

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425301	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Richard M Campbell Veterans Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4605 Belton Highway Anderson, SC 29621	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on facility policy, observation, record review and interview, the facility failed to ensure standards of practice for Resident (R)62's suprapubic catheter care, were followed for 1 of 2 residents reviewed for catheter care.</p> <p>Findings include:</p> <p>Review of the facility policy dated June 2024, titled, Suprapubic Catheter Care stated under the policy, Remove old dressing around suprapubic catheter if applicable, remove gloves and wash or sanitize your hands.</p> <p>Review of R62's Face Sheet revealed he was admitted to the facility on [DATE], with diagnoses including but not limited to: Parkinson's, chronic kidney disease, dysphagia, Diabetes Type 2, unspecified dementia, and chronic obstructive pulmonary disease.</p> <p>Review of R62's Physician Orders revealed an order dated 04/24/24, Suprapubic Catheter Care Daily and as needed (PRN) one time a day and every 24 hours as needed.</p> <p>During an observation of catheter care on 09/19/24 at 11:02 AM, with Certified Nursing Assistant (CNA)1 and CNA2. Both CNA's washed their hands and applied a gown and gloves. CNA1 repositioned R62, elevated his bed up, removed gloves and donned another set of gloves. CNA2 setup the table with prep pad and placed the disposable wipes and a towel on the table. CNA2 donned another set of gloves without washing her hands. CNA2 assisted R62 up in the bed. Both CNAs removed gloves, sanitized hands, and donned another pair of gloves. Both CNAs uncovered R62 and placed a towel over the groin area. CNA1 unfastened the brief. A dressing, split sponge dated 09/19/24 was removed by CNA1. Using the same gloves, CNA1 cleaned around the suprapubic catheter, then used 3 wipes, cleaned from the tip of the catheter from abdomen outward three times.</p> <p>During an interview on 09/19/24 at 11:15 AM, CNA1 stated, We should have changed our gloves after removing the dressing and sanitized after removing the gloves.</p> <p>During an interview on 09/19/24 at 12:38 PM, LPN6 stated, We change [R62's] dressing every day. I change it in the morning. After I remove a soiled dressing, I remove my gloves, and I sanitize and apply new gloves. The CNAs should removed their gloves after they removed his dressing.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview of 09/19/24 at 3:00 PM, the Director of Nursing (DON) stated, They need to change gloves after you touch something soiled, then sanitize and apply new gloves. Going in, sanitize, apply gloves, setup supplies. Position resident, remove gloves, hand sanitize, don [put on] new gloves, perform task, remove gloves and sanitize. If removing the dressing, remove gloves, sanitize, apply new gloves.</p>

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49818</p> <p>Based on observation, interview, and facility policy review, the facility failed to prevent complications with Resident (R)95's feeding tube, by not flushing the tube prior to the administration of medications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Gastrostomy Tube Flush (G-Tube) revised date June 2024, revealed, Gastrostomy tube flush to be administered per physician's order. To provide hydration to resident and maintain G-Tube patency . 16. Fill 60cc syringe with ordered amount of flush.</p> <p>Review of R95's Face Sheet revealed R95 was admitted to the facility on [DATE], with diagnoses including but not limited to: COVID-19, dysphagia, vascular dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and adult failure to thrive.</p> <p>Review of R95's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/30/24, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15, indicating R95 had severe cognitive impairment.</p> <p>Review of R95's Physician Orders with a start date of 05/02/24 documented, TF: Flush Peg with approximately 30ml water before and after medication administration every shift.</p> <p>During an observation on 09/19/24 at 8:20 AM, Registered Nurse (RN)2 did not flush the feeding tube after checking placement and prior to administering medication.</p> <p>During an interview on 09/19/24 at 8:25 AM, RN2 stated, I should have flushed prior to giving the medication. It is always good to have extra flush.</p> <p>During an interview on 09/19/24 at 9:00 AM, the Director of Nursing (DON) stated, [RN2] gets very nervous during observations and skill check off. She is a very good nurse. She came and discussed the observation afterwards with me. We will continue to do education to make sure tube feedings are flushed before and after administration of medications.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 49918</p> <p>Based on review of the facility policy, observation and interviews, the facility failed to ensure medications and biological's, that were expired, were removed from 1 of 3 medication storage rooms.</p> <p>The findings include:</p> <p>Review of the facility policy, effective date [DATE], titled, Storage of Medications states, medications and biologicals are stored safely, securely, and properly, following manufacturer's provider pharmacy recommendations, or those of the supplier to maintain their integrity. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications . Q. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal (See Section 5 Disposal of Mediations, Syringes and Needles), and reordered from the pharmacy if a current order exists.</p> <p>During an observation on [DATE] at 4:00 PM, the Medication Storage Room on 200 Hall revealed Fibracol Plus collagen wound dressing with alginate 10.2 cm x 11.1 cm (4 in x 4 ,d+[DATE] in) x 3; Reference # 2982, Lot ## 2237V[DATE]/1 Expired [DATE]. Further observation of the Medication Storage Room on 200 Hall revealed GelRite instant hand sanitizer with Vitamin E Manufacturer DermaRite 118 ml (4 fl oz) Lot# 00793A Expires ,d+[DATE].</p> <p>During an interview on [DATE] at 6:36 PM, Licensed Practical Nurse (LPN)3 stated, At some point we do the checking for expired items and the unit clerk goes through the storage rooms too.</p> <p>During an interview on [DATE] at 4:16 PM, Registered Nurse (RN)2 stated, They have assigned duties for each nurse. I am sure it is listed somewhere of who checks the medication storage room.</p> <p>During an interview on [DATE] at 5:00 PM, the Director of Nursing (DON) stated, It is every nurse responsibility to check for expired items in the medication storage room. I did speak with the pharmacist concerning the labeling system and how it shows a discrepancy versus the filled date for the expiration dates.</p>		