

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</b></p> <p>Based on interviews, record reviews, and facility policy review, the facility failed to notify the physician for 1 resident's (Resident (R) 134) change in condition out of a sample of 33 residents. This failure delayed the physician in treating pressure ulcers.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Documentation- Licensed Nursing revised 05/05/23 and provided by the facility indicated, . The initial evaluation of the patient/resident will be completed as soon as possible, but no later than 24 hours following admission or re-admission.</p> <p>Review of the facility's policy titled Wound care policies and procedures revised 06/01/15, and provided by the facility indicated, . Licensed Nurse performs a head to toe check of the patient's/resident's skin, . 2. Any significant abnormal findings are reported to the patient's/resident's physician .</p> <p>Review of the facility's policy titled Wound care policies and procedures reference revised 09/07/17, provided by the facility stated . Staff should remain alert to potential changes in the skin condition and should evaluate, report and document changes as soon as identified .</p> <p>Review of R134's undated Face Sheet located in the electronic medical record (EMR) under the Resident tab revealed an admitted [DATE], with diagnoses including but not limited to: protein-calorie malnutrition, dysuria, localized edema, and an unspecified open wound to left lower leg.</p> <p>Review of the Hospital Discharge summary packet dated 01/26/25, did not include orders for wound care to the buttocks/sacrum.</p> <p>Review of R134's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/11/25, revealed R134 had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated she was cognitively intact. The MDS also included two unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar and both were present upon admission/reentry.</p> <p>Review of R134's Baseline Care Plan dated 02/04/25, located in the EMR under the Care Plan tab did not identify the pressure ulcers to the sacrum with no interventions for prevention.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R134's Care Plan located in the EMR under the Care Plan tab revised 02/10/25, indicated that R134 was admitted to the facility with cellulitis to bilateral legs and pressure area to buttocks. Interventions included wound care to buttocks as ordered and wound team to evaluate wound(s), treatments, and healing status weekly.</p> <p>Review of R134's Focused Observation located in the EMR under the Observations tab and dated 02/04/25, by Licensed Practical Nurse (LPN)4 indicated upon admission R134 had a wound to the sacrum measuring four centimeters (cm) by five cm.</p> <p>Review of R134's Progress Note dated 02/04/25 indicated she was admitted to the facility with excoriated areas to the sacrum and a barrier cream was applied.</p> <p>Review of R134's Orders located in the EMR under the Orders tab revealed the facility did not obtain physician orders for wounds to the sacrum/buttocks until 02/10/25 (clean area to bilateral buttocks with wound cleanser, apply collagen powder and apply bordered gauze daily and as needed).</p> <p>During an interview on 02/04/25 at 10:05 AM, the Director of Nursing (DON) confirmed that LPN4 assessed R134 upon admission and noted excoriation to her bottom, applied barrier cream, however, did not notify the physician, and did not obtain any orders for wound care treatment to the buttocks/sacral area. The DON stated that it was her expectation that the admitting nurse would notify the physician immediately of any abnormal skin condition and obtain orders for treatment, as necessary.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 12273</b></p> <p>Based on observation, interview, record review, and policy review, the facility failed to complete a thorough investigation of an altercation for 2 of 7 residents (Resident (R)59 and R0) reviewed for abuse out of a total sample of 33 residents.</p> <p>Findings include:</p> <p>The Leadership Policies and Procedures addressing the Subject: Abuse, Neglect, Exploitation or Mistreatment, revised [DATE]. Under the subheading Component V: Reporting/ Response 2.) An analysis is completed to determine what changes are needed if appropriate, to prevent further occurrences. Component VI: Investigation, states The facility maintains that all allegations of abuse, neglect, misappropriation of property, etc Are thoroughly investigated and appropriate actions are taken. Under 4.) Investigations are prompt, comprehensive, and responsive to the situation and contain founded conclusions.</p> <p>Review of R59's Face Sheet located in the electronic medical record (EMR) revealed R59 was admitted to the facility on [DATE], with multiple diagnoses including but not limited to: dementia and bipolar disease.</p> <p>Review of a Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE], under the Resident Assessment Instrument (RAI) tab revealed R59 had displayed behaviors which were not directed towards others and would wander in the living unit. R59 used a wheelchair and could independently move throughout the unit for short distances.</p> <p>Review of R0's Face Sheet EMR, revealed an admitted [DATE], with multiple diagnosis including schizoaffective disorder and dementia with agitation.</p> <p>Review of the Admission MDS, with an ARD date of [DATE], under the RAI tab in the EMR revealed a discharge notification, dated [DATE], that reported R0 died at the facility.</p> <p>Review of an Investigation Worksheet (IW), dated [DATE], documented R59 was approached in the dining room by R0 and after yelling at R59 not to take off her shoes. R59 responded by kicking her shoes off towards R0. R0 got angry and responded by slapping R59 across the left cheek.