09 PM, of temperature checks in the kitchen, the following readings were captured for cold items being served during lunch: beets at 48 degrees Fahrenheit, chicken salad at 42 degrees Fahrenheit, chicken salad on croissant at 54 degrees Fahrenheit, pureed chicken salad at 45 degrees Fahrenheit, chicken salad on white bread at 53 degrees Fahrenheit, salad at 58 degrees Fahrenheit, and salad without tomatoes at 61 degrees Fahrenheit.</p> <p>Review on 07/23/24 of food temperature for Cypress Wing, Dogwood Wing, Magnolia Wing, and Palmetto Wings, revealed no food temperatures were recorded prior to service.</p> <p>During an interview on 07/23/24 at 12:20 PM, the Dietary Aide revealed, when the food temperature is not in range it is the procedure to notify the manager and the manager gives directions as to what to do.</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 07/23/24 at 12:20 PM, the Homemaker revealed, When the regulatory food temperature is not in reach it is the procedure to notify the [RD] for further instructions. She is to document the temperature on the temperature logs while temping the food item.</p> <p>During a follow up interview on 07/23/24 at 1:57 PM, the Homemaker stated, They do not temp foods once the food leaves the kitchen and are bought to the satellite kitchens.</p> <p>During an interview on 07/23/24 at 2:05 PM, the Registered Dietician (RD) states that they do not temp foods before they serve in the satellite kitchens. If the meals were delayed, then they would but the carts have hot plates that hold the temps. The RD states she does not know if they are always properly working or if the temp stays the same because they have never checked to see.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>25335</p> <p>Based on observations, interviews, record review, review of facility policy, and manufacturer recommendations, the facility failed to ensure the proper cleaning and disinfection of a glucometer for 1 of 4 medication pass observations of finger stick blood sugars. Furthermore, the facility failed to ensure staff used appropriate PPE (personal protective equipment) when handling soiled laundry for 2 of 2 staff observed processing laundry.</p> <p>Findings include:</p> <p>Review of the facility policy titled Glucometer Disinfection dated 2024, states, The purpose of this procedure is to provide guidelines for the disinfection of capillary-blood glucose sampling devices to prevent transmission of blood borne diseases to resident and employees . Glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions.</p> <p>Review of the Quality Control Reference Manual for the Assure Platinum Blood Glucose Monitoring System dated 2024, states, Cleaning can be accomplished by wiping down with soap and water or isopropyl alcohol, but will not disinfect a meter. Disinfecting the meter can be accomplished with an EPA (Environmental Protection Agency) registered disinfectant or germicide that is approved for healthcare settings or a solution of 1:10 concentration of sodium hypochlorite (bleach) . In accordance with CDC (Center for Disease Control) guidelines, we recommend that the Assure Platinum meter be cleaned and disinfected after each use for individual resident care.</p> <p>During an observation and interview on 07/22/24 at approximately 4:03 PM, Registered Nurse (RN)1 removed an Assure Platinum glucometer from the medication cart, placed it on a plastic tray and proceeded to use the glucometer to test the blood sugar of Resident (R)133. On 7/22/24 at approximately 4:07 PM, RN1 returned to the medication cart, wiped the plastic tray used to carry the glucometer with a Sani-wipe but did not wipe the glucometer. The glucometer was then placed back in its medication cart compartment, not cleaned or disinfected. When asked about cleaning and disinfecting the glucometer, RN1 stated the glucometer had not been wiped and was not typically wiped since everyone has their own.</p> <p>Review of the facility policy titled Infection Prevention and Control Program dated 05/15/23 revealed, Policy Explanation and Compliance Guidelines: 12. Linens: a: Laundry and direct care staff shall handle, store, process and transport linens to prevent the spread of infection.</p> <p>Review of a Third Party Laundry Services policy and procedure titled Handling Soiled Linen dated 03/17/14, revealed, Handling Soiled Linen on Units Laundry personnel must use proper protective equipment when pulling the soiled linens from the floor (gloves, apron, goggles, etc.) Handling Soiled Linen in Laundry Proper personal protective equipment should always be worn when sorting soiled linens. Handling clean linen on the Units Personnel handling clean linen must wear proper protective equipment especially if the same person handles both the soiled and clean linens.