STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425287	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Midlands Health & Rehabilitation Center	1007 N King St Columbia, SC 29223

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure kitchen staff thoroughly cleaned and air-dried plates and bowls prior to storage. This failure had the potential to increase the risk of foodborne illness and had the potential to affect 72 of 86 residents who received dietary servicesFindings include:Review of the facility policy titled, Storage and Cleaning of Dishes and Utensils dated 07/21/23 revealed, Proper ware-washing and storage is also important in food safety . Inspect clean dishes for debris and send back through the dish machine as needed . Clean dishes, silverware, pots, pans, and utensils are stored in a clean dry area at least 6 [sic] [inches] off the floor. These items should be air dried before storing or they should be stored in a way that will allow them to air dry. Do not use a towel to dry dishes .During an observation and interview on 09/10/25 at 12:00 PM, the Dietary Manager (DM) confirmed 10 four-ounce (oz) bowls, which had been stacked on the food service line for use during lunch service, and 20 plates that were stacked in the plate warmer for use during lunch service were wet and some contained food remnants. The bowls and plates were not allowed to properly air dry prior to being stacked for use. The DM stated, The plates and bowls are wet and had not properly dried prior to stacking. They should not be stacked wet due to the increased risk of bacteria growth.

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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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, review of the Centers for Disease and Prevention (CDC) recommendations, and facility policy review, the facility failed to ensure that 4 residents (Resident (R)6, R16, R25, and R46) out of 5 reviewed, were offered the COVID-19 vaccine booster out of a total sample of 26 residents. This failure had the potential for the residents and/or their responsible party of not being informed to make a decision if they wanted the vaccine and a potential risk of contracting COVID-19.Findings include:Review of the facility's policy titled, Infection Prevention and Control Policies and Procedures Subject: Immunization recommendations for patients/residents and health care workers revised 05/15/23 indicated .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) .Review of CDC recommendations for 2024-2025 COVID-19 vaccinations located at cdc.gov/covid/vaccines/stay-up-to-date.html as of May 29, 2025, the schedule incorporates the HHS [Health and Human Services] directive regarding COVID-19 vaccine recommendations . for adults 19-26, 27-29, and 50-64 was to receive one or more doses of 2024-2025 vaccine and for adults older than [AGE] years of age should receive two or more doses of 2024-2025 vaccine .Review of R6's Face Sheet located in the Electronic Medical Record (EMR) under the Resident tab indicated that she was originally admitted to the facility on [DATE]. R6 was [AGE] years old.Review of R6's Care Plan located in the resident's EMR under the Care Plan tab and updated 09/10/25 included R6 being at risk for infections with need for vaccinations.Review of R6's Preventive Health Care tab located in the EMR indicated that on 11/20/24 the COVID-19 vaccine status was Other - pending consent.Review of R16's Face Sheet located in the EMR under the Resident tab indicated that he was originally admitted to the facility on [DATE]. R16 was [AGE] years old.Review of R16's Care Plan located in the resident's EMR under the Care Plan tab and updated 09/10/25 included R6 being at risk for infections with need for vaccinations.Review of R16's Preventive Health Care tab located in the EMR indicated that on 11/20/24 the COVID-19 vaccine status was Other - pending consent.Review of R25's Face Sheet located in the EMR under the Resident tab indicated that she was admitted to the facility on [DATE]. R25 was [AGE] years old.Review of R25's Care Plan located in the resident's EMR under the Care Plan tab and updated 08/18/25 did not include an immunization status.Review of R25's Preventive Health Care tab located in the EMR had no information.Review of R46's Face Sheet located in the EMR under the Resident tab indicated that she was admitted to the facility on [DATE]. R46 was [AGE] years old.Review of R46's Care Plan located in the resident's EMR under the Care Plan tab and updated 09/10/25 included R46 being at risk for infections with need for vaccinations.Review of R46's Preventive Health Care tab located in the EMR indicated that on 11/19/24 the COVID-19 vaccine status was Other - pending consent.During an interview on 09/11/25 at 5:55 PM, the Administrator stated she felt that multiple turnovers for the infection preventionist role contributed to the lack of identification of COVID-19 immunizations and/or boosters not being offered. The Administrator confirmed there was no evidence in the four residents' (R6, R16, R25, and R46) records of being offered a COVID-19 vaccine or booster.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and facility policy review, the facility failed to ensure that the Ombudsman was notified of 2 residents (Resident (R)56 and R93) discharge to an acute care hospital out of a sample of 26 residents. This failure increased the risk for inappropriate transfer or discharge and increased the risk for the resident having access to an advocate who could inform them of their options and rights.Findings include:Review of the facility's policy and procedures titled, Admission, Discharge and Transfer - Code of Ethics revised on 10/23/19 indicated . The written notice of transfer or discharge includes: . The name, address, and telephone number of the State Ombudsman . The policy did not include Ombudsman notification of the transfer/discharge.Review of R56's Face Sheet in the Electronic Medical Record (EMR) under the Resident tab indicated he was initially admitted to the facility on [DATE].Review of R56's Notice of Transfer or discharge date d 07/31/25, provided by the facility, indicated that R56 required immediate care which could not be provided by the facility.Review of R93's Face Sheet in the EMR under the Resident tab indicated she was