</p> <p>The IW, dated [DATE], documented the two residents involved were separated and were checked for injury. The facility reported the incident as required within two hours and initiated an investigation of the incident. Statements from the staff who observed, heard, or responded to the altercation were completed. However, there was no evidence any one interviewed residents seated in the dining room, to determine if other residents were negatively impacted by the incident and/or had been abused by R0. The facilities investigation concluded that the incident was abuse and documented that the staff could not reach R0 to prevent him from slapping R59.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 9:30 AM, the Administrator was asked if interviews were completed to ensure residents who observed the incident felt safe in the facility or if the incident had an impact on their psycho-social wellbeing and/or had been abused by R0. The Administrator stated the Social Services Director (SSD) should have completed interviews.</p> <p>On [DATE] at 11:00 AM, SSD reported he had not completed any safety check interviews with residents on the 300 unit after the altercation between R59 and R0 which occurred in the dining room.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 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> 40824</p> <p>Based on observations, interviews, record reviews, and facility policy review, the facility failed to implement care plans for 2 residents (Resident (R)80 and R93) out of a sample of 33 residents. This failure placed the residents to be at risk for unmet care needs.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Care Plan Process, Person-Centered Care revised 05/05/23 and provided by the facility stated, .The services provided or arranged by the facility, as outlined by the comprehensive person- centered care plan, will meet professional standards of quality .Thru ongoing assessment, the facility will initiate person-centered care plans when the resident's clinical status or change of condition dictates the need such as but not limited to falls .</p> <p>Review of the facility's policy titled, Person-Centered Care Plan revised 06/09/23 and provided by the facility stated, .The person-centered care plan is interdisciplinary and created to guide facility staff in providing the treatment, care, and services necessary for the patient/resident to obtain and maintain the highest physical, mental, and psychosocial well-being possible .</p> <p>Review of R80's Face Sheet located in the Electronic Medical Record (EMR) under the Resident tab indicated R80 was admitted to the facility on [DATE], with a primary diagnosis of dysphagia and dementia.</p> <p>Review of R80's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/24, and a Brief Interview for Mental Status (BIMS) score of 99 which indicated R80 had severe cognitive impairment and was unable to participate in the assessment.</p> <p>Review of R80's Care Plan located in the EMR under the Care Plan tab revised 01/28/25 included medical review for neurology consult and referrals for memory care.</p> <p>Review of R80's Fall Investigation provided by the facility indicated R80 sustained a fall on 01/22/25, resulting in a laceration to the forehead.</p> <p>Review of R80's Social Services Progress Notes located in the EMR under the Progress Notes tab and dated 01/23/25, 01/27/25, 02/12/25, and 02/27/25, did not include any documentation related to a referral to a memory care unit.</p> <p>Review of R80's Five-Day Follow-Up Report dated 01/28/25, included, Interventions by facility to prevent future injury/alleged abuse: Referrals to be sent to facilities with memory care unit and additional services for severely cognitively impaired. Fall intervention updated on care plan. Medical review and neurology consult added for follow up .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/01/25 at 10:24 AM, the Director of Nursing (DON) stated that after R80 fell and hit his head, the Interdisciplinary Team (IDT) put in a request for a neurology consultation. The DON confirmed that she was not able to locate the order for a neurology consultation and that the provider would have written the order for the referral. The medical records department would be responsible for scheduling the appointment once the referral was received. Additionally, the referral to a memory care unit was also to be made due to wandering behaviors. The DON stated that it was the Social Services department's responsibility to make these referrals. It was her expectation that the IDT follow up to ensure that consultations and referrals are made.</p> <p>During an interview on 03/01/25 at 11:09 AM, the Social Services Director (SSD) stated that if a neurology consultation had been received there would be an order in the EMR. The SSD was unable to locate the order and confirmed that the facility should have followed up on the neurology consultation request. Additionally, the SSD confirmed that the IDT had agreed to submit a referral to a facility with a memory care unit due to R80's wandering behaviors. The SSD stated that he thought that he had sent a referral to [name of facility] at the end of January 2025, or the beginning of February 2025 but was unable to locate documentation confirming the referral had been sent. The SSD confirmed that he had not followed up on the referral but should have.</p> <p>2. Review of the EMR Face Sheet revealed R93's admitted [DATE], with multiple diagnosis including but not limited to end stage renal disease.</p> <p>Review of the EMR admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/25, under the Resident Assessment Instrument (RAI) tab, revealed R93 required dialysis (a treatment provided through a surgically placed tube into the circulatory system).</p> <p>Review the Care Plan (CP) to address dialysis, initiated on 08/24/24, in the EMR under the tab for the Resident Assessment Instrument (RAI) revealed a directive dated 11/18/24, stating Do not take BP on the arm of dialysis fistula (LUA Left Upper Arm).</p> <p>Observation on 02/26/25 at 10:30 AM, revealed R93 in his room seated on the edge of the bed and dressed. R93 stated he was getting ready for an appointment outside the facility and stated the nurse was coming back to finish a treatment.</p> <p>On 02/26/25 at 10:35 AM, Unit Manager (UM) 2 entered the room to complete a wound dressing.