

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/02/2024
NAME OF PROVIDER OR SUPPLIER  Martha Franks Baptist Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  One Martha Franks Drive Laurens, SC 29360	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>29358</p> <p>Based on observation, interview, record review, review of the Resident Assessment Instrument (RAI) Manual, and facility policy review, the facility failed to ensure a Minimum Data Set (MDS) assessment accurately reflected the status for 1 (Resident (R)31) of 22 sampled residents. Specifically, the facility failed to ensure R31's MDS accurately reflected the resident's fall status.</p> <p>Findings included:</p> <p>A facility policy titled, Resident Assessments, revised 03/2022, revealed 1. The resident assessment coordinator is responsible for ensuring that the interdisciplinary team conducts timely and appropriate resident assessments and reviews according to the following requirements: a. OBRA required assessments - conducted for all residents in the facility.</p> <p>The Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument [RAI] 3.0 User's Manual, dated 10/2023, indicated that according to 2. If this is not the first assessment, the review period is from the day after the ARD [Assessment Reference Date] of the last MDS assessment to the ARD of the current assessment. 3. Review all available sources for any fall since the last assessment, no matter whether it occurred while out in the community, in an acute hospital, or in the nursing home. Include medical records generated in any health care setting since last assessment. All relevant records received from acute and post-acute facilities where the resident was admitted during the look-back period should be reviewed for evidence of one or more falls. 4. Review nursing home incident reports and medical record (physician, nursing, therapy, and nursing assistant notes) for falls and level of injury. 5. Ask the resident, staff, and family about falls during the look-back period. Resident and family reports of falls should be captured here, whether or not these incidents are documented in the medical record.</p> <p>A Resident Face Sheet indicated the facility admitted R31 on 08/16/2021. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of Alzheimer's disease, muscle weakness, and lack of coordination.</p> <p>A quarterly MDS, with an ARD of 05/24/2024, revealed R31 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated the resident had no falls since admission/entry or reentry or the assessment (which was a quarterly MDS with an ARD of 02/23/2024).</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R31's Care Plan included a problem initiated 02/14/2022, that indicated the resident was at risk for falls due to weakness, decreased mobility/endurance, pain, and cognitive impairment.</p> <p>An Event Report, dated 02/25/2024 at 9:49 AM, revealed R31 had a witnessed fall in the dining room.</p> <p>An Event Report, dated 03/21/2024 at 11:11 PM, revealed R31 had a fall on their buttocks in their bathroom.</p> <p>During an interview on 07/29/2024 at 2:08 PM, R31 stated they had a fall this year in the dining room.</p> <p>During an interview on 07/30/2024 at 2:02 PM, R31 stated they did have a second fall, which was in their bathroom.</p> <p>During an interview on 07/31/2024 at 2:59 PM, MDS Coordinator #7 stated she pulled incident (event) reports for reference to code the MDS correctly for falls. MDS Coordinator #7 stated the resident's 05/24/2024 MDS should have been coded for two falls.</p> <p>During an interview on 08/01/2024 at 3:36 PM, the Director of Nursing (DON) stated her expectation was for the MDS Coordinator to do their research and examine event reports, progress notes, observation reports, and post-fall assessments to reference and code the MDS accordingly and correctly.</p> <p>During an interview on 08/02/2024 at 10:53 AM, the Administrator stated her expectation was for the resident falls to be included on the MDS. The Administrator stated the two falls R31 had should have been included on the resident's 05/24/2024 MDS.</p>		

