

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  09/18/2025
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 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>Based on observations, staff interviews, and a review of facility policy, the facility failed to properly label and discard expired food items in the main kitchen (1 of 1). This failure to follow proper food storage protocols presents a potential risk to the health and safety of the 79 residents who consume food prepared in the facility's kitchen. Findings include: A review of the facility's policy, titled Food Storage with a Copyright date of 2017, revealed, All stock must be rotated with each new order received, and that rotating stock is essential to assure the freshness and highest quality of all foods. The policy requires that old stock is always used first (first-in - first out method) and that the person designated to put stock away must be supervised to ensure stock is rotated properly. The policy further states that food should be dated as it is placed on shelves if required by state regulation, and that high-risk, ready-to-eat, time/temperature control for safety foods must have visible date marking to indicate the date or day by which the food should be consumed, sold, or discarded. In addition, food items must be stored and handled in a way that maintains the integrity of packaging until ready for use. Leftover food must be stored in covered containers or securely wrapped, clearly labeled, and dated before refrigeration. Refrigerated foods are to be stored upon delivery, and careful rotation procedures are to be followed. On September 16, 2025, at 10:21 AM, an initial entrance was made to the kitchen. The Certified Dietary Manager (CDM) and the CDM in Training were present and confirmed all findings. In the main cooler, one 1-gallon Ziplock bag of shredded cheese was observed not in its original packaging, unlabeled, and marked with a date of 9/17. One 5-lb (pound) bag of sundried tomatoes had been opened with no open date. Two 5-lb bags of shredded carrots had a use-by date of 09/04/2025, and six 5-lb bags of coleslaw mix had a use-by date of 08/25/2025. In the salad/bar cooler, one metal pan of spinach was observed covered with no label; the CDM confirmed the item and a date of 9/5. Additionally, a 1-gallon bag of shredded cheese was present with no label; the CDM confirmed a date of 9/5. In the dry storage closet, one Ziplock bag of croutons, not in original packaging and not labeled, was confirmed by the CDM to have a date of 9/5. An interview with the CDM, in the presence of the CDM in Training, was conducted on September 16, 2025, at 10:55 AM. The CDM stated that the facility receives food from US Foods and PFG, with deliveries occurring twice per week. All dietary staff are responsible for inspecting food storage areas and ensuring that leftover items are properly labeled and stored. The CDM reported that monthly in-service training is held for dietary staff, during which food safety practices are reviewed. The CDM stated that leftovers are stored for no more than three days. An interview with the Administrator, conducted on September 16, 2025, at 1:36 PM, revealed that her expectations for the kitchen include ensuring that all food items are free from expiration and that all leftover food is properly labeled and dated.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>Based on review of the facility's policy, observations, and interviews, the facility failed to ensure the proper handling and transport of resident linens in a manner that prevents cross-contamination. This lapse in infection control practices poses a potential risk to resident health and safety by increasing the likelihood of infectious agents spreading. Findings include: Review of the facility's policy titled, Handling Soiled Linens: revised 08/20/2025 stated 2. All used linen should be handled using standard precautions (i.e., gloves) and treated as potentially contaminated. Other protective equipment may be required. Examples of linen that may require special handling include, but are not limited to: a. Visibly soiled with blood or large amounts of body fluid b. Residents with contagious conditions such as chicken pox, herpes zoster, or other skin lesions. c. Residents with infectious drainage not contained by dressings or other supplies. d. Residents with infections transmitted by contact (e.g., MRSA, VRE, Clostridioides difficile). Review of facility policy titled Laundry Policy Explanation and Compliance Guidelines: revised 08/20/2025 stated, 2. The facility's laundry area will provide hand-washing facilities and products as well as PPE [Personal Protective Equipment]. 12. Laundry staff will be in-serviced on handling linens and laundry on a regular basis. During an observation of the Laundry Aide (LA) on 09/17/25 at approximately 9:23 AM, revealed the LA was observed not doffing [removing] the washable blue gown, gloves, and/or washing her hands after retrieving dirty laundry from the barrel, in the soiled utility room. The LA attempted hand washing in the soiled laundry area, however, she stated, There is a little bit of soap, but no paper towels, and was observed to be unable to complete the handwashing technique. The LA was then observed walking through hallways, back to the laundry room still wearing the soiled gloves and a washable blue gown. The Surveyor then asked the LA, How often she washed the blue gown? in which the LA stated, After every two laundry washes, did I do something wrong? On 09/17/25 at approximately 9:47 AM, the LA was observed folding and placing a soiled blue gown under the laundry table, in the clean area of the laundry room. Disposable PPE was observed underneath the table, in the clean laundry area. During an interview with the Housekeeping Supervisor (HKS) on 09/18/25 at 8:44 AM, the HKS reported that laundry staff have online education classes through Healthcare Academy. The HKS revealed and acknowledged that the LA had cross-contaminated after retrieving soiled laundry. The HKS reported that the LA knows the procedure for picking up dirty laundry from the soiled utility is as follows: Gown and glove up using yellow disposable gowns, retrieve laundry, doff gown and gloves, wash hands. HKS stated, She knows to doff dirty blue gown, gloves, and wash hands. HKS reported all laundry staff had education on taking dirty laundry to the laundry room in January/February 2025, and staff will have training again regarding the transport of dirty/clean laundry procedures beginning today. During an interview on 09/18/25 at approximately 12:00 PM with the Maintenance/Environmental Director revealed he heard one of his staff did not handle laundry transport correctly. The Maintenance/Environmental Director reported, I just don't know why she does this. The facility does education all the time regarding the transport of soiled laundry, but some don't seem to get it. I have been telling them we're in the window for DHEC and educating, but some still don't get it.</p>		