</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 - Some</p>	<p>During an observation on 07/23/24 at 8:24 AM, Laundry Aide (LA)1 was observed in the laundry room, on the dirty laundry side, standing in front of a washing machine, with gloves on but no apron. LA1 was reaching in a large yellow bin, pulling out soiled linen and putting them into the washing machine.</p> <p>During an observation on 07/23/24 at 8:40 AM, LA1 was observed entering the soiled linen room on the 100 Hall. LA1 put on gloves, pulled bags of soiled linen and resident clothes from one bin and placed it into another. LA1 pulled Hoyer slings from a bin with trash in it and placed it in a bin with bagged soiled linen and clothing (slings were not bagged). LA1 removed their gloves as they exited the soiled linen room and proceeded to push bins back to the laundry room. Once they entered the laundry room LA1 put on gloves, without washing their hands, and began removing bagged items from the large yellow bin and separating them into a larger black bin. The large black bin has a cover marked 1&amp;2. LA1 opened bags one at a time slightly shaking them and placed white linen to the front side of the bin and residents' dark clothes to the back side of the bin.</p> <p>During an observation on 07/23/24 at 8:52 AM, Laundry Supervisor entered the laundry room and began assisting LA1 in separating clothes. The Laundry Supervisor was observed removing bags of soiled linen and clothing from a large yellow bin and placing them in a separate large black bin with a cover marked 3&amp;4 on top. The Laundry Supervisor wore gloves but no other PPE as she removed the soiled items from the bags and placed them into the large bin. The Laundry Supervisor was also observed handling heavily soiled linens and pads, with large wet brown stains and placed it in the bin. Both the Laundry Supervisor and LA1 sprayed and wiped down the bins once they were empty.</p> <p>During an observation on 07/23/24 at 11:26 AM, LA1 pulled a load of clean linen out of one dryer and the Laundry Supervisor began folding the linen. While folding the linen the Laundry Supervisor pressed the linen against her body.</p> <p>During an interview on 07/23/24 at 8:50 AM, the Laundry Supervisor revealed the linen with heavily soiled brown stain will sit at the bottom of the bin and be washed last. The Laundry Supervisor further explains, we try to reclaim them two times but if they are too bad, we just get rid of them.</p> <p>During an interview on 07/23/24 at 11:08 AM, the Laundry Supervisor revealed the procedure for processing the laundry is as follows: bins are pulled in from the floor, separate the whites from the color, we usually load whites which includes the towels and linens first because that's what they need the most of first thing in the morning. After the bins are emptied, we wipe the bins down and the floor techs take them back to the floor. The Laundry Supervisor explains, each hall has a separate washer, we wash halls 1 and 2 together and we wash halls 3 and 4 together. After loading the machine we wash hands, check the chemicals to make sure they are not low and wash our hands again, then we take clean linen out on clean side. The Laundry Supervisor further explains, an apron is worn if there is an infection control outbreak along with goggles, each staff have their own goggles. The Laundry Supervisor revealed that at the scheduled times of 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM and 4:00 PM, the machines (both washers and dryers) are wiped down and the lint filters are checked. The Laundry Supervisor revealed that staff do not wear aprons when they fold clothes, only when there is an infection, but staff should not allow clean clothes to touch their clothes when they are folding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/24/2024
NAME OF PROVIDER OR SUPPLIER  Pocotaligo River Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  5583 Summerton Highway Manning, SC 29102	
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 - Some</p>	<p>During an interview on 07/23/24 at 4:25 PM, with the Infection Preventionist (IP) and the Director of Nursing (DON). The DON revealed, when handing soiled linen contaminated with blood or bodily fluids, in the laundry room, staff should have on gloves, gowns/aprons, and mask to prevent inhalation of aerosol or splatter of blood and body fluids. The IP further explains staff should keep soiled and clean separated at all times wash hands before contact with clean leaning and after contact with soiled linen. The IP revealed their expectation is that staff wear PPE at all times because there may be body fluid on soiled linen or clothing.</p> <p>49818</p>		