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>39438</p> <p>Based on interview, record review, and facility policy review, the facility failed to develop a care plan to address the wandering behavior of 1 (Resident (R)172) of 22 sampled residents.</p> <p>Finding included:</p> <p>A facility policy titled Care Plans, Comprehensive Person-Centered, revised 03/2022, revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical psychosocial and functional needs is developed and implemented for each resident.</p> <p>A Resident Face Sheet revealed the facility admitted R172 on 03/27/24. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of lack of coordination, muscle weakness, difficulty in walking, falls, Alzheimer's disease, and dementia.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/02/24, revealed R172 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident had severe cognitive impairment.</p> <p>R172's Resident Progress Notes, dated 04/08/24 at 11:23 AM, revealed the resident often wandered around the unit aimlessly and into other residents' rooms.</p> <p>R172's Resident Progress Notes, dated 04/13/24 at 4:54 PM, revealed at times the resident had to be redirected to stay on the unit and not wander too far.</p> <p>R172's Resident Progress Notes, dated 04/26/24 at 11:08 AM, revealed R172 wandered into other residents' room.</p> <p>R172's Resident Progress Notes, dated 04/28/24 at 5:58 PM, revealed R172 was noted twice during the shift pushing on the patio door or the keypad to try to get outside. The note revealed staff redirected the resident and the resident continued to wander the halls.</p> <p>In an interview on 07/31/24 at 9:22 AM, Certified Nurse Assistant (CNA)18 stated R172 had dementia, was confused, and required redirection. CNA18 stated the resident wandered frequently.</p> <p>In an interview on 07/31/24 at 9:10 AM, Registered Nurse (RN)17 stated she recalled R172 utilized a walker and wandered</p> <p>In an interview on 08/02/24 at 10:08 AM, MDS Coordinator #24 stated R172 wandered on the unit and then the resident started to wander past the therapy hall. She stated they discussed the resident's behavior during a meeting. The MDS Coordinator stated R172 should have had a care plan in place for wandering.</p> <p>(continued on next page)</p>		

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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>In an interview on 07/31/24 at 1:54 PM, the Director of Nursing (DON) reported she remembered R172 began wandering and had to be redirected to stay on the unit and not to wander too far.</p> <p>In a follow-up interview on 07/31/24 at 2:02 PM, the DON stated as soon the staff saw the resident's wandering behavior, a care plan should have been implemented.</p> <p>In an interview on 07/31/24 at 2:42 PM, the Administrator stated she expected to see a care plan with interventions in place related to wandering for the resident.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45645</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure nail care was provided to a dependent resident for 1 (Resident (R)26) of 2 residents reviewed for activities of daily living (ADL).</p> <p>Findings included:</p> <p>A facility policy titled, Fingernails/Toenails, Care of, revised 02/2018, revealed, 1. Nail care includes weekly cleaning and regular trimming as tolerated. The policy revealed, 1. Notify the supervisor if the resident refuses the care.</p> <p>A Resident Face Sheet indicated the facility admitted R26 on 05/21/2018. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of Alzheimer's disease, diabetes mellitus, and dementia with behavioral disturbance.</p> <p>A quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/19/2024, revealed R26 had a Brief Interview for Mental Status (BIMS) score of 4, which indicated the resident had severe cognitive impairment. The MDS indicated the resident was dependent on staff for personal hygiene.</p> <p>R26's Care Plan included a problem statement initiated on 01/25/2022 that indicated the resident required assistance with ADLs due to weakness, cognitive impairment, impaired mobility, impaired balance, and decreased endurance. Interventions directed staff to provide fingernail care as ordered (initiated 01/25/2022).</p> <p>During an observation on 07/29/2024 at 10:01 AM, R26 was in bed and had untrimmed fingernails with peeled nail polish and dark debris underneath their fingernails on both hands.</p> <p>During an observation on 07/29/2024 at 12:35 PM, R26 was in the common area eating. Staff were near the resident giving verbal encouragements. R26's fingernails were uncleaned with dark debris underneath.</p> <p>During an observation on 07/30/2024 at 9:43 AM, R26 was in the common area with dirty fingernails and chipped nail polish on nails with a dark brown unknown substance.</p> <p>On 07/30/2024 at 9:46 AM, Certified Nursing Assistant (CNA)1 stated checking the resident's nails should be done at least every day. CNA1 stated R26 received a shower that morning.</p> <p>On 07/30/2024 at 10:15 AM, CNA2 confirmed R26 had a shower that morning. CNA2 stated that morning he checked the resident's nails to see if there was anything on them. CNA2 stated the resident was a diabetic and CNAs were not able to cut the residents nails, the nurse would. CNA2 stated he would not cut the residents nails but would clean them with a washcloth or wipe.</p> <p>During an observation on 07/30/2024 at 10:19 AM with CNA2 of R26's fingernails, CNA2 looked at the resident's hands and stated he saw a back substance under the resident's fingernails. CNA2 stated the resident's fingernails were long and probably needed to be cut.