STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425165	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Manor - Rock Hill	127 Murrah Dr Rock Hill, SC 29732

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on review of facility policy, observation, and interview, the facility failed to ensure proper procedure was followed during wound care to promote healing and/or to prevent infection for Resident (R)26, for 1 of 2 residents reviewed for wound care. Findings include: Review of the facility policy titled, Performing a Dressing Change last revised on 06/01/15, states, A dressing change will follow specific manufacture's guidelines and general infection control principles. Review of R26's Face Sheet revealed R26 was admitted to the facility on [DATE], with diagnoses including but not limited to: diabetes mellitus type 2, depression, and non-pressure chronic ulcer of buttock. Review of R26's Progress Note dated 07/25/24 stated, Right buttock stage 2 pressure wound 1.2 x 0.6 x 0.2 with moderate serous exudate. Open area with exposed dermis. Wound progress not at goal. Surface area greater than previous measurement. MD suspect sliding board use for transfer may be exacerbating wound. Review of R26's Physician Orders revealed, RIGHT BUTTOCK STAGE 2 PRESSURE WOUND: Clean with NSS or wound cleanser. Apply honey hydrogel and cover with ZETUVIT silicone border dressing. During an observation of wound care on 07/31/24 at 10:04 AM, the Wound Care Nurse (WCN) was observed entering R26's room to perform wound care. R26 was on Enhanced Barrier Precautions (EBP) as indicated by the signage on the door. The WCN did not follow the guidelines listed on the signage. The WCN did not put on a gown. The WCN washed her hands, then pulled back R26's blanket and donned gloves, no hand hygiene was observed after removing R26's blanket. During an interview on 07/31/24 at approximately 10:15 AM, the WCN stated she was nervous during the wound care of R26 and unaware that she had not followed proper procedure.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50085 Based on observations, interviews, record review, and review of facility policy, the facility failed to provide physician ordered restorative services for Resident (R)3, for 1 of 3 residents reviewed. Findings include: Review of the facility's policy titled, Restorative Nursing with a revision date of 02/29/24, revealed, Treatment protocols for individual positioning with splinting static or dynamic splinting and positioning are utilized to inhibit tone and maintain or prevent abnormal posturing or positioning. Appropriate use of splints to assist with positioning may enhance functional mobility. Review of R3's Face Sheet revealed R3 was admitted to the facility on [DATE], with the diagnoses including but not limited to: hemiplegia, and hemiparesis following cerebral infarction affecting left non-dominant side, occlusion and stenosis of other cerebral arteries, dysphagia, chronic obstructive pulmonary disease with exacerbation, edema, left hand contracture, and pain in joints of left hand. Review of R3's Quarterly Minimum Data Set with an Assessment Reference Date (ARD) of 05/15/24, revealed R3's Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicated R3 was cognitively intact. Further review of the MDS revealed R3 did not exhibit behaviors of rejection of care. Review of R3's Physician Orders indicated, Restorative nursing program range of motion exercises and range left hand then apply left splint for 6.5 hours three times a week effective on 05/20/24. Review of R3's Care Plan dated 05/28/24, revealed R3 is receiving restorative care range of motion exercises and range left hand, apply left hand splint 6.5 hours a day three times a week. The goal revealed R3 will achieve the highest level of functioning over the next 90 days. The approach instructed staff to: Allow periods of rest between exercises if needed. Encourage the resident to do as much as they can. Evaluate progress every month and as needed. Document addressing area 1. Is the care plan appropriate, 2. Are changes recommended to goals or approaches? 3. Document changes. 4. Continue or discontinue the program. Give encouragement even with small effort made by resident. Observe verbal and non-verbal signs of pain and notify licensed nurses. Review of R3's Care Plan Evaluation Notes dated 07/12/24, Licensed Practical Nurse (LPN)2 revealed the care plan is appropriate with no changes to goals needed, continue with program. Review of R3's Point Of Care Restorative Nursing Report dated 06/01/24 to 07/31/24, revealed documentation for passive range of motion 15 minutes three or more times a week. Further review did not reveal documentation noted for splint or brace assistance and no documented refusals. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 07/30/24 at 1:28 PM, R3 revealed her left-hand contracture, and stated she has a splint that is ordered to be used three times a week for 6.5 hours. R3 stated the splint has not been placed on her left hand in months. R3 further stated that she is unable to fit the splint due to not using the device regularly. During observations on 07/30/24 at 1:28 PM, and 07/31/24 at 11:48 AM and 1:39 PM, revealed a dark blue splint with Velcro straps, in a box, on top of a dresser. During an observation and interview on 07/31/24 at 1:57 PM, R3 revealed she did not receive restorative therapy passive range of motion and splinting on 07/30/24 or 07/31/24. The dark blue splint was again observed in a box on R3's dresser. During an interview on 07/31/24 at 2:05 PM, LPN2 revealed that she is over the restorative therapy program. LPN2 stated, [R3's] splint stays on for 6.5 hours. [R3] does her own thing when it comes to her care. Any refusals are expected to be documented within the plan of care response. When