STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425389	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Communities of South Carolina-Summerv	201 W 9th North Street Summerville, SC 29483

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of the facility policy, observations, and interviews, the facility failed to ensure foods were stored, prepared and served under sanitary conditions in 1 of 1 Main Kitchen and 1of 1 Satellite Kitchen. Additionally, 3 out of 5 dietary staff were observed without the use of proper hair restraints, while in the kitchen. Findings include: Review of the facility's policy, titled Food Storage (Dry, Refrigerated, and Frozen) copyright 2020, revealed the following: Guideline: Food shall be stored on shelves in a clean, dry area free from contaminants.ˆ Food shall be stored at appropriate temperatures and using appropriate temperatures and using appropriate methods to ensure the highest level and food safety. Under Procedure it states,ˆ 1. General storage guidelines to be followed:ˆˆˆˆa. All food items will be labeled. The label must include the name of the food and the date by which it should be sold, consumed, or discard. See date marking guidelines in this section for exceptions to dating individual dry storage food items.ˆˆˆˆc. Discard food that has passed the expiration date, and discard food that has been prepared in the facility after seven days of storing under proper refrigeration. ˆˆˆf. Leftover contents of cans and prepared food will be stored in covered, labeled and dated containers in refrigerators and/or freezers.ˆˆˆˆh. Follow and adhere to the guidelines regarding proper storage temperatures and maximum length of storage found in storage guidelines in the Sanitation section of the manual. Review of the facility's policy titled, Dietary Employee Hair Restraint with a revision date of 04/09/2025, revealed, It is the policy of this facility to utilize the following as guidelines for employee hair restraint to prevent contamination of food by foodservice employees.ˆ Hair Restraints: a. Except as provided in (c) of this section, food employees must wear hair restraints (e.g., hairnet, hat and/or beard restraint, clothing) to prevent hair from contacting food, equipment and utensils.ˆ b. Head covering must be clean.ˆ c. This section does not apply to food employees such as counter staff who only serve beverages and wrapped or package food, hostesses, and wait staff, if they present a minimal risk of contaminating exposed food, clean equipment, utensils, linens, and unwrapped single-service or single -use articles.ˆ An initial observation of the main kitchen on 08/24/2025 at 10:12 AM, revealed the following: Observation of the first refrigerator in the main kitchen revealed:ˆ -opened, unlabeled 16 ounces (oz.) bag of green beans -opened, unlabeled 24 oz. bag of shredded cabbage -opened, unlabeled 12 oz. bag of almonds -opened, unlabeled 12 oz. bag of cranberries -crate of celery with brown spotsˆ -crate of eggplants with white fuzzˆgrowing out of it and brown spotsˆnoted on them -crate of cucumbers with white fuzz growing out of it and brown spotsˆon them. Observation of the second refrigerator in the main kitchen revealed: -no whipped topping with an expiration date of 8/20/25 -crabmeat patties mix with an expiration date of 8/23/25 -Roast Beef with an expiration date of 8/23/25 - 1 serving container with raw stew beef, unlabeled -(4) 5-pound (lb.) boxes of opened and unlabeled, bacon. Additionally, there were 3, opened loaves of bread without a label and a 5 oz. opened pack of tortilla wraps with an expiration date of 7/16/25. During an observation and interview with the Executive Chef (EC) on 08/24/2025 at 10:16 AM revealed, upon entry into the main kitchen, when the surveyor asked about the wearing of beard covers, the EC stated, I thought that it depends on the length of the beard and if its low-cut, a cover is not needed.ˆ When asked about the unlabeled and expired food in both walk-in (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	refrigerators and dry storage, the EC did not comment and proceeded to discard those select items. ^ During a second observation of the main kitchen on 08/25/2025 at 12:23 PM, the EC, Director of Culinary Services (DCS) and 3 male staff members were observed without beard covers. During an interview with the DCS on 08/25/2025 at 12:35 PM revealed, while standing in the main kitchen, the DCS was asked by the surveyor, Why are staff not wearing beard covers? The DCS responded, Well, I am not in production, so it's not required. The DCS did not respond when questioned about staff in production wearing beard covers. After no response from the DCS concerning staff in production wearing beard covers, the EC walked away from prepping food, grabbed a beard cover, placed it over his beard and returned to preparing food. ^ An observation of the satellite kitchen on 08/25/25 at 10:27 AM revealed there was dirty dish water in the 3-compartment sink. The dish water was a taut color, without visible soap, with food particles floating around in it. The Kitchen [NAME] (KC) was observed reaching into the dirty dish water and grabbing a dish towel to clean kitchen surfaces. The KC was then observed using plain water to clean the kitchen surfaces. When the solution in the red sanitizer bucket was tested, it indicated there was no sanitizer present. Continued observation of the satellite kitchen revealed the stove hood was covered with brown matter. Additionally, there were two, uncovered trash cans the kitchen, with gnats present. Observation of the satellite kitchen revealed the following: -multiple cake slices on a serving tray, partially covered with parchment paper stored on top of 1 of the 5 refrigerators -opened, unlabeled, 16 oz. bag of shredded cheese -opened, unlabeled, package of Sausage links -unlabeled, raw, thawed chicken breast in the original packaging -opened, unlabeled, 5 lb. box of bacon -opened, unlabeled, roll of ground beef -24 oz. container of Vegetable beef soup, with an expiration date of 7/15/25 ^-opened, 4 lb. ham with an expiration date of 8/20/25 -16 oz. jar of pimento cheese with an expiration date of 8/15/25 -24 oz. bag of spinach with an expiration date of 8/24/25 -24 oz. bag of cauliflower with an expiration date of 8/23/25 -16 oz. jar of spicy mustard with an expiration date of 8/21/25 -large blue bag of frozen egg rolls with an expiration date of 8/23/25 -1 bell pepper with brown spots and white fuzz growing out of it -1 zucchini with brown spots and white fuzz growing out of it, mixed with the fresh produce. During an interview and observation with the Assistant Director of Dietary Culinary Services (ADDCS) on 08/25/2025 at 10:32 AM, the plain water in the red sanitizer bucket was confirmed. ADDCS stated, Although it was only water in the red bucket, our best practices are to have sanitizer in the red bucket.