</p> <p>On 02/26/25 at 10:40 AM, Certified Nursing Assistant (CNA)4 entered R93's room to assist. UM2 asked CNA4 to obtain R93's blood pressure. CNA4 began to apply the BP cuff to the left arm. When asked where the dialysis site was located, CNA4 did not respond. UM2 checked for the site and found it was located on the left interior side of the upper arm (the same location CNA4 was applying the BP cuff.) UM2 then directed CNA4 to test the BP on right arm.</p> <p>Prior to leaving the room on 02/26/25 at 10:50 AM, a sign was observed, posted to the right of the head of the bed. It stated, do not take blood pressure or complete blood draws on the left arm.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40824</p> <p>Based on interviews, record reviews, and facility policy review, the facility failed to ensure that care conferences were held for 2 of 4 residents (Resident (R)72, and R86) reviewed for care conferences of 33 sampled residents. The failure increased the risk of the resident's preferences and concerns not being included in the plan of care.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Plan Process, Person-Centered Care revised 05/05/23 indicated, . Person-centered care means the facility focuses on the resident as the center of control and supports each resident in making his or her own choices. Person-centered care includes trying to understand what each resident is communicating, verbally and nonverbally, identifying what is important to each resident with regard to daily routines and preferred activities, and understanding the resident's life before coming to reside in the nursing home .The IDT [Interdisciplinary Team] will invite participation from the resident and the resident's legal representative (if applicable). The IDT will document an explanation in the resident's medical record of the invitation, participation, or lack of participation of the resident and their representative .</p> <p>1. Review of R72's undated Face Sheet located in the electronic medical record (EMR) under the Resident tab revealed an original admitted [DATE] and re-admission on 12/26/24.</p> <p>Review of R72's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/30/24 revealed R72 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating she was cognitively intact.</p> <p>Review of R72's Quarterly MDS with an ARD of 11/30/24 revealed R72 had a BIMS score of 11 out of 15 indicating she had moderate cognitive impairment.</p> <p>Review of R72's undated Care Conference Report located in the EMR under the Care Plan tab did not include any care conferences. Review of Social Services progress notes and documents did not indicate that any care conferences were scheduled, no invitations were sent, and the resident/family did not attend any care conferences.</p> <p>Review of R72's Documents located in the EMR under the Documents tab did not include any Social Services care conference documentation.</p> <p>Review of R72's Social Services Progress Notes located in the EMR under the Progress Notes did not include documentation of care conferences being held or offered.</p> <p>During an interview on 02/27/25 at 6:14 PM, R72 stated that she was recently hospitalized and would like to speak with the team regarding her care. R72 stated that she had not been invited or attended any care conferences but would like to attend so she could be more aware of her care regarding gastroenterology consult.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Review of R86's undated Face Sheet located in the EMR under the Resident tab, revealed an original admitted [DATE] and re-admission on 09/28/24 with a primary diagnosis of congestive heart failure.</p> <p>Review of R86's quarterly MDS with an ARD of 01/26/25 revealed R86 had a BIMS score of 15 out of 15 indicating that he was cognitively intact.</p> <p>Review of R86's Care Conference Report located in the EMR under the Care Plan tab did not include any care conferences after the quarterly MDS assessment on 01/26/25.</p> <p>Review of R86's Documents located in the EMR under the Documents tab did not include any Social Services care conference related documentation since 10/25/24 which was to invite the resident/responsible party to the care conference to be held on 11/07/24.</p> <p>Review of R86's Social Services Progress Notes located in the EMR under the Progress Notes did not include documentation of care conferences being held or offered since 11/07/24.</p> <p>During an interview on 02/26/25 at 10:22 AM with R86 he stated that he would like to attend his care conference meetings due to concerns he had with his room placement at the facility.</p> <p>During an interview on 02/27/25 at 4:07 PM, the Social Services Director (SSD) confirmed that it was the expectation that long term residents have quarterly care conferences in coordination with their MDS assessments. SSD was not aware that R72 had not had any care conferences since she was admitted and confirmed that he was not able to locate any documentation that would indicate that a care conference had been held. SSD confirmed that R86's most recent MDS assessment was 01/26/25 and that the care conference should have been held by 02/16/25. SSD stated that from 12/27/24 - 02/17/25 he was the only SW and was behind on care conferences. The expectation was for care conferences to be held per the Resident Assessment Instrument (RAI) Manual.</p> <p>During an interview on 03/01/25 at 3:51 PM, the Director of Nursing (DON) and Administrator stated that the Social Services department sends out invitations to care conferences. It was their expectation that care conferences be held in coordination with the MDS assessment schedule. The DON and Administrator were not aware that R72 did not having any care conferences since she was admitted to the facility or that R86's care conference had not been held for his last MDS assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</b></p> <p>Based on observations, interviews, record reviews, and facility policy review, the facility failed to assess and monitor the nutritional status of 1 of 4 residents (Resident (R)46) reviewed for weight loss in a total sample of 33 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Weighing the resident, revised on 02/26/24 stated .If the month-to-month weight shows more than a five-percent gain or loss, the patient/resident is reweighed in the presence of licensed personnel. 