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/30/2024 at 10:23 AM, Licensed Practical Nurse (LPN)3 stated R26's fingernails were not cleaned and needed to be cut. LPN3 stated the resident's fingernails should have been cleaned during the resident's shower that morning. LPN3 stated she was not notified that the resident refused nailcare that morning and the CNA should let her know if the resident had refused.</p> <p>During a follow-up interview on 07/30/2024 at 10:28 AM, CNA2 stated he would not have cut R26's nails because the resident was a diabetic, but he should have let the nurse know and he did not.</p> <p>On 07/31/2024 at 3:21 PM, the Director of Nursing (DON) said nail care was part of the resident's shower. The DON stated her expectation was that nursing staff performed nail care and hand hygiene before eating.</p> <p>On 07/31/2024 at 3:33 PM, the Administrator said her expectation was that the residents were clean and neat to include their nails. She stated nail hygiene and cleaning should be part of the resident's regular shower routine. The Administrator stated the CNA should have reported to the nurse if nail care was not completed.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45645</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the floor in the kitchen was free of debris, staff appropriately wore a hair restraint, food items were labeled and dated, expired food items were discarded, and personal items were not stored in the nourishment room. These deficient practices had the potential to affect all residents who received food from the kitchen.</p> <p>Findings included:</p> <p>1. A facility policy titled, Cleaning and Sanitation of Dining and Food Service Areas, with a copyright date of 2017 revealed, Policy: The nutrition and food services staff will maintain the cleanliness and sanitation of the dining and food services areas through compliance and a written, comprehensive cleaning schedule.</p> <p>In an observation of the second dry storage room on [DATE] at 9:07 AM, there was one individual packet of a sugar substitute and one individual packet of mayonnaise on the floor.</p> <p>During a concurrent observation of the freezer on [DATE] at 9:12 AM, there was a dirty wet towel on the floor at the entrance of the freezer. The Director of Food Services pointed at the wet towel lying on the floor by the freezer and stated it could be a hazard.</p> <p>In an observation of the kitchen on [DATE] at 9:16 AM, there was a cart near the refrigerator that had dirt and a dried yellow stain.</p> <p>In an interview on [DATE] at 11:56 AM, the Director of Nursing stated the kitchen should be kept clean, swept, and mopped.</p> <p>2. On [DATE] 8:49 AM, Dietary Aide (DA) #8 was observed in the kitchen near the dishwasher area. DA #8's shoulder length hair hung out of the side of the hat.</p> <p>In an interview on [DATE] at 8:50 AM, the Director of Food Services stated DA #8 was not in compliance and, she should not have her hair on the side like that.</p> <p>In an interview on [DATE] at 3:27 PM, the Administrator stated all staff assigned to the kitchen, or staff that went into the kitchen, should have a hairnet because they would not want someone's hair in their food.</p> <p>In an interview on [DATE] at 11:56 AM, the Director of Nursing stated kitchen staff must wear hairnets.</p> <p>3. A facility policy titled Food Storage with a copyright date of 2017, indicated, 4. Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables and broken lots of bulk foods. All containers must be legible and accurately labeled and dated.</p> <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>During a concurrent observation and an observation of the first dry storage room on [DATE] at 9:05 AM, there were two large undated plastic containers of rice and an opened, undated bag of pasta. The Director of Food Services (DFS) stated the items should have been labeled. Per the DFS, the staff assigned to label had been out.</p> <p>During a concurrent interview and observation of the second dry storage room on [DATE] at 9:08 AM, there was an undated, unlabeled large container of white substance on the bottom shelf with a scoop in it. The DFS stated the white substance was thickener, it should have been labeled and dated, and the scoop should not have been left in it.</p> <p>During an observation of the walk-in refrigerator on [DATE] at 9:10 AM, there were three undated bags of romaine lettuce and one opened, undated bag of onion.</p> <p>During an observation of the kitchen on [DATE] at 9:16 AM, there was one large unlabeled and undated container of yellow powder, that resembled cornmeal, with a scoop at the bottom of the container.