

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Pickens		STREET ADDRESS, CITY, STATE, ZIP CODE 163 Love & Care Road Six Mile, SC 29682	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50850</p> <p>Based on record review and interviews, the facility failed to coordinate a Preadmission Screening and Resident Review (PASARR) Level II for Resident (R)21, after a change in diagnoses, for 1 of 2 residents reviewed for PASARR.</p> <p>Findings include:</p> <p>On 11/05/24 at 4:42 PM, a request for a facility policy referencing the PASARR was made. Per the Administrator, they did not have a policy that addressed PASARRs.</p> <p>Review of R21's Face Sheet revealed R21 was admitted to the facility on [DATE], with diagnoses including but not limited to: Bipolar affective disorder and obsessive compulsive disorder.</p> <p>Further review of R21's Face Sheet revealed R21 was diagnosed with Schizophrenia on 06/11/20.</p> <p>Review of R21's LifeSource Psychiatry follow up note dated 09/25/24, documented, Associating/modifying factors include chronic medical diagnoses, impaired mobility and living in a SNF [Skilled Nursing Facility]. The psychiatric nurse practitioner noted resident with worsening behaviors of hollowing out/ increase anxiety. A new order to increase Zyprexa to 5 mg twice a day from 2.5 mg twice a day.</p> <p>Review of R21's Level 1 PASARR dated 03/27/17, documented, No further evaluation recommended.</p> <p>Review of R21's Electronic Medical Record (EMR) did not reveal a PASARR Level II, for the change in behavior and new diagnosis of Schizophrenia on 06/10/24.</p> <p>During an interview on 11/03/24 at 3:02 PM, the Minimum Data Set (MDS) Registered Nurse (RN) revealed that there was no PASARR Level II for this resident.</p> <p>During an interview on 11/05/24 at approximately 12:10 PM, the Director of Nursing (DON) revealed that the facility has been without a Social Worker for about three months. The Social Worker usually handles updating and obtaining the PASARR for the residents. The DON stated that she has been handling the PASARRs in the interim.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/05/24 at 4:42 PM, the Interim Administrator revealed that there was no PASARR policy. The Administrator stated, We follow the regulation. I have identified that we have a problem with PASARRs.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</p> <p>Based on Wound Journal Ostomy and Continence Nursing (WJOCN), record review, observation and interview, the facility failed to follow infection control standards and clean technique, by placing soiled dressing on a clean field, during a wound observation of Resident (R)22, for 1 of 1 resident observed for pressure ulcers.</p> <p>Findings include:</p> <p>Review of the WJOCN of Clean technique dated March/April 2012, documented, Clean means free of dirt, marks, or stains. 3 Clean technique involves strategies used in patient care to reduce the overall number of microorganisms or to prevent or reduce the risk of transmission of microorganisms from one person to another or from one place to another. Clean technique involves meticulous handwashing, maintaining a clean environment by preparing a clean field, using clean gloves ., and preventing direct contamination of materials and supplies. No sterile to sterile rules apply. This technique may also be referred to as non-sterile. Clean technique is considered most appropriate for long-term care . for patients who are not at high risk for infection; and for patients receiving routine dressings for chronic wounds such as venous ulcers, or wounds healing by secondary intention with granulation tissue.</p> <p>Review of R22's Facesheet revealed R22 was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease, catheter for neurogenic bladder (urinary bladder problem) and congestive heart failure.</p> <p>Review of R22's unspecified Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/11/24, revealed R22 had a Brief Interview for Mental Status (BIMS) score of 13 of 15, indicating R22 was cognitively intact.</p> <p>During an observation of R22's dressing change on 11/04/24 at 9:59 AM, revealed, R22 consented to the observation. Registered Nurse (RN)1 sanitized his hands, donned (put on) a gown, then gloves. RN1 prepared a barrier on the treatment cart, opened the normal saline and sprayed it into the gauze. RN1 then took a cover dressing and dated it. RN1 gathered the supplies with barrier and entered R22's room using the same gloves he prepped outside of her room and placed the items on the overbed table. RN1 explained the procedure to R22. RN1 then used the same gloves to turn R22 in bed. RN1 removed the old dressing dated 11/01/24, and placed the soiled dressing on the clean prepared field. RN1 removed his gloves and sanitized his hands. RN1 cleaned the wound, placed the soiled gauze on the same clean prep field with the soiled dressing. Using the same same gloves, RN1 applied the predated dry gauze dressing.