initially admitted to the facility on [DATE] with a primary diagnosis of chronic respiratory failure.Review of R93's Notice of Transfer or discharge date d 06/11/25, provided by the facility, indicated that R93 required immediate care which could not be provided by the facility.During an interview on 09/10/25 at 6:41 PM, the Administrator revealed that the previous Social Worker (SW) was employed by the facility up until August 2025 and that she had been responsible for notifying the Ombudsman of resident transfers/discharges. The Administrator stated no paper copy was kept, but she had an email that was sent to the Ombudsman's office on 09/09/25 requesting confirmation that the previous SW had provided monthly transfer/discharge notifications.During a follow up interview on 09/11/25 at 4:25 PM, the Administrator stated that when sending a resident to the hospital, the nurse was to complete a Notice of Transfer or Discharge and the Ombudsman's office was to be notified at the beginning of the month of any discharges for the prior month. The Administrator provided an email dated 09/09/25 that the Human Resources (HR) staff emailed the Ombudsman's office requesting confirmation from their office to determine if the previous SW had been sending monthly transfer/discharge notifications.During an interview on 09/11/25 at 10:33 AM, the Ombudsman Program Assistant reported that they had not received any transfer/discharge reports from the facility since March 2025.During an interview on 09/11/25 at 4:30 PM, the Business Office Manager (BOM) stated that she was to fill out the Notice of Transfer or Discharge form, send a copy of the forms with the resident to the hospital, and then send a copy to the Responsible Party. The Social Worker would then run a report at the beginning of the month for the month prior for all transfers/discharges. The SW was to send notification to the Ombudsman's office.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure that assessments accurately reflected the medication status for 1 resident (Resident (R)7) in a sample of 26 residents. This had the potential to lead to inaccurate reimbursements and unmet care needs for the resident.Findings include:Review of R7's undated Face Sheet located in R7's electronic medical record (EMR) under the Face Sheet tab revealed R7 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included but was not limited to cerebral infarction (stroke).Review of R7's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 06/16/25, documented that R7 was receiving an anticoagulant (a medication that prevents or reduces blood clotting (coagulation).Review of R7s Physician Order located in the EMR under the Orders tab revealed R7 was taking Clopidogrel (Plavix) which is classified as an antiplatelet (medication that prevents platelets from clumping together to form a clot).During an interview on 09/10/25 at 7:25 PM, the MDS Coordinator (MDSC) stated, [R7] is taking an antiplatelet medication and not an anticoagulant. The MDS with an ARD of 06/16/25 was miscoded and needs to be corrected.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to clean respiratory equipment for 3 of 4 residents (Resident (R)6, R87, and R68) reviewed for respiratory care in the sample of 26 residents. The failure to maintain a clean oxygen concentrator filter had the potential to increase the risk of infections for the residents.Findings include:Review of the facility's policy titled Equipment Rounds General dated 02/12/24 revealed, Policy: The facility shall identify a process to facilitate general equipment rounds. Purpose: . To perform routine preventive maintenance and track due dates for scheduled, comprehensive preventive maintenance . veinlet filters on oxygen concentrators shall be visually inspected and cleaned/replaced as necessary.Review of R6's undated Face Sheet located in R6's electronic medical record (EMR) under the Face Sheet tab revealed R6 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included but was not limited to chronic respiratory failure.Review of R6's Physician Order dated 04/21/24 located in the EMR under the Orders tab revealed, Shiley size 6IC75 [sic] cuffless trach 2 lpm [liters per minute] of O2 [oxygen] with humidity on trach collar continuous day, night.Review of R6's Physician Order dated 09/08/25 located in the EMR under the Orders tab revealed, clean and check concentrators/compressor filters weekly on Mondays and PRN [as needed].During an observation and interview on 09/10/25 at 6:00 PM, the Assistant Director of Nursing (ADON) confirmed R6's oxygen concentrator filter was coated with dirt and dust. The ADON stated, The filter should be cleaned weekly, this will improve air flow and decrease the risk of bacteria.Review of R87's undated Face Sheet located in R87's EMR under the Face Sheet tab revealed R87 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included but was not limited to asthma and chronic heart failure.Review of R87's Physician Order dated 06/27/25 located in the EMR under the Orders tab revealed, O2 - 2 lpm via nasal cannula every shift day, night.Further review of R87's Physician Order fails to reveal any orders for the cleaning of the concentrator filter.During an observation and interview on 09/10/25 at 6:05 PM, the ADON confirmed R87's oxygen concentrator was coated with dirt and dust. The ADON stated, The filter should be cleaned weekly, this will improve air flow and decrease the risk of bacteria.Review of R68's undated Face Sheet located in R68's EMR under the Face Sheet tab revealed R68 was admitted to the facility on [DATE] with diagnoses which included but was not limited to respiratory failure.Review of R68's Physician Order dated 06/27/25 located in the EMR under the Orders tab revealed, [NAME] & Paykel Healthcare my AIRVO 2Optiflow + Medium NC [high-flow nasal cannula (HFNC)] target flow 15 lpm temp 31c FIO2 [the fraction of inspired oxygen] 30-32 to maintain SPOˆ > 92% 2 lpm Oˆ concentrator every shift day, night.Further review of R87's Physician Order failed to reveal any orders for the cleaning of the concentrator filter.During observation and interview on 09/10/25 at 6:10 PM, the ADON confirmed R68's oxygen concentrator was coated with dirt and dust. The ADON stated, The filter should be cleaned weekly, this will improve air flow and decrease the risk of bacteria.

