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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425408 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/27/2024 |
| NAME OF PROVIDER OR SUPPLIER White Oak at North Grove Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 290 N Grove Medical Park Drive Spartanburg, SC 29303 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50788</p> <p>Based on record review, interviews, and review of the facility policy, the facility failed to allow Resident (R)4 and R69 to participate in care plan meetings and be fully informed about care and treatment, regarding any changes in the resident's condition, for 2 of 2 residents reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy with a revision date of 06/08/17 titled, Comprehensive Team Care Planning, revealed The plan must specify goals and approached to resolve the resident's identified problems or needs, accentuate resident strengths, acknowledge the resident's preference and/ or participation when appropriate, and be developed in coordination with the physician order. The resident/representative and team members sign the (Resident Assessment Instrument) RAI Process Review Sheet indicating participation into developing the plan of care. Physician signs approval for current plan of care on monthly physician orders and should also sign the RAI Process Review Sheet to indicate participation in the plan of care. A registered nurse must approve and sign all care plans, which may be indicated on the RAI Process Review Sheet.</p> <p>Review of the facility policy with a revision date of 05/18/17 titled Care Plan Management Meeting, revealed an announcement is made at least 15 minutes prior to each RPOC (Resident Plan of Care) conference, so everyone knows when and where the meeting is to take place.</p> <p>Review of R4's Face Sheet revealed R4 was admitted to the facility on [DATE], with a readmitted [DATE]. R4 was admitted with diagnoses including, but not limited to, toxic encephalopathy, urinary tract infection, aphasia, and dysphagia.</p> <p>Review of R4's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating R4 is cognitively intact. Further review of the MDS revealed, R4 is independent of the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). R4 has minimal difficulty in some environments (when person speaks softly, or setting is noisy). R4's speech is clear with distinct intelligible words. R4 has the ability to express ideas and wants, both verbal and non-verbal expressions, also understands with clear comprehension of verbal content, however able (with hearing aid or device if used). R4 has adequate vision to see fine detail, including regular print in newspaper/books.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of R4's Care Plan with a start date of 05/23/22, revealed care plan goals to extend invitation to the resident and her family to attend the regularly scheduled care plan meetings. Interventions were included to encourage resident's family to visit as often as possible, encourage resident to attend activities of choice, and follow the residents RPOC.</p> <p>Review of R4's RAI Process Review Care Plan Review dated 05/01/24-05/06/24 with revision date of 05/17/24 has no resident or family signatures indicating that R4 or her family representative took part in attending or participating in a care plan meeting.</p> <p>During an interview on 06/25/24 at 10:55 AM, R4 stated, She does not participate in care plan meetings.</p> <p>During an interview on 06/27/24 at 10:11 AM with the Social Services Director (SSD) revealed, Residents are invited to attend care plan meetings by sending a card invitation and verbal invitation. Social Worker writes meetings on calendar by hand and puts a note to say whether resident decline or not. Family does have an opportunity to come. A new care plan meeting is offered again in 90 days. Protocol for this procedure is uniform for all social workers. Social worker will go over the care plan with MDS nurse. If a resident or family member is not present, we don't have a meeting. Residents are given a choice to participate in care or not. Family or SSD can notify residents of changes if they are not attendance.</p> <p>During an interview on 06/27/24 at 1:15 PM, the Administrator stated, The Administrator will handle RAI sheets since the MDS coordinator is out. RAI sheets are individualized and will tell if resident attended or declined care plan meeting.</p> <p>50850</p> <p>Review of the facility's policy titled Comprehensive Team Care Planning revision date 01/09/12 revealed, Residents and/or their designated representatives are encouraged to participate in the development of their plan of care. Each resident will be invited by the Social Services Department to participate to the extent practicable or designate a representative to participate on his behalf. If a resident is unable due to mental or physical impairment, the resident ' s representative must be afforded the opportunity to represent the resident. An explanation must be included in the resident ' s medical record if the participation of the resident and his resident representative is determined not practicable for the development of the resident Care Plan .