the patient refuses multiple times and they report to me, I do not report it to anyone. I have not seen a decline in [R3's] range of motion. To my knowledge [R3] can use the splint that is in her room. There is no time on the log to track time of splint usage. I have not been a witness to [R3] refusing a splint. If [R3's] splint did not fit, I would have reported it to therapy. During an interview on 07/31/24 at 2:54 PM, CNA1 stated, If [R3] refuses you can chart a refusal to care, for a period I was unaware that [R3] was ordered to have a splint applied with care. CNA1 revealed that she applied a splint for R3 a total of three times in the past two month. CNA1 verified she occasionally forgets to put on R3's splint. CNA1 stated she did not see or provide restorative therapy to R3 and does not remember charting the encounter on 07/30/24. During an interview on 07/31/24 at 3:10 PM, CNA2 revealed being very familiar with R3's restorative therapy. R3 receives passive range of motion to the left hand and there is no splint ordered. During an interview and observation on 07/31/24 at 3:18 PM, Occupational Therapist (OT) revealed R3 was discharged from therapy on 05/20/24, three times a week range of motion and splinting. The OT stated the goal of the program care was that staff will put on left splint 6.5 hours a day and have client complete range of motion exercises on left hand. The OT further stated, R3 was using the splint provided prior to discharge without any issues. R3 can communicate any issues with the splint and did not display any rejection to care. The left-hand splint was not to correct the left-hand contracture, it was to prevent the contracture from getting worse, circulation, and comfort. It was intended to be a prevention measure from further issues.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 50087 Based on observation, interview, and record review, the facility failed to properly dispose of expired medication and biologicals for 1 of 5 medication carts. Findings include: Review of the facility policy titled Pharmacy Services Policies and Procedures with a complete manual revision date of 04/01/22, states, Medication with manufacturer's expiration date expressed in month and year (e.g., May 2019) will expire on the last day of the mouth. (unless a sooner date has been placed on the package by the pharmacy). Once any medication or biological package is opened, the facility should follow manufacturer/supplier guidelines with respect to expiration dates of opened medications. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures of medication destruction, and recorded from the pharmacy, if replacements are needed. Facility should ensure that medication and biologicals for expired and/or discharged residents are stored separately, away from use, until destroyed or returned to the provider. During an observation on 07/31/24 at 1:05 PM, of Medication Cart B located on Hall 200 revealed the following: 2 Systane Complete Eye drops, lot# 11B45 with an expiration date of March 20, 2024. 2 Lab-vacutainers with a red speckle top, with an expiration date of February 28, 2023. 2 Urine C&S, with a gray top, with an expiration date of April 30, 2023. During an interview on 07/31/24 at 1:10 PM, the Licensed Practical Nurse (LPN) verified all expired medications/biologicals and stated it is supposed to be discharged and documented. The LPN further stated that all nursing staff with medication carts are responsible for auditing their cart, checking for expired meds and equipment. During an interview on 07/31/24 at 1:30 PM, the Administrator stated all medications with an expired date are supposed to be disposed of and documented as required. The Administrator further stated all nursing staff are responsible for checking their cart daily, making sure all the residents' medications have not expired and if so, it needs to be disposed of and well documented.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 48214 Based on observation and interview, the facility failed to ensure the meals served were palatable and prepared according to menu specifications. Taste tests of the foods prepared for the puree, mechanical and regular diets revealed the foods tasted freezer burnt, bland and was grossly under seasoned. Residents interviewed during the residential council meeting verbally expressed dissatisfaction with the meals. Findings include: Observations of test trays by multiple surveyors on 07/30/24 at approximately 1:00 PM revealed, sweet, mashed potatoes that tasted bland, watery squash without season, a burnt dinner roll that tasted freezer burnt, bland chopped polish sausage, Salisbury steak that had no seasoning and tasted freezer burnt. Interview on 07/31/24 at 10:30AM, the Certified Dietary Manager (CDM) stated that he had not received any grievances related to food services. CDM also stated that the facility mostly uses frozen items for meals and sometimes cook fresh items for the residents. Interview on 07/31/24 at 10:54 AM during the resident council meeting, the resident council president stated, the food is a problem, and it is not appetizing, lacks flavor, does not look good, and feels as though the food is not fresh.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214 Based on observation, interview, and review of facility policy, the facility failed to ensure foods were stored properly and failed to ensure that kitchen staff wore hair/beard restraints during meal preparation. Additionally, the facility failed to ensure the ice machine was properly cleaned and sanitized, for 1 of 1 main kitchen. Findings include: Review of the facility policy titled Food Safety in Receiving and Storage last revised on [DATE], states, Food will be received and stored by methods to minimize contamination and bacterial growth. Receiving guidelines, 5. Inspect food when it is delivered to the facility and prior to storage for signs of contamination. 