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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. Based on observation, interview, and facility policy review, the facility failed to ensure that 1 of 4 medication carts were properly secured. This had the potential for the medications to be accessed by staff, residents, or visitors with the potential for adverse effects.Findings include:Review of the facility's policy titled, Pharmacy Services Policies and Procedures: Medication Storage revised on 04/01/22 revealed, Policy: 1. Medications and biologicals are stored safely, securely . in accordance with State and Federal laws, the facility will store all drugs and biologicals in locked compartments . 2. The medication . is only accessible to licensed nursing personnel, pharmacy personnel or authorized staff members.During an observation and interview on 09/10/25 at 4:05 PM, Licensed Practical Nurse (LPN)1 was preparing medications to administer to a resident. Resident (R)46 was at the medication cart and asked LPN1 if she would take her blood glucose (accucheck). LPN1 said she would as soon as she was finished with the resident's medications. R46 said she would just wait by the medication cart until she was done. LPN1 left the medication cart unlocked and out of eyesight, in the hallway, and entered the other resident's room. At 4:23 PM LPN1 returned to the unlocked medication cart with R46 still sitting in front of the unlocked medication cart. LPN1 stated, I usually always lock my cart, but I was in a hurry and forgot this time.During an interview on 09/10/25 at 7:36 PM, the Administrator revealed it was not acceptable practice and staff must keep their med cart locked if they walk away from it for any period of time.

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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. Based on observation, interview, and review of facility policy, the facility failed to ensure glucometers (machines to check blood glucose levels) were disinfected after use for 2 (Residents (R)96 and R46) out of 2 observed during glucose monitoring out of a total sample of 26 residents. This had the potential to cause the spread of infection.Findings include:Review of the facility's policy titled Infection Prevention and Control Policies and Procedures revised on 05/15/23 indicated, under the Policy section, Equipment will be maintained and kept sanitized or disinfected in accord with acceptable policies.During an observation and interview on 09/10/25 at 4:06 PM, revealed Licensed Practical Nurse (LPN)1 took a glucometer in R96's room to obtain his blood glucose level (Accu-Chek). After LPN1 completed the Accu-Chek, she put the glucometer device in the top right drawer of the med cart without sanitizing it. At 4:23 PM LPN1 was observed to complete an Accu-Chek on R46. After LPN1 completed the Accu-Chek, she put the glucometer device on the top of the med cart without it being cleaned. LPN1 confirmed she did not clean the glucometer between the two residents. She said she was in a hurry to get her medications administered and that sometimes it happens; we put them away without cleaning them. LPN1 confirmed she had been trained to clean the glucometer devices before and after each use and between residents with alcohol wipes by her agency.Review of the facility provided Matrix dated 09/08/25 revealed the facility currently had 13 diabetic residents that received accuchecks. None of the 13 residents had any bloodborne pathogens/diseases.During an interview on 09/11/25 at 11:48 AM, the Assistant Director of Nursing/Infection Preventionist (ADON/IP) stated, My expectation is that we clean patient care equipment before and after and in between use on residents. Staff are trained to use the bleach wipes inside their med carts. I do in-services as needed, every three months, and annually. We do skills checkoffs on the glucometer devices as well, so everyone is trained on how to properly clean them. The ADON/IP confirmed the 13 residents did not have any bloodborne pathogens/diseases.During an interview on 09/11/25 at 12:00 PM, the Administrator stated, Staff are trained during orientation, quarterly, annually during the skills checkoff competencies, and as needed. For agency staff, they're provided training prior to their first shift by the agency they contract through. For cleaning Accu-Chek devices, we use the purple top Sani-Cloths and let them air dry for two minutes. All the med carts have them and bleach wipes on their carts. Staff are trained to use them before and after use and in between residents.