STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425406	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Communities of South Carolina-Florenc	2350 W Lucas Street Florence, SC 29501

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on review of facility policy, observation and interview, the facility failed to ensure expired medications and/or biologicals were removed from and not stored with other medications and/or biologicals in use for residents in one of one treatment cart.Findings include: Review of the facility policy titled Medication Storage revealed under 1. General Guidelines: 8. Unused medications: The pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with our Destruction of Unused Drugs Policy. During an observation on 08/07/25 at 7:30 AM, of the treatment cart revealed the following:- One bottle of Iodoform Packing, sterile, 1 x 1/4 x 15 feet, manufactured by Curity with Cardinal Health Ref 7831, opened and partially used, no longer sterile and stored back on the treatment cart. - One Occlusive Gauze Strip Overwrap, 5 x 9, Manufactured by Covidien, with Lot #2101405, was expired on 09/30/24. - Four Occlusive Gauze Strip Overwraps, 5 x 9, Manufactured by Covidien, with Lot #3081406, were expired on 07/31/25.- One Occlusive Gauze Strip Overwrap, 5 x 9, with Lot #4111404, open and left on the treatment cart, no longer sterile. - Two AMD Antimicrobial, Sterile 2 x 2's, manufactured by Curity, with Lot #19K181062, were expired on 10/01/24.- One Plus Silicone Border Dressing, manufactured by Zetruvit, with Lot #200504131, was expired on 08/01/25. During an interview on 08/07/25 at 8:00 AM, the Director of Nursing confirmed the expired biologicals, and they were removed from the treatment cart.

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of facility policy, the facility failed to ensure that food items were properly stored/maintained at or below 41 degrees Fahrenheit (F), to reduce the potential of foodborne illnesses. The facility further failed to monitor equipment (refrigerator) to ensure proper functioning in 1 of 1 satellite kitchen reviewed.Findings include:Review of facility policy titled Policy for recording temperatures in a culinary department, with no revision date, documented, 1. Understand the temperature danger zone. - The temperature danger zone is the range where bacteria multiply rapidly, between 41 degrees Fahrenheit (5 degrees Celsius) and 135 degrees Fahrenheit (57 degrees Celsius). - Food should be kept out of this zone as much as possible. 2. Utilize appropriate equipment. - Accurate thermometers: Use calibrated thermometers for refrigerators, freezers, and for checking the internal temperature of food. - Temperature logs: Have standardized log sheets for different stages of food handling. 3. Establish critical control points (CCPs) for temperature monitoring. - Storage: Maintain refrigerated foods at or below 41 degrees Fahrenheit (5 degrees Celsius). 4. Implement monitoring and recording procedures: - Documentation: Record the date, time, food item, temperature, and initials of the person taking the reading. Include corrective actions taken if the temperature is out of range. - Health and safety risks: Neglecting maintenance can create unpleasant odors, attract pests, and potentially lead to the spread of bacteria and foodborne illnesses.During an observation on 08/05/25 at 10:40 AM of the Healthcare Service Kitchen (satellite kitchen) located on Price Hall Unit, with the Executive Chef, revealed refrigerator temperature logs for the dates of 07/01/25 - 08/05/25 were documented out of safe range. Inside the refrigerator there were 6 cartons of milk, individual packages of butter, and individual packages of grape and strawberry jelly. The refrigerator internal temperature reading was 38 degrees Fahrenheit. The Executive Chef checked the temperature of the milk with a thermometer, and the milk temperature was found to be above the normal range at 52 degrees Fahrenheit. The Executive Chef instructed the kitchen staff to remove and discard everything that was in the refrigerator, not to use the refrigerator and to notify maintenance to have the refrigerator checked. Review of the Refrigeration, Freezer, and Dry Storage Temperatures for the month of July 2025 - August 2025, Location: Healthcare Kitchen, revealed the following documented temperatures:July 1: AM (morning) 51 Degrees Fahrenheit / PM (afternoon/evening) 52 degrees Fahrenheit (external) and AM 51 / PM 52 (Internal), [DATE]: AM DEF / PM DEF (External), AM DEF / PM DEF (Internal), [DATE]: AM 49 / PM 52 (External), AM 52 / PM 52 (Internal), [DATE]: AM 49 / PM 52 (External), AM 50 / PM 52 (Internal), [DATE]: AM DEF / PM 50 (External), AM 51 (Internal), [DATE]: AM DEF / PM DEF (External), AM 52 / PM 51 (Internal), [DATE]: AM DEF / PM DEF (External), AM 51 / PM 52 (Internal), [DATE]: AM 47 / PM DEF (External), AM 52 / PM 51 (Internal), [DATE]: AM 46 / PM 51 (External), AM 50 / PM 55 (Internal), [DATE]: AM 47 / PM 50 (External), AM 50 / PM 53 (Internal). Further review of the temperature log revealed the remaining dates for the month of [DATE] - [DATE]; the documented temperatures were over the regulated range. During an interview on 08/05/25 at 10:45 AM, the Executive Chef revealed the temperatures are checked daily and monitored by the sous chef. The Executive Chef could not explain the out-of-range refrigerator temperatures and the lack of action being taken to correct the problem. Food items and beverages are transferred from the main kitchen and plated and served to the residents from the satellite Healthcare Service Kitchen located on the Price Hall Unit. During an interview on 08/06/25 at 9:38 AM, Culinary Manager revealed if any discrepancy is noted with the temp, the staff should notify someone immediately. The Sous Chef is supposed to check temperature logs daily to ensure temps are being checked and logs are being filled out. He is not sure why the problem wasn't addressed sooner.During an interview on 08/06/25 at 10:00 AM, the Registered Dietitian (RD) revealed the kitchen staff are all trained in diets, temperature and documentation. The temperature checks should be the responsibility of everyone. The Culinary Director should be monitoring the temperature logs. Some of the outside gauges are not working properly; therefore, internal gauges should be checked for accurate temperature reading. During an interview on 08/06/25 at 10:12 AM, the Director of Nursing (DON) revealed she was made aware of the temperature logs discrepancy today.During an interview on 08/06/25 at 10:33 AM, the Sous Chef revealed, she is responsible for checking and verifying temperature logs. She would rather see temperature logs filled in rather than not. She normally asks the kitchen staff whether the temperatures have been done, and she takes their word without checking. She doesn't take the time to check the temperature log to see what the reading is. The Sous Chef stated the kitchen staff have been