3. Record all weights per facility protocol. 4. If there is an actual 5% or more gain or loss in one month, notify the patient/resident/family, physician, and the Registered Dietician. Document this notification per facility protocol .9. Unplanned and undesired weight variance will be evaluated for significance utilizing the following guidelines: 3% in one week, 5% in 30 days, 7.5% in 90 days, and 10% in 180 days .</p> <p>Review of R46's undated Face Sheet located in the electronic medical record (EMR) under the Resident tab, revealed an admitted [DATE] with a primary diagnosis of heart failure.</p> <p>Review of R46's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/24 revealed R46 had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated he was severely cognitively impaired. The MDS assessment indicated R46 had weight loss and was not on a physician-prescribed weight-loss regimen, as well as received a mechanically altered diet.</p> <p>Review of R46's Care Plan located in the EMR under the Care Plan tab and revised on 01/31/24, indicated he was at risk nutritionally related to multiple comorbidities. Interventions included obtaining weights per protocol, giving diet as ordered, registered dietitian to evaluate nutritional needs, offer snacks, and notifying medical doctor of significant weight change. Additionally, R46 required feeding assistance by staff during all meals.</p> <p>Review of R46's Care Conference Report located in the EMR under the Care Plan tab indicated that a meeting was held on 12/31/24 discussing a dietary texture of pureed food, nectar thick liquids, double portions with super potatoes, and meal consumptions of 75-100%. No mention of ongoing weight loss was included in the discussion.</p> <p>Review of R46's Orders located in the EMR under the Orders tab, included orders for house supplement 120 milliliters (ml) three times daily (TID) (01/23/25), eating with assistance of resident by staff (03/04/24), monthly weights (09/02/24), and nectar thick liquids/pureed/double portions/super potatoes at lunch/dinner (08/01/24).</p> <p>Review of weight monitoring located in the EMR under the Vitals tab, revealed R46 weighed 117 lbs. (pounds) on 02/27/25, 126.8lbs. on 01/06/25, 133.8lbs. on 12/05/24, 140.2lbs. on 10/02/24, and 141.2lbs on 07/08/24. Weight loss from July to January was 10.2%.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R46's dietary Progress Notes located in the EMR under the Progress Notes tab, revealed a dietary note dated 01/23/25 indicating R46 had a weight loss of five percent in one month, weight loss of 10% in the past three and six months. The Dietitian (RD) noted request of further weight to validate changes and an increase in house supplement administration. Weekly weights were recommended, along with house supplements 120 ml TID. Review of orders included an increase in the house supplements which the resident consumed 25-75%, but weekly weights were not performed.</p> <p>Review of R46's Progress Note provided by the facility and written by the Medical Director dated 02/17/25, did not address weight loss.</p> <p>Review of R46's Progress Note written by the Nurse Practitioner (NP1) provided by the facility, and dated 12/04/24, 02/07/25, and 02/14/25 did not include mention of weight loss.</p> <p>Review of R46's Meal Intake located in the EMR under the Vitals tab revealed he ate at least 25% of all documented meals and snacks.</p> <p>Review of R46's Supplement consumption located in the EMR under the Reports tab indicated he consumed 75% most of the time.</p> <p>During an interview on 02/27/25 at 10:22 AM the Registered Dietitian (RD) stated that on 01/23/25 she reviewed his records and noted that he had varying appetite, eating greater than 50% of most meals, was on supplements, staff assist with meals, and she had increased the supplements to three times per day. Further weights were requested but not provided to her so she could validate the weight changes/loss. The RD stated that she did not attend weight meetings.</p> <p>During an interview on 02/27/25 at 3:13 PM, the Unit Manager (UM)3 stated that either the nurse or a Certified Nursing Aide (CNA) does the weights monthly and as prescribed. UM3 was not aware of R46's weight loss and was not aware of the need for weekly weights as of 01/23/25.</p> <p>During an interview on 03/01/25 at 9:28 AM, the Director of Nurses (DON) stated that on 02/27/25 the RD recommended PEG (percutaneous endoscopic gastrostomy) tube placement. Additionally, the DON stated that the RD sends out a Medical Nutrition Therapy Log addressing residents with weight gain/loss, the RD assessment, and a provider signed off for any RD recommendations. The DON stated that a while back the facility had concerns about weight variances. No in-services were located to indicate re-education of staff on weight monitoring.</p> <p>During an interview on 03/01/25 at 12:33 PM the DON confirmed that no Medical Physician or Nurse Practitioner had initiated frequent weight monitoring, and no in-services were located on re-weighing residents. Additionally, the DON confirmed that she was unable to locate documentation of either nursing staff or RD notifying the MD of identified weight loss.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>35693</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure residents received their medications in a timely manner according to physician's orders for 6 residents (Resident (R)34, R46, R72, R97, R102, and R107). This failure had the potential to lead to unwarranted medication side effects or improperly treated medical conditions.</p> <p>Findings include:</p> <p>Review of the facility policy titled Medication Management Policy last revised 01/15/25 revealed Preparing for the Medication Pass .7. Medications are administered no more than one (1) hour before to one (1) hour after the designated the medication pass time . 