

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Iva Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  406 West Broad Street Iva, SC 29655	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>31846</p> <p>Based on record review and interviews, the facility failed to ensure the correct form was issued for Resident (R)28 and R35, when Medicare Part A services were ending. Specifically R28 and R35 received the form CMS-R-131 for Part B services and not the correct CMS-10055 for Part A services for 2 of 3 residents reviewed for advanced beneficiary notices.</p> <p>Findings include:</p> <p>Review of a facility document titled, Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN) states, Medicare require's SNFs to issue the SNFABN to Original Medicare, also called fee-for-service (FFS), beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is: Not medically reasonable and necessary; or Considered custodial. The SNFABN provides information to the beneficiary so that she/he can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility. SNFs must use the SNFABN when applicable for SNF Prospective Payment System services (Medicare Part A).</p> <p>Review of R28's Medicare Part A Skilled Services Episode with a start date of 04/30/24, revealed R28's last covered day of Part A Service was 06/07/24. The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted and R28 remained in the facility.</p> <p>Review of R35's Medicare Part A Skilled Services Episode with a start date of 04/03/24, revealed R35's last covered day of Part A Services was 04/21/24. The facility/provider initiated the discharge form Medicare Part A Services when the benefit days were not exhausted and R35 remained in the facility.</p> <p>Further review of the documents received by R28 and R35 or their personal representative revealed a Form CMS-10123-NOMNC was given informing them of the last day of Medicare Part A Skilled Services. Further review revealed R28 and R35 received Form CMS-R-131 for Medicare Part B Services. However, R28 and R35 did not receive the required CMS Form-10055.</p> <p>During an interview on 07/11/24 at 9:32 AM, the Business Office Manager and the Assistant Business Office Manager both confirmed that the CMS-R-131 was the form used and not the CMS Form-10055. They stated this is the only form they have and the only form they have been using along with the CMS-10123.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 425317
		If continuation sheet Page 1 of 9

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49918</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure that Resident (R)31 received medications safely through enteral feeding, for 1 of 1 resident reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Administering Medications through an Enteral Tube dated 2001, states, The purpose of this procedure is to provide guidelines for the safe administration of medications through an enteral tube. Preparation: 3. Assemble the equipment and supplies as needed. General Guidelines: 7. Towel or Chux pad 12. Stethoscope Steps in the Procedure: 4. d. Fold bed linens to the resident ' s waist and cover the chest with a towel or Chux pad. 6. Verify placement of feeding tube</p> <p>Review of (R)31 ' s Face Sheet revealed R31 was admitted to the facility on [DATE], with a diagnoses including but not limited to: Parkinson ' s Disease with Dyskinesia, without mention of fluctuations.</p> <p>Review of (R)31 ' s Quarterly Minimum Data Set (MDS) with an Assessment Reference Data (ARD) of 07/03/24, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15, indicating (R)31 has severe cognitive impairment.</p> <p>Review of (R)31 ' s Care Plan with a start date of 06/27/24 documented, Enteral Nutrition/Medications: Resident has <input checked="" type="checkbox"/> GT <input type="checkbox"/> JT <input type="checkbox"/> NGT <input type="checkbox"/> Other and is at risk for enteral nutrition complications related to aspiration pneumonia, clogged tubing, excessive residual. Further review of R31's Care Plan revealed the following approach, check for residual as ordered, check for tube placement as ordered, check lung sounds for signs and symptoms of fluid overload as needed, check lung sounds for signs and symptoms of fluid overload as needed, monitor intake and output per protocol, monitor weight per protocol, and notify MD if unable to tolerate.</p> <p>Review of (R)31 ' s Physician Orders with a start date of 06/25/24 documented, Enteral Feed, continuous feed Jevity 1.5 45ml/hr with 100 ml free water flush every 4 hours.</p> <p>During an observation on 07/10/24 at 5:00 PM, Licensed Practical Nurse (LPN)1 administered Vancomycin HCL 750mg (2.5ml). LPN1 pulled the sheet back from R31, stopped Tube Feed (TF), removed plunger from syringe and placed on bedside table. LPN1 than placed the syringe in TF port. Poured medications in syringe. Water flush poured after medication gravitated by gravity. LPN1 than placed the syringe on the bare sheet. The TF was reconnected and TF restarted. LPN1 took the plunger off the bedside table and reinserted it into the syringe.</p> <p>During an interview on 07/10/24 at 5:15 PM, LPN1 stated, Oh, I need to place a towel down on the bed and bedside table, plus check for placement. LPN1 concluded, I totally tossed the syringe in the trash due to contamination.</p> <p>(continued on next page)</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>During an interview on 07/10/24 at 5:30 PM, the Director of Nursing (DON) stated, We will give an in-service on Tube Feeding to ensure medications are being given per protocol using proper procedure.