

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Southpointe Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Southpoint Drive Greenville, SC 29607	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49801</p> <p>Based on observations, record review, interviews, facility policy and the Department of Health and Human Services Centers for Medicare & Medicaid Services pathway, the facility failed to maintain infection prevention and control practices for 1 of 1 residents reviewed for colostomy care, Resident (R)1.</p> <p>Findings include:</p> <p>Review of the Department of Health and Human Services Centers for Medicare & Medicaid Services Infection Prevention, Control & Immunizations Pathway, dated 8/2024 Enhanced Barrier Precautions (EBP):</p> <p>EBP use is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc. EBP are indicated during high contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device. High-contact resident care activities include dressing, bathing/showering, transferring, toileting, providing hygiene, changing linens or briefs, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, or wound care: generally, for residents with a chronic wound(s), not skin breaks or tears covered with an adhesive bandage (e.g., Band-Aid) or similar 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy titled Infection Prevention and Control Policies and Procedures. Subject: Transmission Based/Standard Precautions, and Enhanced Barrier Precautions. Policy: 4. Health care workers will implement enhanced barrier precautions according to policy with additional measures to protect residents and staff from Multidrug-resistant Organisms (MDRs). MDROs refers to microorganisms predominantly bacteria that are resistant to one or more classes of antimicrobial agents. Procedures: Enhanced Barrier Precautions (EBP) 1. Enhanced Barrier Precautions expand the use of PPE (gowns and gloves) during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. A. EBP will be implemented for All residents with the following: 2) Wounds and/or indwelling medical devices (central lines, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. B. EBP will be implemented during the following high-contact resident care activities: . 4) providing hygiene, 6) changing briefs or assisting with toilet, 7) device care or use: central lines, urinary catheter, feeding tube, tracheostomy/ventilator. C. EBP requires the following PPE: 1) gloves, 2) gown, 3) face protection if performing activity with risk of splash or spray .F. The facility will post clear signage on the door or wall outside of the room indicating the type of precautions and required PPE (gowns and gloves). G. The facility will post signage that clearly indicates the high-contact resident care activities that require the use of gown and gloves. H. The facility will provide gowns and gloves immediately outside of the resident's room .J. The facility will provide education to the facility staff on the implementation and procedure for EBP .</p> <p>Review of R1's Electronic Medical Record (EMR) revealed R1 was admitted to the facility on [DATE] with diagnoses including but not limited to: Other lack of coordination, muscle weakness (generalized), cerebral palsy, unspecified, restlessness and agitation, other symptoms and signs involving appearance and behavior, colostomy status, anxiety disorder, unspecified, GERD, irritant contact dermatitis due to friction or contact with body fluids, unspecified, gastrostomy status, crohn's disease, unspecified, without complications, other symptoms and signs involving cognitive functions and awareness and depression, unspecified.</p> <p>Review of R1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) date of 07/04/2024 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R1 has intact cognition.</p> <p>Review of R1's Physician Order documented, Clean area around colostomy stoma and abdomen with soap and water, apply stoma powder to irritated open skin around stoma, gently brush away excess powder with hand, then spray area with skin prep spray or can dab area with skin prep pad to make area tacky, then apply colostomy wafer and bag. replace as needed Twice A Day 07:00 AM - 07:00 PM, 07:00 PM - 07:00 AM, and Enhanced Barrier Precaution with start date of 04/18/24.</p> <p>Review of R1's Care Plan documented, Problem: Resident is on enhanced barrier precautions r/t peg tube and ileostomy with start date 06/13/2024. Goal(s): Resident will have no signs or symptoms of infection r/t peg tube site and ostomy site with target date: 10/10/2024. Approach: Use enhanced barrier precautions during peg tube site care and ostomy appliance care and changing appliance, Use universal precautions at all times and specifically EBP (enhanced barrier precautions) during routine care when site/appliance will be exposed during care, Use enhanced barrier precautions cart set up on unit for supplies, Enhanced Barrier precautions means always wearing gloves, gown if needed during personalized care, bathing, dressing changes, toileting, wound care where you are specifically touching resident for care. Serving food trays, educations and answering call light does not call for EBP with start date of 06/13/2024.</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 observation and interview on 09/23/24 at 1:11 PM, the surveyor observed Enhanced Barrier Precautions signage and Personal Protective Equipment (PPE) on R1's door. The surveyor entered R1's room and observed R1 sitting in the wheelchair and Licensed Practical Nurse (LPN)1 getting supplies together. LPN1 was wearing gloves and a face mask. R1 was observed to already have pants down to thighs and shirt up above the abdomen, which LPN1 reported that the resident had completed in preparation after being instructed to go to room for care. R1 transferred himself from wheelchair to bed with standby assistance from LPN1. LPN2 entered the room to assist. LPN1 stated that the resident had an ostomy clinic appointment at 2:00 PM. When asked about the ostomy site, LPN1 stated the dressing was about to be changed because it does not stick on the reddened irritated skin. LPN2 stated that the only time the skin seemed to improve was when the resident returned from the last hospitalization where he was receiving TPN. LPN2 reported that several things had been tried but nothing seemed to help. LPN2 was observed wearing only a face mask and gloves. The surveyor informed LPN1 and LPN2 that they would need to talk more once the care was completed.</p> <p>During an observation and interview on 09/23/24 at 1:18 PM, the surveyor re-entered the room to ask about the Enhanced Barrier Precautions signage noted on the door after observing care being provided with only a face mask and gloves. LPN2 stated that they had not gotten used to the new state law and should be wearing a gown. LPN2 went to obtain a PPE gown for both nurses providing care.</p> <p>During an interview on 9/23/24 at 1:29 PM with Certified Nursing Assistant (CNA)1, she reveal the resident will pick and pull at the ostomy site/bag often. CNA1 reported that care has to be provided multiple times during the shift with an average of 2-3 times. When CNA1 is made aware of the need to have ostomy care provided, the nurse is notified. Prompt care is given due to leaking feces. CNA1 will assist the nurse. CNA1 confirmed that Enhanced Barrier Precautions required the use of gown, gloves, mask related to ostomy care.</p> <p>During an interview on 9/23/24 at 1:34 PM with LPN1 revealed that the resident goes for ostomy care at a clinic due to the rash making it hard for the dressing to stick. LPN1 reported that the ostomy was changed this morning during the medication pass and had instructed LPN2 to meet in R1's room after being notified of needing care provided for the second time today. LPN1 reported that R1 will communicate needs but since R1 is independent, moves a lot, and transfers independently, it makes it challenging to keep the bag secure. It was reported that on an average of 2-3 times a shift, care is provided. LPN1 denied having any knowledge of family having concerns regarding neglectful care. When asked about the Enhanced Barrier Sign on the R1's door, it was reported that it was in place related to having a colostomy. LPN1 admitted that a gown should have been applied as the precautions included gown, gloves, and mask during care and it had been omitted related to being in the moment and rushing to get R1 ready to leave for the 2 pm appointment.</p> <p>During an interview on 9/23/24 at 1:40 PM, R1 stated that care is provided by the staff for the colostomy upon request. There were no concerns voiced related to not being able to get the assistance needed.</p> <p>During an interview on 09/23/24 at 2:59 PM the Director of Nursing (DON) stated that the expectations related to Enhanced Barrier Precautions included that staff were to wear PPE anytime care is being provided such as during ostomy care. The PPE required will be according to what is listed on the sign and staff have been educated to the requirement.</p>		