</p> <p>During concurrent interview and observation of the nourishment room on Unit 1 on [DATE] at 9:04 AM, there were individual boxes of cereal with no expiration dates. The Director of Food Services stated items without expiration dates, like the cereal, could result in a resident getting sick.</p> <p>During an observation of the nourishment room on Unit 3 on [DATE] at 9:49 AM, there were individual boxes of cereal with no expiration dates.</p> <p>During an observation of the nutrition room on Unit 3 on [DATE] at 9:50 AM, there was an unlabeled and undated plastic bag that contained red velvet cake and chocolate marble cake.</p> <p>During an observation of the nourishment room on Unit 3 on [DATE] at 9:51 AM, there were two cartons of nonfat milk with expiration date of [DATE].</p> <p>During an observation of the nutrition room on Unit 2 on [DATE] at 9:55 AM, there was an unlabeled and undated bottle of creamer and a unlabeled and undated bottle of turkey gravy.</p> <p>During an observation of the nourishment room on Unit 2 on [DATE] at 9:56 AM, there were individual boxes of cereal with no expiration dates.</p> <p>In an interview on [DATE] at 3:27 PM, the Administrator stated items with no expiration should not be in circulation and all food products must be dated and labeled.</p> <p>In an interview on [DATE] at 11:56 AM, the Director of Nursing (DON) stated the dietary staff must make sure items were dated and labeled and expired food items were discarded. The DON stated if a resident received the expired milk, gastro-intestinal problems could have been a potential adverse outcome.</p> <p>During an interview on [DATE] at 2:19 PM, the Dietary Manager (DM) stated the dietary aides were supposed check daily for expired items and discard them. The DM stated if any the resident had received any expired food items, sickness like food poisoning was a possible adverse outcome.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46659</p> <p>Based on observation, interview, record review, document review, and facility policy review, the facility failed to ensure staff wore personal protective equipment (PPE) for 1 (Resident (R)27) of 5 sampled residents reviewed for infection control, who was on enhanced barrier precautions (EBP).</p> <p>Findings included:</p> <p>A facility policy titled, Enhanced Barrier Precautions with a revision date of 08/2022, indicated, 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). The policy revealed 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing brief or assisting with toileting; g. device care of use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc. [et cetera, and other similar things]); and h. wound care (any skin opening requiring a dressing). According to the policy, 5. EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO [multi-drug-resistant organism] colonization.</p> <p>A Resident Face Sheet revealed the facility admitted R27 on 03/06/2024. According to the Resident Face Sheet, the resident had a medical history that included diagnoses of urinary tract infection, retention of urine, obstructive and reflux uropathy, bladder neck obstruction, and presence of urogenital implants.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/31/2024, revealed R27 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. The MDS also indicated the resident had an indwelling catheter.</p> <p>R27's Care Plan included a problem dated 03/06/2024, that indicated the resident had an indwelling urinary catheter related to urinary retention/obstructive uropathy. Interventions directed staff to provide EBP because the resident had an indwelling urinary catheter and to wear gloves and a gown with high contact activities (initiated 06/13/2024).</p> <p>R27's Order History revealed an order dated 06/13/2024, for EBP due to an indwelling urinary catheter, for gloves and gown to be worn with high contact activities, and to make sure a precaution hanger and sign were on the door.</p> <p>An observation on 07/29/2024 at 10:02 AM, revealed Certified Nurse Assistant (CNA)22 entered R27's room and provided the resident a shower. CNA22 wore gloves during the provision of the resident's shower. CNA22 did not wear a gown.</p> <p>During an interview on 07/29/2024 at 10:35 AM, CNA22 stated during R27's shower she only wore gloves. She stated she should have also worn a gown because the resident was on EBP due to having a urinary catheter.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/02/2024 at 11:24 AM, the Director of Nursing (DON) stated she expected the staff to abide by the policy and procedures the Infection Preventionist taught them for EBP. She stated the staff should wear a gown and gloves when they assisted residents with bathing who were on EBP.</p> <p>During an interview on 08/02/2024 at 11:50 AM, the Administrator stated she expected the staff to wear PPE as required.</p>		