11. Immediately after administering the medication to the resident, the authorized staff or licensed nurse will return to the medication cart and document medication administration with initials on the MAR. If a medication is not administered, the authorized staff or licensed nurse must explain why it was not given.</p> <p>During an observation on 02/27/25 at 5:54 PM, revealed Registered Nurse (RN)1 on the 200-hall medication cart preparing to administer medications. Observation of RN1's computer screen revealed nine resident profiles in red.</p> <p>During an interview on 02/27/25 at 5:54 PM, RN1 stated the red resident profiles indicated those residents' medications were late. RN1 stated she had been behind on medication administration all day.</p> <p>During an interview on 02/27/25 at 5:58 PM, Licensed Practical Nurse (LPN)2 and Unit Manager (UM)1 stated RN1 was late on medication administration and had been late with medication administration that morning as well so LPN2 had helped RN1 late morning to navigate the electronic medication administration system to catch her up.</p> <p>Review of the electronic Medication Administration Records (MAR) located in the Electronic Medical Record (EMR) under the Orders tab for 02/27/25 revealed RN1 administered the following late medications:</p> <p>1. R34:</p> <p>Gabapentin (antiepileptic for pain) 400 milligrams (mg) ordered for 3:00 PM and administered at 7:05 PM.</p> <p>Carvedilol (antihypertensive) 6.25 mg ordered for 5:00 PM and administered at 7:05 PM.</p> <p>Acetaminophen (analgesic) 325 mg give two tablets ordered for 6:00 PM and administered at 7:05 PM.</p> <p>2. R46:</p> <p>Hiprex (urinary anti-infective) 1 gram ordered for 5:00 PM and administered at 6:55 PM.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Metoprolol tartrate (antihypertensive) 25 mg ordered for 5:00 PM and administered at 6:55 PM.</p> <p>Calcium 600 + Vitamin D3 tablet (vitamin) ordered for 5:00 PM and administered at 6:55 PM.</p> <p>House supplement (nutritional supplement) 120 mL ordered for 3:00 PM and administered at 6:55 PM.</p> <p>3. R 64:</p> <p>Gabapentin (antiepileptic for pain) 400 mg ordered for 3:00 PM and administered at 6:51 PM.</p> <p>4. R72:</p> <p>Hydralazine (antihistamine for itching) 100 mg ordered for 5:00 PM and administered at 7:03 PM.</p> <p>5. R102:</p> <p>Tizanidine (muscle relaxant) 6 mg ordered for 3:00 PM and administered at 6:57 PM.</p> <p>6. R107:</p> <p>Alprazolam (antianxiety/hypnotic) 0.5 mg ordered for 5:00 PM and administered at 7:02 PM.</p> <p>Creon (lipase-protease-amylase digestive enzymes) capsule ordered for 5:00 PM and administered at 7:02 PM.</p> <p>Gabapentin 100 mg administer 2 tablets ordered for 3:00 PM and administered at 7:02 PM.</p> <p>Sodium bicarbonate (antacid) 650 mg ordered for 3:00 PM and administered at 7:02 PM.</p> <p>During a follow up interview on 03/01/25 at 9:42 AM, the Director of Nursing (DON) stated staff have one hour before and after to administer timely; if a medication was late staff should notify physician to verify if the late medication can be given, and make family aware of the late medication, and monitor resident for medication response after administration.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 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>20402</p> <p>Based on observations, interviews, kitchen cleaning schedule review, and facility policy review, the facility failed to ensure the kitchen floor was free of debris and kept clean in a sanitary condition and failed to ensure the kitchen deep fryer was kept clean in 1 of 1 kitchen. The deficient practice had the potential to affect all 143 residents in the facility who receive meals prepared in and served from the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Nutrition Policies and Procedures Sanitation &amp; Food Safety in Food and Nutrition Services, dated 06/20/23, revealed The Certified Dietary Manager (CDM) will assume responsibility for the food safety and sanitation . The policy indicated, The CDM develops, implements, and monitors a cleaning schedule that assigns specific cleaning responsibilities to specific individuals. Cleaning tasks are initialed as they are completed .The CDM provides a cleaning schedule for each area and piece of equipment in the kitchen.</p> <p>During the initial kitchen observation on 02/25/25 at 6:00 PM, the entire kitchen floor was observed to be sticky and dirty. The floor directly located under the food prep area was observed to be dirty with crumbs of food on the floor. The flooring where the kitchen deep fryer machine was observed to be very dirty, littered with splatters of grease and food crumbs. During this observation, the deep fryer machine was observed to be very dirty and littered with splatters of grease on the front, bottom, sides, top, inside of the top with thick yellow/brownish pieces of caked dried grease inside and on the front covering. The top inside of the deep fryer was observed to have a very large thick buildup of dried clumps of yellow/brown grease pieces on it. The bottom front wheels of the deep fryer were also observed to have a heavy buildup of grease on them. The flooring on the bottom of the deep fryer was dirty, greasy, and had food crumbs near the wheels.</p> <p>During an interview on 02/25/25 at 6:15 PM, the Dietary Assistant (DA) indicated the staff were just completing dinner being served and acknowledged the floor to be dirty and sticky.</p> <p>During an observation made on 02/27/25 at 11:30 AM, the lunch meal was observed as prepared, and food was placed on the tray line. At this time, the entire kitchen floor was again observed to be sticky and dirty. The flooring where the kitchen deep fryer machine was, was observed again to be very dirty littered with splatters of grease and food crumbs. The deep fryer machine was again observed to be very dirty with the same splatters of caked grease on the front, bottom, sides, top as before. The same splatters of thick yellow/brownish pieces of caked dried grease were again observed to be on the front covering and the top inside of the deep fryer was observed to have the same thick buildup of dried clumps of yellow/brown grease pieces on it. The bottom front wheels of the deep fryer were also observed with the heavy buildup of grease on them. The flooring on the bottom of the deep fryer was also observed to be dirty and greasy.