</p> <p>Review of R69's Face sheet dated June 2024 revealed R69 was admitted to the facility with diagnoses including, but not limited to, muscle weakness, ataxic gait, atrial fibrillation, hypoxemia, polyneuropathy, diastolic congestive heart failure, edema, type 2 diabetes mellitus with diabetic neuropathy, venous insufficiency, and acute kidney failure.</p> <p>Review of R69's quarterly MDS with an ARD of 06/04/24 revealed R69 was cognitively intact, scoring a 14 out of 15 on the BIMS assessment.</p> <p>Review of R69's RAI Process Review/Care Plan Review sheet for 03/28/24 revealed there was no resident or representative signature, indicating that they attended the care plan meeting. Also, the signatures of the IDT members were noted to have various dates in May 2024 for their signatures.</p> <p>(continued on next page)</p> | | |

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| <p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview on 06/25/24 at 4:05 PM, with R69, she stated, I fussed at them for not telling me about care plan meetings.</p> <p>During an interview on 06/27/24 at 10:11 AM with the Social Services Director (SSD) revealed, Each social worker has two households and an MDS nurse. If the resident is competent, the social worker asks them to attend care plan. If the resident is incompetent, the social worker mails a cardstock invitation to the family or responsible party, and they note that on the calendar. Care plan invitations go out every ninety days. If the resident declines to attend care plan, we make a note that states resident declined care plan. If a resident does not come to a care plan due to their choice, illness or another reason there is no follow up and the meeting is canceled. The care plan probably would not be rescheduled unless the resident requests that the meeting be rescheduled. If the family attends and the resident does not attend, the social worker asks the family if they will discuss the results of the care plan meeting with resident. If the family does not wish to discuss the results of the care plan with resident. SW just had a care plan with the resident and she was out of the facility on a home visit that resulted from the care plan meeting.</p> <p>During a follow-up interview on 06/27/24 at 3:30 PM with the SSD revealed, she does not know why the dates on the RAI Process Review/ Care Plan Review sheet have such a big gap, but usually the dates of which each discipline signs would either be a day or two before or a day or two after the care plan date. She is not familiar with the sheet as the MDS coordinator completes the care plan review form.</p> <p>During an interview on 06/27/24 at 1:28 PM with the Director of Nursing (DON) revealed, The social worker is responsible for arranging the care plan meetings and making sure that residents are invited, and that the interdisciplinary team is in attendance. There are no care plan issues to his knowledge. My expectation is that each resident/responsible party would be invited and encouraged to attend care plan meetings.</p> <p>An attempt was made on 06/27/24 to interview the MDS nurse, she was unavailable, due to attending a conference off site.</p> |

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| <p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>31846</p> <p>Based the facility procedure for Advanced Beneficiary Notice, record reviews, and interviews, the facility failed to provide the correct form for notice of financial liability. The form CMS-10055 was not issued to Resident #112 (R112) notifying them of full financial responsibility for 1 of 3 residents reviewed for advance beneficiary notice.</p> <p>Review of the facility procedure titled, Skilled Nursing Facility Advance Beneficiary Notice, states:</p> <p>Providers are requires to give a notice of financial liability anytime a Medicare beneficiary is or will be receiving a service, normally covered by Medicare, but which the Provider believes is not (a) medically necessary or (b) is custodial care. This notice allows the beneficiary to make a choice about receiving the service with the knowledge the Medicare, probably, will not pay and the full financial liability will be theirs. The Skilled Nursing Facility Advance Beneficiary Notice (SNF-ABN{CMS-10055}) is the form used to issue the notice to the beneficiary.</p> <p>The SNF-ABN will be issued:</p> <p>1. When a resident is coming off a Medicare Part A stay, has not exhausted their 100-day benefit period and will be remaining in the facility. A Notice of Medicare Provider Non-Coverage (and ED/Generic Notice_ would also have been issued. The two forms may be issued at the same time.</p> <p>The findings include:</p> <p>The facility admitted R112 for a Medicare Part A stay for therapy services.</p> <p>Once the Medicare Part A services ended, R112 opted to remain in the facility.</p> <p>Review of the documentation on 06/26/2024 at 08:27 PM of the forms issued R112 revealed that instead of issuing CMS Form-10055 the facility had issued form CMS-R-131 for Part B services and not Medicare Part A services.</p> <p>During an interview on 06/27/2024 at 08:45 AM with the Business Office Assistant, she confirmed that she had provided R112 with the CMS-R-131 and not the CMS-Form-10055.</p> | | |