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, observations and interviews, the facility failed to ensure proper infection control practices were followed. Specifically, Enhanced-Barrier Precautions (EBP) were not followed for Resident (R)2, who was observed receiving care while on EBP. The facility further failed to ensure oral medications were not touched using bare hands during a random observation while on the unit for 1 of 1 residents receiving oral medications during the random observation. Findings include: Review of the facility's policy titled, Enhanced Barrier Precautions, reviewed and revised on 04/01/2024, states, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. The definition of, Enhanced Barrier Precautions, EPH refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. 2. Initiation of Enhanced Barrier Precautions: b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds (e.g., such as pressure ulcer, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO. ii. Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply. 3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near or outside of the resident's room. b. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. 4. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens f. Changing briefs or assisting with toileting (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes h. Wound care: any skin opening requiring a dressing. 5. 'Enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility. The facility admitted R2 with diagnoses including, but not limited to, stroke, a feeding tube and a catheter. During an observation on 08/24/2025 at 02:30 PM, Certified Nursing Assistant (CNA)1 was observed assisting R2 from the wheelchair to the bed. She pushed the wheelchair close to the bed, and then without gloves and a gown, proceeded to assist the resident to a standing position from the wheelchair, and with bare hands lowered him onto the bed and helped him to lay down. Then she took both legs into her ungloved hands and placed then onto the foot of the bed. CNA1 then, with bare hands, put the sheet and bedspread over the resident. There was no personal protective equipment on the outside of the door and no signage to ensure staff and visitors were aware of the enhanced barrier precautions. There was also no signage in the resident's room. During an interview on 08/24/2025 at 02:38 PM with CNA1, she confirmed that she had not worn the required PPE. When asked about the signage and the PPE, CNA1 and the surveyor went into R2's room and there was a plastic bag of disposable gowns on the back of the door, but no gloves. She informed the surveyor that the black star alerted staff and visitors of the enhanced barrier precautions. During an interview on 08/26/2025 at 10:40 AM with the Infection Control Preventionist (ICP), she stated that the facility does not use the signage on the door nor in the resident rooms. They have the black star on the outside of the door by the resident's name. She stated that staff are trained annually and on hire using the onboarding computer learning module. She stated that the gowns are on back of the door in a plastic bag, and the gloves are in the bathroom. I asked how would visitors know that the resident is on enhanced barrier precautions. She went on to say that the families are informed of the enhanced barrier precautions at the care plan conferences. We both agreed that all visitors are not family. She reviewed the policy and stated that staff are expected to wear the appropriate PPE when transferring a resident and during high contact with residents. Review of the facility policy titled, Medication Administration, with a revised date of 04/09/25 revealed, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Specifically, 14. Remove medication from source, taking care not to touch medication with bare hand. During a random observation on 08/26/25 at 09:42 AM, Licensed Practical Nurse (LPN)1 was observed dispensing medications at Medication Cart #3 for R22. She was observed multiple times pushing tablets out of the punch cards into the palm of her bare hand and then transferring the tablets from the palm of her bare hand, into a medication cup. Review of R22's face sheet revealed she was admitted to the facility on [DATE]. R22 had diagnoses (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that include, but are not limited to, urinary tract infection, hypertension (high blood pressure), muscle weakness, heart failure, dementia, and mood disorder. During an interview on 08/26/25 at 09:45 AM, LPN1 stated, I should be punching the medications into the medication cup directly. I know. When asked if she knew the reason for this, she stated, I guess because some medications could get into my system and because it is more sanitary. During an interview on 08/26/25 at 10:05 AM, LPN1 stated, I thought of a third reason I should be punching the medicine directly into the medication cup: To reduce medication errors. When asked if she had changed her practice based on our earlier interaction, she stated, Absolutely. During an interview on 08/26/25 at 11:45 AM, the Director of Nursing (DON) revealed, When a nurse starts here, they are paired up with another nurse for training. When a nurse gives medications, they go into PointClickCare (the facility's electronic health record.) The medications that are due are yellow. They take the medication punch card out of the drawer and check it against what is in the computer. They are expected to punch the medication directly into the medication cup. Once they put the medication into the cup, they click the medication in the computer. However, they do not sign the medications off until they have administered the medications to the Resident. During an interview on 08/26/25 at 12:50 PM, the Executive Director (ED) stated, I would expect a nurse not to touch any medication with their bare hands. They should be popping the medication directly into the cup.