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49818</b></p> <p>Based on record review and interview, the facility failed to assure professional standards of communication occurred between the facility and the dialysis center for 1 of 1 resident reviewed, Resident (R)10.</p> <p>Findings include:</p> <p>Review of the facility policy titled End-Stage Renal Disease, Care of a Resident With with a revision date of September 2010, the policy statement revealed, Residents with end-stage renal disease (ERSD) will be cared for according to currently recognized standards of care. Policy Interpretation and Implementation, 4. Agreements between facility and contracted ERSD facility include all aspects of how the resident's care will be managed including: b: how information will be exchanged between the facilities.</p> <p>Review of the facility's SNF (Skilled Nursing Facility) Dialysis Services Agreement dated 12/27/11 revealed, Obligations of Nursing Facility, 2. Interchange of information: The Nursing Facility shall provide for the interchange of information useful or necessary for the care of the ERSD Residents, including a Registered Nurse as a contact person at the Nursing Facility whose responsibilities include oversight of provision of services to the ESRD residents. D. Mutual Obligations, 1. Collaboration of Care: Both parties shall ensure that there is documented evidence of collaboration of care and communication between the Nursing Facility and ESRD Dialysis Unit. Documentation shall include, but not be limited to, participation in care conferences, continual quality improvements program, annual review of infection control policies and procedures.</p> <p>Review of R10's Face Sheet revealed R10 was last admitted to the facility on [DATE], with diagnoses including but not limited to: Type 2 diabetes mellitus with diabetic kidney disease and End Stage Renal Disease (ESRD).</p> <p>Review of R10's Care Plan, dated 04/29/24, revealed R10 received hemodialysis for ESRD.</p> <p>Review of R10's Dialysis Communication Record revealed the following Dialysis Communication Records were faxed to the facility on [DATE] at 12:57 PM: 06/01/24, 06/04/24, 06/11/24, 06/15/24, 06/20/24, and 06/22/24. Further review of R10's Dialysis Communication Record revealed records were missing for the following dates: 07/04/24, 07/06/24, and 07/09/24.</p> <p>During an interview on 07/11/24 at 10:05 AM, Licensed Practical Nurse (LPN)2 revealed that R10 goes to dialysis on Tuesday, Thursday and Saturday and R10 is usually picked up around 11:15 AM. LPN2 also revealed that when R10 leaves for dialysis that a face sheet and the communication sheet goes with them to dialysis, the dialysis center completes it, returns it to the facility, and once it is returned we send it to medical records.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/11/24 at 1:41 PM, the Director of Nursing (DON) revealed when R10 is sent out to dialysis they are sent with a communication form and a copy of their face sheet. The dialysis center sends back the communication form and face sheet, and if there are changes it will be listed on the communication form. The nurses are to return the communication form to medical records. The DON further explains that when the resident returns the nursing staff should check their access cite.</p> <p>During an interview on 07/11/24 at 2:08 PM, the Medical Records Coordinator stated, When the resident goes out to dialysis a face sheet, a communication sheet, and an order summary goes with them and it all comes back with them. The Medical Records Coordinator explains, 3rd shift staff usually starts the communication form either hand written or opened up in PCC [Point Click Care] then 1st shift completes it with vital signs and weights before the resident leaves, then the returning nurse looks at the communication sheet to make sure its completed correctly and if not completed correctly, I have to contact the dialysis center to get them to correct it. When they return, I have to go to the floor to retrieve the form from my box on the floor. If the form is not correct, I call them and let them know I am faxing it and they fax it back. The Medical Records Coordinator verified they are responsible for keeping up with the communication form and keeping them in a folder and stated If some are missing, I go looking for them, and if they are not in the facility I contact the dialysis center.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>48215</p> <p>Based on observations, record review, and interviews, the facility failed to include a Registered Nurse (RN) on the daily staff posting for the month of March, June, and July of 2024.</p> <p>Findings include:</p> <p>A policy for the daily staffing sheet was not provided when requested on 07/11/24 at 2:00 PM.</p> <p>Review of the daily staffing sheets, as worked, posted for each shift from March 2024, June 2024, and July 1-11, 2024, did not include a designated registered nurse for at least eight (8) hours.</p> <p>Review of the Daily Staffing sheets revealed a line which indicated RN, each sheet revealed a blank indicating RN hours were not listed.</p> <p>During an interview on 07/11/24 at 1:20 PM, the Operation Manager stated the RN hours should be included on the daily staff posting. The Operation Manager revealed they were completing the daily staff posting in January and February and they are not sure why the Human Resource (HR) officer for the facility did not include the RN hours when they took over the task. The Operation Manager concluded the HR officer was new.