</p> <p>During an interview on 02/27/25 at 11:45 AM, the Dietary Manager (DM) was asked how often the deep fryer and flooring were cleaned. She stated, Every week. The DM indicated she had only been the DM at the facility for three weeks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation of the kitchen deep fryer and interview on 02/27/25 at 11:47 AM, the Dietary Assistant (DA) confirmed the heavy buildup of grease splatters on the deep fryer machine top, sides, inside, wheels and stated, It's been like this for a while. The DA then stated, We just need a new one. We have a brush to clean it out. It could use good cleaning.</p> <p>During an observation of the kitchen deep fryer and interview on 02/27/25 at 11:49 AM, the DM confirmed the heavy buildup of grease splatters on the deep fryer machine top, heavy buildup of the clumps of yellow/brown dried grease on the inside and front of the machine, sides, and grease splatters on the wheels and dirty floor. The DM stated, I will have to see when the last time it was cleaned. I see it could use some tender love and care. It could use some cleaning. Yes. When the DM was asked how often the kitchen floors were cleaned, she stated, Every night. At this time, the cleaning schedules were requested.</p> <p>Review of the facility's February 17, 2025 - February 23, 2025, and February 24, 2025 - March 2, 2025, Nutrition Policies and Procedures Cleaning Schedules, labeled Aides revealed sweep and mop was to be completed daily Monday through Friday by the PM [evening] cook. There was no documentation of it being completed daily Monday through Friday for the week of February 17, 2025 - February 23, 2025, and initialed only once as being completed on 02/25/25. The Nutrition Policies and Procedures Cleaning Schedules also revealed the cleaning of the Deep Fryer was to be completed on Sundays by the PM cook. There was no documentation on the cleaning schedule as being completed by the aides on February 17, 2025 - February 23, 2025, cleaning schedule and only once as being completed by the PM cook.</p> <p>During an observation of the kitchen floors and cleanliness of the deep fryer machine and interview on 02/27/25 at 1:00 PM, the Administrator observed the heavy buildup of splatters of grease on the deep fryer top, bottom, sides, wheels and inside still with the same heavy buildup of dried yellow/brown grease and stated, I would not consider this to be clean. No. I would expect the staff to be cleaning it [referring to the deep fryer] and the floors as well.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35693</p> <p>Based on observations, interviews, record review, and review of facility policy, the facility failed to ensure: 1. staff used proper personal protective equipment (PPE) and/or performed hand hygiene with residents who required enhanced barrier precautions (EBP) for 2 residents (Resident (R)65 and R93), 2. proper sanitization of patient care equipment between uses for 2 (R35 and R1) residents, 3. Housekeeping staff used appropriated PPE and performed hand hygiene while cleaning rooms under EBP, and 4. immunization and education regarding the risks and benefits of the COVID-19 immunization was offered to 3 of 5 residents (Resident (R)62, R65, and R93) reviewed for COVID-19 immunizations out of a total sample of 33 residents. Failure to perform adequate infection control practices increased the risk of cross contamination and spread of infection.</p> <p>Findings include:</p> <p>1. The facility staff failed to wear all required PPE and/or perform hand hygiene when caring for residents under EBP.</p> <p>Review of the facility's policy titled Infection Prevention and Control last revised 05/15/23 indicated 1. Enhanced Barrier Precautions expend the use of PPE (gowns and gloves) during high-contact resident care activities that provide opportunities for transfer of MDROs (multidrug resistance organisms) to staff hands and clothing. A. EBP will be implemented for all residents with the following: 1) Infection or colonization with an MDRO when contact precautions do not otherwise apply 2) Wounds and/or indwelling medical devices (central lines, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. B. EBP will be implemented during the following high-contact resident care activities: .4) Providing hygiene.</p> <p>a. Review of R65's Face sheet located in the electronic medical record (EMR) under the Face sheet tab revealed R65 was admitted on [DATE] with diagnoses including but not limited to obstructive and reflux uropathy.</p> <p>Review of R65's Orders found in the EMR under the Orders tab revealed an order dated 02/26/25 for Enhanced barrier precaution r/t foley catheter.</p> <p>Review of R65's Care Plan located in the EMR under the Care Plan tab revealed a focus area for enhanced barrier precaution d/t foley catheter with an intervention that Staff to wear appropriate PPE when providing personal care.</p> <p>Observation on 02/26/25 at 11:06 AM revealed Certified Nurse Aide (CNA)3 provided personal hygiene to R65 including a brief change wearing only gloves and no gown. Observation revealed signage on R65's door which indicated that gowns and gloves were required for direct care including dressing, bathing, changing linens, transferring, providing hygiene, changing briefs, device care, toileting, wound care for any open wounds. Hanging on R65's door were gowns, gloves, and masks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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 02/26/25 at 11:10 AM, CNA3 was observed to exit R65's room with a bag of trash from toileting and stated she did not know which resident required EBP (R65 or roommate) and stated she was wearing gloves. CNA3 confirmed she did not wear a gown while providing care to R65.