</p> <p>During an interview on 10/04/24 at 10:10 AM, the RN1 stated, I didn't want to walk away from her and the trash can was by the door, so I placed it on the clean prep field.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/05/24 at 11:08 AM, the Director of Nurses (DON) stated, When wearing gloves, to do a treatment care, wash hands, apply gloves. They need a trash can near by. Set up all equipment. Remove old dressing, place in trash, remove gloves, wash or sanitize, don [put on] a new pair of gloves and apply clean wound, apply a new dressing. It is not acceptable to place a soiled dressing on the clean field. The soiled dressing should be disposed of in the trash.</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** 48835</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure food was properly labeled and sealed to prevent contamination and the potential for development of foodborne illness. This deficient practice had the potential to affect 27 out of 27 residents who receive meals prepared in and served from the facility's kitchen.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Storage Guidelines Quick Reference documented, All foods must be dated with a received date and once it is opened, an opened date. For items prepared in the kitchen, label item with a use by date. Freezer storage shelf life for meats, 3 months.</p> <p>Review of the facility policy dated [DATE], titled, Patients/Residents Personal Food documented, Nursing and housekeeping partners will be responsible for the disposal of outdated food maintained in the . nursing units nourishments refrigerator/freezers will have thermometers and temperatures must be recorded daily on the Food Refrigerator Freezer temp log.</p> <p>During the initial kitchen observation on [DATE] AM at 10:10 AM, the refrigerator revealed the following:</p> <ul style="list-style-type: none"> -Sweet tea with a preparation date of [DATE] -An undated and unlabeled cake in a small bowl with lid. -Cheese slices in a zip lock bag dated [DATE] with a use by date of [DATE]. -An open container of vegetable base dated [DATE], no use by dated. <p>The freezer revealed the following:</p> <ul style="list-style-type: none"> -Tilapia, chicken, and 2 packs of pork chops all in a plastic bag, not original container, not dated and not labeled. -A bag of pepperonis with an open date ,d+[DATE], no use by date. <p>The outdoor walk in refrigerator revealed the following:</p> <ul style="list-style-type: none"> -A bag of cooked noodles dated ,d+[DATE] with a use by date of ,d+[DATE]. <p>The outdoor freezer revealed the following:</p> <ul style="list-style-type: none"> -A large box of sliced carrots that was in an open plastic bag, not sealed and not labeled or dated. <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>The Cook/Dietary Aid 1 removed the box to look for a date. She confirmed there was no date of when the carrots were opened.</p> <p>During an interview on [DATE] at 10:28 AM, the Cook/Dietary Aid 1 stated, All open food items should be dated with an open dated, all packages open need to be sealed, and labeled with a used by date. The items that are expired should have been discarded.</p> <p>During an interview on [DATE] at 12:07 PM, the Assistant Dietary Manager (ADM) stated, I order all the food and supplies through Sysco. I do a walk through of what we need. I check the dates when I go through the food supply. Last Tuesday or Wednesday was when I completed it last. If its expired, I just throw it away.</p> <p>During an observation on [DATE] at 1:45 PM, the resident refrigerator located in the employee breakroom labeled resident fridge, revealed the following:</p> <ul style="list-style-type: none"> -3 Vitamin D milk cartons, with an expiration date of [DATE]. -4 2% Reduced fat milk cartons, with an expiration date of [DATE]. -Chobani Greek Yogurt with a use by date of [DATE]. -Nutrition Shakes Plus, Chocolate with an expiration date of [DATE]. <p>During an interview on [DATE] at 2:10 PM, the Interim Administrator stated, There should not be expired items in the residents refrigerator.</p>