

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425294	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Promedica Skilled Nursing and Reh- Greenville West		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Sulphur Springs Road Greenville, SC 29611	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50085</p> <p>Based on review of facility policy, record review, observation and interview, the facility failed to develop and implement Resident (R)71's Comprehensive Care Plan, to include the usage of a Continuous Positive Airway Pressure (CPAP) machine for treatment of obstructive sleep apnea.</p> <p>Findings include:</p> <p>Review of the facility policy titled Care Planning with a revised date of 03/2022, states, 1. Resident care plans are developed according to the timeframes and criteria established by 483.21. The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at S 483.10(c)(2) and S 483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team.</p> <p>Review of R71's Face Sheet revealed R71 was admitted to the facility on [DATE], with diagnoses including, but not limited to: obstructive sleep apnea, hypertension, iron deficiency, neoplasm rectum, neoplasm of prostate, morbid obesity, pulmonary nodule, tobacco use (smoker), and type 2 diabetes mellitus without complications.</p> <p>Review of R71's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/07/24, revealed R71 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R71 was cognitively intact. Further review of the MDS revealed R71 did not exhibit signs of rejecting care.</p> <p>Review of R71's Physician Orders revealed R71 had no order for Continuous Positive Airway Pressure (CPAP) treatment.</p> <p>Review of R71's Care Plan revealed no care plan to instruct staff how to provide effective and person-centered care of the resident, regarding CPAP treatment.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 10/21/24 at 1:04 PM, revealed R71 had a CPAP machine on the nightstand with a gallon of distilled water next to the CPAP machine. R71 stated he used the CPAP machine last night.</p> <p>During an observation and interview on 10/22/24 at 9:05 AM, revealed R71 had a CPAP machine on the nightstand, with the CPAP mask behind the nightstand. R71 stated he used the machine until 4:30 AM, because it ran out of distilled water.</p> <p>During an interview on 10/23/24 at 9:10 AM, the Unit Manager revealed that R71's CPAP machine showed up to the facility and she had no orders. The Unit Manager stated the resident will be care planned to reflect the treatment.</p> <p>During an interview on 10/24/24 at 9:22 AM, the Director of Nursing (DON) revealed that she spoke about R71's CPAP machine being at the facility with no instructions for two days. R71 went to the physician and there were no orders for the CPAP machine. The DON further stated, The patient had went to the front and got the device himself, I'm assuming. The distilled water came from the nurses. The DON concluded, I expect my nurses to follow physician orders. The CPAP machine should not have been in his room until we got the order. The proper orders would have been in, and the equipment would have been stored properly and proper documentation. We review orders in the morning with MDS, treatments are expected to be care planned.</p> <p>During an interview on 10/24/24 at 10:21 AM, the Operations Manager revealed that staff are to follow process and procedures to ensure that it has an order and appropriately care planned.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25335</p> <p>Based on observations, record reviews, interviews, review of facility policy and review of manufacturer labeling, the facility failed to ensure that medications were properly stored in 2 of 3 medication rooms and 5 of 10 medication carts.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Storage of Medications revised on [DATE], documented, Drugs and biologicals used in the facility are stored in locked compartments . and Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p> <p>During an observation on [DATE] at approximately 11:10 AM, of the 200 Hall medication room and an open storage area behind the nursing station revealed the following:</p> <ul style="list-style-type: none"> -One bottle Sterile 0.9% (percent) Normal Saline, USP (United States Pharmacopeia) by Medline 100 ml (milliliter) opened, approximately one-half full and dated by facility [DATE], manufacturer label stated: Contents sterile unless container is opened or damaged. Do not reuse. -One tube of Skintegrity Hydrogel 4 oz. (ounce) by Medline opened, approximately ,d+[DATE] full with manufacturer expiration date ,d+[DATE]. -One unopened package of Lubricating Jelly by Medline 0.09 oz. with manufacturer expiration date [DATE]. <p>On [DATE] at approximately 11:25 AM, these finding were confirmed by Licensed Practical Nurse (LPN)1.</p> <p>During an observation on [DATE] at approximately 11:31 AM, of the 300 Hall Medication Room revealed the following:</p> <ul style="list-style-type: none"> -One bottle of Ready Prep PVP 4 oz. ,d+[DATE] full, with expiration date of ,d+[DATE]. -One tube of Sting Free Liquid Skin Prep and Shield by Dermalite 2 oz. ,d+[DATE] full with manufacturer expiration date [DATE]. -One package of Curad Xerofoam Dressing 4 x 4 (inch) with manufacturer expiration [DATE]. <p>On [DATE] at approximately 11:40 AM, these findings were confirmed by LPN2.