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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. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation and interview, the facility failed to ensure proper handling and processing of the resident's laundry; furthermore, the facility failed to follow enhanced barrier precautions for (R)4 during care.Findings include:Review of the facility policy titled, Laundry with an implementation date of 04/15/25, states: Policy: The facility launders linens and clothing in accordance with current CDC guidelines to prevent transmission of pathogens. Policy Explanation and Compliance Guidelines: 1. Aligning with the principles of standard precautions, staff shall consider all previously worn clothing and used linens as potentially contaminated. 3. Soiled laundry will be kept separate from clean laundry at all times.Review of the facility policy titled, Hand Hygiene with an implementation date of 04/15/25, states: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Definitions: Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHIR).Policy Explanation and Compliance Guidelines:1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 6. Additional considerations: a. the use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.Review of the facility policy titled, Enhanced Barrier Precautions with an implementation date of 04/15/25, states: Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced [NAME] precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and cloves use during high contact resident care activities. Policy Explanation and Compliance Guidelines:1. Prompt recognition of need: All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. b. All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions. c. The facility will have the discretion on how to communicate to staff which residents require the use of EBP, as long as staff are aware of which residents require the use of EBP prior to providing high-contact 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., chronic wounds such as pressure ulcers, 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, hemodialysis catheters. PICC lines, midline catheters) even if the resident is not known to be infected or colonized with a MDRO. (Peripheral IVs, continuous glucose monitors, insulin pumps, or ostomies without an associated indwelling medical device are not an indication for EBP.). 3. Implementation of Enhanced Barrier Precautions: 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 g. Device care or use: central lines, urinary catheters, hemodialysis catheters, PICC lines, midline catheters h. Wound care: any skin opening requiring a dressing. 10. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.Review of R4's Face Sheet revealed the facility admitted R4 on 12/15/23 with diagnoses including but not limited to: urinary tract infection, severe protein calorie malnutrition, dysphagia following other cerebrovascular disease and sepsis due to pseudomonas. R4 is on EBP due to the foley catheter.During an observation on 08/06/25 at 8:50 AM, revealed R4 was on EBP as indicated by a sign on the resident's room door. Licensed Practical Nurse (LPN)1 was asked to confirm that there was a privacy bag on R4's foley bag. LPN1 entered the resident's room with no personal protective equipment on. LPN1 touched R4's foley catheter and anchor device with no gloves or other personal protective equipment in place. The anchor device had dislodged and was no longer anchoring the foley catheter. LPN1 exited R4's room to retrieve another anchor device. LPN1 returned to R4's room at 9:00 AM. LPN1 reentered R4's room with a gown and gloves on. LPN1 touched the blinds to close them with her gloves on and then touched the resident's foley catheter.During an observation on 08/07/25 at 9:30 AM, revealed the Laundry Specialist pushed the clean linen cart along with the soiled linen cart in the hall at the

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on review of the facility policy, observation and interview, the facility failed to ensure an excessive amount of lint was removed from 1 of 3 clothes dryers.Findings include:Review of the undated facility policy with no title documented, Policy Statement Lint Trap should be kept clean. Policy Interpretation and Implementation: All dryer lint traps will be cleaned after each load. Procedure: 1. After removing clothes from dryer, clean lint trap after every load. Review of the facility policy titled Laundry with an implementation date of 04/15/25 documented, Policy Explanation and Compliance Guidelines: . 5. Laundry equipment will be used and maintained according to manufacturer's instructions . 12. Laundry staff will be in-serviced on handling linens and laundry on a regular basis. During an observation on 08/07/25 at 9:10 AM revealed the laundry attendant opened an empty dryer and removed the lint trap. The lint trap baskets and the three walls below the dryer were observed with excessive amounts of lint. Laundry Staff and the Director of Facilities were immediately made aware of these findings.During an interview with the Laundry Specialist on 08/07/25 at 9:30 AM, the Laundry Specialist stated, Sometimes I clean the lint after every load if the load has heavy linen. If the load has light linen, I wait until the end of the day to clean the lint basket.During an interview on 08/07/25 at 9:45 AM the Director of Nursing stated, The Administrator is currently on leave, and I do not know about the dryers and all that. The Director of Facilities can help you with that.During an interview on 08/07/25 at 10:00 AM the Director of Facilities revealed lint traps should be cleaned after every load of laundry. He also stated that the Laundry Specialist had been educated as recently as this morning that she should be cleaning the lint basket and walls of the dryers of lint after each load of laundry.