6. Check expiration dates and use by dates to assure the dates are within acceptable parameters. General Food Storage Guidelines 3. Label both the container and its lid with the common name of the contents, the date it was transferred to the new container and the discard date. Review of the facility policy titled Ice-Storage and Ice-making Machines, Sanitary Care and Maintenance last revised on [DATE], states, Sanitary care and maintenance of ice-storage and ice-making machines will be accomplished in accordance with the facility practice guidelines . Clean ice-storage chests on preset schedule, monthly to quarterly with ice-making machines. Clean these also on an as needed basis. Review of the facility policy titled Safe Food Handling last revised on [DATE], states, Anyone working in the kitchen during normal food production hours is expected to wear appropriate hair restraints (such as hats, hair covers or nets, beard restraints). During a tour of the kitchen on [DATE] at 9:49 AM, the following was observed: 11 cartons of moderately thick sweet tea, stored in dry storage, expired. 11 cartons of grove tomato juice, stored in the dry storage, expired. 2 jugs of Vitality apple juice with what appeared to be mold. 1 open carton of orange juice, not properly sealed. 1 open box of dinner rolls, stored in the freezer, not properly sealed. 1 open box of hashbrowns, stored in the freezer, not properly sealed. The CDM removed all items of concern from the dry storage and cooler. During a follow up visit to the kitchen on [DATE] at 3:00 PM, revealed 1 open, undated, and unlabeled bag of an unidentified cubed meat in the stand-alone refrigerator. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on [DATE] at 10:01 AM, the Certified Dietary Manager (CDM) stated, upon arrival and after being stored, the staff do not check food deliveries for expiration dates, as they expect the items to be new. The CDM further stated the Vitality juices had just come from the freezer. During an observation and interview on [DATE] at 3:00 PM, the CDM was observed in the kitchen preparing food for lunch service. The CDM was not wearing a beard restraint. The CDM stated he was busy and had just forgotten his beard restraint. During an observation and interview on [DATE] at 3:09 PM, revealed the inside white panel of the ice machine was dirty with a black mold-like substance. The CDM stated the maintenance man was in charge of ensuring the ice chest is cleaned monthly, the CDM also stated the ice chest was cleaned yesterday.

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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** 48214 Based on review of facility policy, observation, and interview, the facility failed to ensure proper infection control procedures were followed during wound care to prevent infection for Resident (R)26, for 1 of 2 residents reviewed for wound care. Findings include: Review of the facility policy titled, Transmission Based/Standard Precautions, and Enhanced Barrier Precautions last revised on 05/15/23, states Healthcare worker will implement enhanced barrier precautions according to policy . 1. Enhanced Barrier Precautions (EBP), A. EBP will be implements for All residents with the following: 2) wounds and/or indwelling medical devices regardless of MDRO colonization status, C. EBP requires the following PPE: 1) Gloves, 2) Gown, . 4) All PPE is donned and doffed with appropriate hand hygiene and disposable after individual use or when visibly soiled. Review of R26's Face Sheet revealed R26 was admitted to the facility on [DATE], with diagnoses including but not limited to: diabetes mellitus type 2, depression, and non-pressure chronic ulcer of buttock. Review of R26's Progress Note dated 07/25/24, stated, Right buttock stage 2 pressure wound 1.2 x 0.6 x 0.2 with moderate serous exudate. Open area with exposed dermis. Wound progress not at goal. Surface area greater than previous measurement. MD suspect sliding board use for transfer may be exacerbating wound. Review of R26's Physician Orders revealed an order for Enhanced Barrier Precautions r/t sacral wound every shift. During an observation of wound care on 07/31/24 at 10:04 AM, the Wound Care Nurse (WCN) was observed entering R26's room to perform wound care. R26 was on Enhanced Barrier Precautions (EBP) as indicated by the signage on the door. The WCN did not follow the guidelines listed on the signage. The WCN did not put on a gown prior to providing wound care. During an interview on 07/31/24 at approximately 10:15 AM, the WCN stated she was aware that R26 is on EBP, however she did not apply the PPE because she was nervous and forgot the precautions.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 48214 Based on observations, interviews, record review and review of the facility policy, the facility failed to maintain an effective pest control program. Findings Include: Review of the undated facility policy titled, Pest Control revealed, Facility will maintain an effective pest control program to prevent or eliminate infestation of pests and rodents. During an observation on 07/31/24 at 10:45 AM, in the kitchen, revealed multiple cockroaches crawling on the floor near the stove. During an observation on 08/01/24 at 10:57 AM, in the kitchen, revealed a cockroach crawling on a bag of bread. During an observation on 08/01/24 at 12:15 PM, in the kitchen, revealed a cockroach crawling on the dishwasher. During an interview on 07/31/24 at 11:30 AM, the Kitchen Manager (KM) stated he had never seen any roaches before and it was his first time seeing them. During a follow up interview with the KM, he stated that he had seen some roaches a while back and they had contacted Ecolab to come out.