</p> <p>During an interview on 02/26/25 at 11:45 AM Unit Manager (UM)1 stated staff know which residents required EBP based on information in the Point of Care system located on the wall down each hall. She stated R65 had a catheter and required EBP, and staff should wear a gown and gloves for direct care. She stated staff received EBP training, and EBP signage was provided on resident doors for guidance.</p> <p>During an interview on 03/01/25 at 9:42 AM the Director of Nursing (DON) stated for a resident with a catheter she expected staff to wear gloves and a gown for direct care.</p> <p>During an interview on 03/01/25 at 1:20 PM the Infection Preventionist (IP) stated staff should wear gowns and gloves for EBP.</p> <p>b. Review of R93's face sheet, found in EMR revealed an admitted [DATE], with multiple diagnosis including but not limited to end stage renal disease.</p> <p>Review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/24 revealed R93 was on dialysis (a treatment requiring a shunt to access the blood circulatory system for kidney failure) and had a gastrostomy tube (a tube placed in the abdomen for delivering nutritional supplements into the stomach.)</p> <p>During an observation on 02/26/25 at 10:30 AM, revealed R93 in his room seated on the edge of the bed dressed. The right foot did not have a sock in place (the left foot did), and a wound with blood was observed on the base of the nail bed along the cuticle on the right great toe. R93 stated he was getting ready for an appointment outside the facility and stated the nurse was going to put a dressing on the toe wound.</p> <p>Further observation on 02/26/25 at 10:35 AM, Unit Manager (UM)2 entered the room to complete the dressing on the wound on R93's right toe. UM2 applied a gown, and mask, and obtained a pair of gloves and applied them but did not complete hand hygiene prior to putting on the gloves. When asked about the reason for the Enhanced Barrier Precaution's (EBP) posting outside the room UM2, explained R93 was on dialysis, and then approached the resident to provide wound care. When asked if hand hygiene was completed prior to placing the gloves UM2 discarded the gloves and went to the bathroom sink and washed her hands. After applying new gloves, the UM2 sprayed a wound cleaner on the area, wiped the area with a gauze pad, and discarded it. UM 2 then applied antibiotic cream to the area then began to bandage the toe. After the dressing was placed, UM2 washed her hands, obtained a new pair of gloves, and explained that another dressing would be applied to the gastrostomy tube. UM2 did not complete hand hygiene or change gloves after handling the soiled gauze used to clean the wound.</p> <p>During an observation on 02/26/25 at 10:40 AM, revealed Certified Nursing Assistant (CNA)4 entered R93's room to assist. UM2 asked CNA4 to obtain R93's blood pressure (BP). CNA4 exited and then reentered the room with a cart containing testing equipment. CNA4 began to apply the BP cuff but was only wearing gloves, no gown or mask, which according to the notice posted on the door were needed when providing care for R93. UM2 then asked CNA4 to assist with reposition R93, and directed CNA4 to place a gown, new gloves, and a mask.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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>On 02/26/25 at 11:15 AM, during a follow up interview UM2 verified the failure to complete hand hygiene as needed and CNA4 not wearing a gown and mask required for EBK.</p> <p>2. The facility failed to sanitize resident equipment between residents.</p> <p>The facility did not provide a policy related to sanitizing patient care equipment.</p> <p>Review of R35's Face sheet located in the EMR under the Face sheet tab revealed R35 was admitted on [DATE] with diagnosis including but not limited to essential (primary) hypertension.</p> <p>Review of R35's Orders located in the EMR under the Orders tab revealed an order dated 10/07/24 for Vital signs twice a day.</p> <p>Review of R1's Face sheet located in the EMR under the Face sheet tab revealed R1 was admitted on [DATE] with a diagnosis including but not limited to essential (primary) hypertension.</p> <p>Review of R1's Orders located in the EMR under the Orders tab revealed an order dated 09/24/24 for midodrine tablet 5 mg (milligram) 1 tablet oral three times a day. Hold for SBP (systolic blood pressure) &gt; 130. Task to record: Blood Pressure.</p> <p>Observations on 02/27/25 at 9:21 AM during medication administration for R35 revealed Registered Nurse (RN)2 measured R35's blood pressure using a blood pressure (BP) machine. RN2 then removed the BP machine out of R35's room and parked it next to the medication cart on 100 hall without sanitizing it and then documented R35's medication and BP reading.</p> <p>Licensed Practical Nurse (LPN)4 walked up from the other side of 100 hall and took the BP machine. This writer asked RN2 if she had sanitized the machine. RN2 said she had not. RN2 then realized she did not have sanitizing wipes or spray on her medication cart, so she took the machine down towards the nurses' station to get cleaning supplies. RN2 then took wipes from LPN4's medication cart and sanitizing spray from the nurses' station and took the machine to LPN4 and began to clean the machine and BP cuffs. At this same time, R1 was observed waiting in the hall to have his BP checked so RN2 proceeded to measure R1's BP, first using the small cuff and then changing it to the larger cuff. RN2 gave the BP measurement to LPN4, then walked back to her medication cart, leaving the BP machine with LPN4 without sanitizing the machine again. RN2 confirmed that she had not sanitized the BP machine.</p> <p>During an interview on 02/27/25 at 9:41 AM UM1 stated staff should sanitize the BP machine and cuffs between each resident use and make sure the medication cart had wipes.</p> <p>During an interview on 03/01/25 at 9:42 AM the DON stated staff should sanitize patient care equipment such as BP cuffs before and after each use.</p> <p>During an interview on 03/01/25 at 1:20 PM the IP stated staff should sanitize BP equipment between uses.