</p> <p>During an observation on [DATE] at approximately 10:17 AM, of the 300 Hall medication cart 2, 300 Hall revealed the following:</p> <ul style="list-style-type: none"> -One opened, not dated, in use container of Breyne 80 mcg (microgram)/4.5 mcg. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-One opened, not dated, in use container of Spiriva Respimat 2XXX,d+[DATE].5 mcg.</p> <p>-One opened, not dated, in use container of Symbicort 80 mcg/4.5 mcg.</p> <p>-One opened, not dated, in use container of Arnuity Ellipta 100 mcg.</p> <p>On [DATE] at approximately 10:20 AM, these findings were confirmed by LPN3.</p> <p>During an observation on [DATE] at approximately 10:25 AM, of the 300 Hall Treatment cart revealed:</p> <p>-Eleven packages of Sani-Cloth Large wipe, expired ,d+[DATE].</p> <p>On [DATE] at approximately 10:31 AM, this finding was confirmed by LPN2.</p> <p>During an observation on [DATE] at approximately 10:35 AM, of the 200 Hall Treatment cart revealed the following:</p> <p>-Two tubes of Skintegrity Hydrogel 4 oz. (ounce) expired ,d+[DATE].</p> <p>-One bottle Sterile 0.9% Normal Saline 100ml, ,d+[DATE] full dated as opened [DATE], labeled Sterile until opened, single use only.</p> <p>On [DATE] at approximately 10:39 AM, these finding was confirmed by LPN1.</p> <p>During an observation on [DATE] at approximately 10:41 AM, of the Hall 100 Treatment cart revealed the following:</p> <p>-One single use packet Hibiclens 15ml expired ,d+[DATE].</p> <p>-One package Apicore Alcohol Swabsticks 3's expired ,d+[DATE].</p> <p>On [DATE] at approximately 10:50 AM, these finding was confirmed by RN2.</p> <p>During an observation on [DATE] at approximately 10:44 AM, of the house wide treatment cart stored on Hall 100, revealed the following:</p> <p>-One unopened bottle [NAME] Sterile Water by Coviden, 100 ml expired [DATE].</p> <p>On [DATE] at approximately 10:52 AM, this finding was confirmed RN3.</p> <p>Review of the Consultant Pharmacist QI Summary dated April - [DATE], revealed expired and undated meds identified and reported to facility for further action.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801</p> <p>Based on review of facility policy, observations, record review, and interviews, the facility failed to ensure Resident (R)56 was not served food based on allergies/preference, for 1 of 24 residents reviewed.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Nutrition assessment dated 2001, revealed, Policy Statement: As part of the comprehensive assessment, a nutritional assessment, including current nutritional status and risk factors for impaired nutrition, shall be conducted for each resident. Policy Interpretation and Implementation: 1. The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission (within current baseline assessment timeframes) and as indicated by a change in condition that places the resident at risk for impaired nutrition. 3. (a. 11) Food restrictions, including food allergies and cultural or religious practices affecting food choices; and .</p> <p>Review of R56's Face Sheet revealed R56 was admitted to the facility on [DATE], with diagnoses including but not limited to: end stage renal disease, type two (2) diabetes mellitus with diabetic chronic kidney disease, dependence on renal dialysis, peripheral vascular disease unspecified, and acquired absence of left leg below knee.</p> <p>Review of R56's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/21/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R56's cognition is intact.</p> <p>Review of R56's Meal Ticket for 10/22/24, revealed Allergies: Eggs and Notes: NO EGGS.</p> <p>Review of R56's Care Plan with a start date of 09/18/24, documented, Problem, Allergy: Risk for allergic reaction due to Ibuprofen, Onion, Bactrim, Egg-derived Products. Documented goal, Will remain free from signs or symptoms of allergic reaction. Documented approach, Monitor for signs/symptoms of allergic reaction such as rash, hives, itching and notify physician promptly if reaction occurs.</p> <p>During an interview on 10/21/24 at 2:24 PM, R56 stated in reference to the food served at the facility, It's ok, no flavor in potatoes. R56 further stated that the facility will bring things that is on the dislikes lists and gave him an egg salad sandwich once, on the day of dialysis, although eggs were on the dislike list. However, R56 stated there are alternatives.</p> <p>During an observation and interview on 10/22/24 at 8:30 AM, R56 finished his breakfast and the tray was observed without a meal ticket. R56 stated the Admissions Director had spoken to him and took the meal ticket because a correction was made. R56 stated they served him eggs and had to get it fixed.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/22/24 at 8:51 AM, the Admissions Director stated there were eggs on R56's tray. The Admissions Director further stated dietary was notified of the allergy to eggs and the meal ticket was left with dietary. A request was made for the meal ticket.</p> <p>During an interview and record review on 10/22/24 at 9:00 AM, the Director of Nursing (DON) presented the meal ticket from 10/22/24 and documented on the meal ticket was eggs as an allergy highlighted in red and in the notes it stated, NO EGGS.