</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>49918</p> <p>Based on observation, interview, and review of facility policy, the facility failed to ensure that medications and biologicals that were outdated or without proper labeling were removed from the medication treatment cart for 1 of 1 medication treatment cart.</p> <p>Findings include:</p> <p>Review of the facility policy titled Storage of Medications revised on November 2020, states, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Procedures: 4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p> <p>During an observation on 07/10/24 at 6:26 AM, of Unit 100/200 Treatment Cart, with Licensed Practical Nurse (LPN)1 revealed the following:</p> <p>1. Maxorb II AG Alginate Wound Dressing with antibacterial Silver, Lot#83623126340, Ref MSC 9945EP - opened sterile dressing, no longer sterile. 2. Opticell Chitosan-Based Gelling Fiber 4.25 x 4.25 square, Lot#W056844, Ref MSC 7844EP - 1 opened sterile wound dressing, no longer sterile. 3. Opticell AG Chitosan-Based Gelling Fiber 4 x 5 rectangle, Lot# W057510, Ref MSC 9845EP - opened and no longer sterile. 4. MediHoney Hydrogel, Lot# 053620 - 1 of 4 opened and no longer sterile. Expired on 2023-08. 5. MediHoney Calcium Alginate Dressing with active Leptospermum Honey, Lot#H2345 - opened and no longer sterile. 6. Telfa Non-Adherent Pad Prepack 8x3 Covidien, Lot# 22F067862 - opened and no longer sterile. 7. (Medline) Exuderm Satin Hydrocolloid Wound Dressing 4x4 square10 sterile wound dressings, Lot# C2301191 - 1 of 6 opened and no longer sterile. 8. (Medline) Thera Honey HD Sheet Honey Impregnated sterile wound dressing, Lot# W02307482 - 1 of 9 opened and no longer sterile. 9. (Medline) Maxorb II alginate wound dressing calcium alginate 4x4 square, Lot #83620108396, Ref MSC 7344EP - Expired on 2023 01-01.</p> <p>During an interview on 07/10/24 at 7:20 AM, the findings were verified by LPN1 and discarded.</p> <p>During an interview on 07/10/24 at 9:30 AM, the Director of Nursing (DON) stated, All nurses should check for expired medications.</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>31846</p> <p>Based on review of facility policy, record review, and interview, the facility failed to ensure Resident (R)15's coordination of care between hospice and the facility, for 1 of 1 resident reviewed for Hospice Care and Services.</p> <p>Findings include:</p> <p>Review of the undated facility policy titled, Hospice Program revealed , Policy Interpretation and Implementation: #9. In general, it is the responsibility of the hospice to manage the resident's care as it relates to the terminal illness and related conditions, including the following: a. Determining the appropriate hospice plan of care; b. Changing the level of services provided when it is deemed appropriate; c. Providing medical direction, nursing and clinical management of the terminal illness; #10. In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure the level of care provided is appropriately based on the individual resident's needs. d. Communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day. #12. Our facility has designated someone to coordinate care provided to the resident by out facility and the hospice staff. (Note: this individual is a member of the IDT with clinical and assessment skills who is operating within the state scope of practice act.) He or she is responsible for the following: a. Collaborating with hospice representatives and coordinating facility staff participation in the hospice care planning process for resident's receiving these services; b. Communication with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the resident and family.</p> <p>Review of the Hospice Services Agreement dated July 9, 2024, states on page 5, Section E, Coordination of Care: (i) General - Facility shall participate in any meetings, when requested by Hospice, for the coordination of services provided to Hospice Patients. Hospice and Facility shall communicate with one another regularly and as needed for each particular Hospice Patient. Each party is responsible for documenting such communications in its respective clinical records to ensure that the needs of Hospice Patients are met 24 hours per day.</p> <p>Review of R15's Face Sheet revealed R15 was admitted to the facility with diagnoses including but not limited to: cerebrovascular accident, chronic viral hepatitis C, psychoactive substance abuse, anxiety, falls, and convulsions. R15 was admitted for hospice care and services on 02/29/24 with a diagnosis of cerebrovascular accident.</p> <p>Review on 07/10/24 at 3:49 PM, of R15's Medical Record revealed no indication of Hospice visit assessments, to include findings during the assessments for progress, decline or if changes were needed to the care plan for R15. Furthermore, there was no specified nursing staff designated by the facility for the hospice staff to report to ensure continuity of care for R15.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/11/24 at 8:30 AM, the Director of Nursing (DON) provided the hospice notes from the hospice nurses visits from 04/02/24 through 07/09/24. The DON stated that the Hospice entity had sent the daily assessments overnight to the facility. The DON stated that the assessments should have been in the hospice binder to ensure coordination of care between hospice and the facility staff working with R15.</p>		