</p> <p>3. Housekeeping staff failed to wear PPE and/or perform hand hygiene between cleaning resident rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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>Observation on 02/26/25 at 10:20 AM, revealed Housekeeper (HK)1 was exiting a room in the 300 hall, that had EBP posted outside the door. HK1 completed cleaning the room and had a wet floor mop in her hand and placed it on the cart. Removed and discarded their gloves. The staff then placed one glove on the right hand and stripped a soiled cloth from the head of the mop, which was discarded in a bag of soiled laundry and the glove on the right hand was discarded. The staff then picked up key to the cart and locked it. HK1 did not complete hand hygiene after discarding the soiled mop head. When asked about the observation, HK1 stated she should have washed her hands after handling the soiled mop head but did not.</p> <p>Observation on 02/27/25 at 9:45 AM, revealed HK2 cleaning rooms in the 300 hallway. HK2 was cleaning room [ROOM NUMBER] which housed a resident on EBP, was first observed with a broom and dustpan sweeping, the staff member approached the cart and emptied the dustpan, however he was not observed wearing any gloves. HK2 repeatedly entered and exited the room for supplies, to clean different areas in the room. The last task completed was using a wet mop to clean the floor. The staff member was not wearing gloves and did not complete hand hygiene after exiting the room. EBP precautions were posted outside the door of room [ROOM NUMBER].</p> <p>Further observation revealed HK2 going directly to room [ROOM NUMBER] across the hallway and began cleaning without any hand hygiene or changing the wet mop head.</p> <p>During an interview on 02/27/25 at 10:03 AM, when asked about the use of gloves HK2 stated that the facility did not have gloves that fit him. When asked when hand hygiene should be completed, he stated after completing each room.</p> <p>On 02/28/25 at 5:05 PM, the Maintenance Director (MD) (who was also the HK supervisor) was interviewed about expectations for handwashing and glove use. The MD stated gloves should be worn when cleaning rooms and stated they should be washing and/or sanitizing hands between resident rooms.</p> <p>4. The facility failed to offer education of risk and benefits and immunization with COVID-19 vaccine.</p> <p>Review of the facility's policy titled, Infection Prevention and Control Policies subject Immunization recommendations for patients, residents and health care workers (HCWs) revised 08/02/23 stated, .The facility will track all staff and resident vaccination status for the COVID-19 vaccine. Resident vaccination status will be documented in their medical record and include: 1) Education provided to the resident or resident representative regarding the benefits and potential risks associated with the COVID-19 vaccine (including date and name of representative) AND 2) Each dose of the COVID-19 vaccine administered to the resident 3) If the resident did not receive the COVID-19 vaccine due to medical contraindication or refusal .</p> <p>a. Review of R62's Face Sheet located in the electronic medical record (EMR) under the Resident tab revealed she was admitted to the facility on [DATE] with a primary diagnosis of acute kidney failure.</p> <p>Review of R62's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/04/25 revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2025
NAME OF PROVIDER OR SUPPLIER  Springdale Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  146 Battleship Road Camden, SC 29020	
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>Review of R62's undated Preventive Health Care report located in the EMR under the Preventive Health tab did not include any information related to COVID-19 immunization.</p> <p>During an interview with R62 on 02/26/25 at 11:44 AM stated, I do not want to talk.</p> <p>b. Review of R65's Face Sheet located in the EMR under the Resident tab revealed he was admitted to the facility on [DATE] with a primary diagnosis of dementia without behavioral disturbance.</p> <p>Review of R65's Quarterly MDS with an ARD of 01/31/25, R65 had a BIMS score of 4 out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of R65's undated Preventive Health Care report located in the EMR under the Preventive Health tab did not include any information related to COVID-19 immunization.</p> <p>Resident R65 was not interviewed related to COVID-19 immunization due to severe cognitive impairment.</p> <p>Review of R93's Face Sheet located in the EMR under the Resident tab revealed he was admitted to the facility on [DATE] with a primary diagnosis of end stage renal disease.</p> <p>Review of R93's Quarterly MDS with an ARD of 11/29/24 had a BIMS score of 3 out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of R93's undated Preventive Health Care report located in the EMR under the Preventive Health tab did not include any information related to COVID-19 immunization.</p> <p>Resident R93 was not interviewed related to COVID-19 immunization due to severe cognitive impairment.</p> <p>During an interview on 03/01/25 at 2:38 PM, the Infection Prevention Nurse (IP) stated that she did not have documentation of COVID-19 immunizations being offered to R62, R65, or R93 or their representatives. The IP confirmed that all residents should be offered the COVID-19 immunization and be offered education on the risks and benefits of the immunization. The IP stated that she was not aware that she did not have documentation on their COVID-19 immunization status but should have.</p> <p>During an interview on 03/01/25 at 3:23 PM, the Director of Nurses (DON) stated that it was her expectation that all residents be offered the COVID-19 immunization and offered education. If the resident was not cognitively intact, then their responsible party (RP) should be contacted to obtain immunization consent or declination. The DON confirmed that if the resident or RP declined the immunization it should be entered in the EMR under the Preventive Health tab and indicate offered and declined.</p>		