</p> <p>During an interview on 10/22/24 at 9:01 AM, the Dietitian stated the Admissions Director came to report that R56 had eggs on their breakfast tray and the resident had an allergy to eggs. The Dietitian stated R56 was given bacon, a cinnamon roll, and Rice Krispies. The Dietitian further stated that an apology was given to R56 for the incident. In addition, the [NAME] was made aware of the incident and reported to the Dietitian that they did not see the allergy on the meal ticket. The Dietitian also made the Dietary Manager aware of the incident.</p> <p>During an interview on 10/22/24 at 9:07 AM, the Admissions Director stated they knew it was a liability to leave the eggs in the room so they removed the eggs from the plate and left the cinnamon roll on the plate for R56 to eat while they went to dietary to make the correction.</p> <p>During an interview on 10/24/24 at 9:31 AM, the Dietary Manager reported that their role was to check allergies on meal ticket. Normally they will handwrite an alternative provided if allergens are being served for that meal.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49818</p> <p>Based on observations, interviews, and facility policy review, the facility failed to ensure foods that were are stored in the freezer, refrigerators, and dry food storage were appropriately sealed, labeled, dated with a use by date, and/or discarded after the manufacturer's expiration date in 1 of 1 kitchen, and 1 of 3 nourishment rooms. This had the potential to affect all residents who received food from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy dated 05/28/15, titled Food Safety Requirements documented, . all food, non-food items, and supplies used in food preparation shall be stored in such a manner as to maintain safety and sanitation of the food or supply for human consumption as set forth in the Federal Drug Administration Food Code, state regulations and city/county health codes. Labeling and rotating food supply: 1. For food products that are opened and not completely used or prepared at facility and stored, the product should be labeled as to its contents and use-by dates.</p> <p>During an initial observation of the kitchen on 10/21/24 at 11:02 AM, revealed the following in the dry storage:</p> <ul style="list-style-type: none"> 1 - 5 pound (lb) bag of yellow cake mix with a dead bug on top of the bag. 7 - 4 lb boxes of Iodized Salt contents hard, boxes stained with an unknown liquid. 1 - Box of 12 - 5 ounce (oz) packages of chocolate instant pudding, stained with black substance on all individual packages. 1 - 10 lb box of pasta open and not dated, not labeled, and not sealed properly. 1 - 8 oz bottle Ensure best by date of 10 [DATE]. 9 - 8 oz bottles of Nepro shakes covered with an unknown tan colored substance. <p>Freezer revealed the following:</p> <ul style="list-style-type: none"> 2 - 10 lb bags of pepperoni with no open date. 3 - Bags of frozen biscuits, open, with no open date. 2 - Bags of dinner rolls, open, with no open date. 1 - 3 lb box Cibatta breadsticks, open, with no open date. 1 - Package of hash browns, open, with no open date. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1 - 13.5 lb box of frozen cooked french toast, open, with no open date, the contents inside the box were all open, with no open date.</p> <p>1 - Bag of yeast rolls, open, no date, not labeled.</p> <p>1 - Bag of dumplings, open, no date, not labeled.</p> <p>1 - 5 lb bag of chicken wings, open, no date, not labeled.</p> <p>1 - 64 oz bag of vegetable blend, open, no date, not labeled.</p> <p>1 - Bag of carrots, open, no date, not labeled.</p> <p>1 - 20 lb bag of vegetable stew blend, open, no date, not labeled.</p> <p>1 - Box of funnel cake, open, no open date.</p> <p>4 - Bags of hash browns, open, no date, not labeled.</p> <p>1 - Bag of frozen chicken, open, no date, not labeled.</p> <p>During an interview on 10/21/24 at 11:15 AM, the Dietary Manager (DM), who was present during the initial kitchen tour, observed the dead bug on bag of cake mix and revealed that when they find insects in the area of the dry food storage they would discard all the items in the area and have the area fogged. The DM stated that for items that are opened they should be labeled with the date it was opened.</p> <p>During an observation of the Unit 1 Nourishment Room on 10/23/24 at 12:05 PM revealed the following:</p> <p>1 - 33.8 Fl oz. TwoCal HN with a use by date of 1 [DATE].</p> <p>During an interview on 10/23/24 at 12:05 PM, the DM revealed the nurses are responsible for checking the dates on the supplies once they are on the floor. The DM further reveals that they, including kitchen staff, checked the dates on the snacks before they bring snacks to the floor but they do not check the dates on the items already in the drawers of nourishment rooms.</p> <p>During an interview on 10/24/24 at approximately 10:30 AM, the Operations Manager (OM) revealed that there is a management team including themselves that are constantly in the kitchen completing audits to ensure that food is properly stored. The OM states that labels may sometimes come off in the freezer but it's their expectations that food items that are open are properly dated and labeled.</p>		