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| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>31846</p> <p>Based on facility policy, record reviews and interviews, the facility failed to ensure Resident #62 (R62) and Resident #46 (R46) and/or their personal representative received the Bed Hold Policy which specifies the duration of the bed hold and the bed hold amount in a timely manner for 2 of 2 residents reviewed for hospitalization .</p> <p>Review on 06/27/2024 at 02:43 PM of the facility policy titled, Bed Hold Policy, A medicaid resident cannot pay to hold a bed prior to admission. Medicaid will pay up to 10 days to hold a bed only if the resident is hospitalized . The resident continues to pay the recurring income during the ten day bed hold. A medicaid resident can pay to hold a bed following this 10 day period by making prior arrangements with the Business Office or Social Worker. Medicaid residents that are not readmitted from the hospital within 10 days and choose not to hold the bed will be readmitted to the facility immediately upon the first available bed in a semi private room. All other conditions of admission must be satisfied.</p> <p>The Bed Hold Policy did not include the bed hold amount.</p> <p>The findings included:</p> <p>The facility admitted R46 on 09/29/2022 with diagnoses including, but not limited to, mild cognitive impairment, anxiety disorder, depression, hypotension and mood disturbance.</p> <p>Review on 06/27/2024 at 02:43 PM of the medical record for R46 revealed a hospital stay starting on 05/07/2024.</p> <p>A form titled, Bed Hold Policy, with no documentation to ensure R46 nor her responsible party received a copy of the bed hold policy in a timely manner. And no bed hold amount was noted the bed hold policy.</p> <p>The facility admitted R62 with diagnoses including, but not limited to, delirium, mild cognitive impairment, legally blind, and a cerebrovascular accident.</p> <p>Review on 06/26/2024 at 04:11 PM of the medical record for R62 revealed a hospital stay beginning on 04/28/2024. Further review of the medical record for R62 revealed no documentation to ensure R62 and/or her responsible party received a copy of the bed hold policy.</p> <p>During an interview on 06/27/2024 at 09:24 AM with the facility Administrator, he stated that a copy of the bed hold policy is sent in a packet that goes to the hospital with the resident at time of discharge. A copy is later mailed to the personal representative.</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48214</p> <p>Based on interview, observation, record review, and review of facility policy, the facility failed to provide needed care and services consistent with the professional standards of practice for 2 of 2 (Residents (R)10 and R26) reviewed for dressing changes, Specifically R10 was observed on multiple occasions without appropriate labeling on her foam dressing and R26 was observed without appropriate labeling on her tube feed dressing.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Dressing-Nonsterile last revised 08/04 states, To protect wound from contamination and/or injury, furthermore, it states under Key Points Date and initial dressing.</p> <p>During observations on 06/25/24 at 4:34 PM, 06/26/24 at 11:29 AM, and 06/27/24 at 11:09 AM, R10's left lateral foot dressing was observed without a label (date/initials).</p> <p>During observations on 06/25/24 at 1:40 PM, 06/26/24 at 11:35 AM, and 06/27/24 at 11:13 AM, R26's tube feed dressing was observed without a label (date/initials).</p> <p>Review of R10's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/26/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R10 was cognitively intact.</p> <p>Review of R10's Physician Orders dated 04/28/24, revealed the following orders: Border foam after cleaning with normal saline wipe to left lateral foot, pat dry then skin prep before applying every three days and as needed r/t wound.</p> <p>Review of R26's quarterly MDS with an ARD of 05/08/24 revealed no BIMS score as R26 is rarely/never understood.</p> <p>Review of R26's Physician Orders dated 03/02/24, revealed the following orders: split gauze to tube site: clean and change split gauze shiftly and PRN r/t soliage and skin breakdown prevention.</p> <p>During an interview on 06/27/24 at 11:17 AM, Licensed Practical Nurse (LPN)6 stated, I did not label the peg tube dressing this morning because I will change it twice on my shift. Furthermore, LPN6 states that date and initial is expected and in our policy.</p> <p>During an interview on 06/27/24 at 11:30 AM, the Director of Nursing (DON), stated, it is his expectation that nurses should labeled and dating dressings.</p> |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>50850</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were safely stored. Specifically, Resident (R)69's medications were left at the resident's bedside.</p> <p>Findings include:</p> <p>Review of R69's Face Sheet revealed, R69 was admitted to the facility with diagnoses including, but not limited to, muscle weakness, ataxic gait, atrial fibrillation, hypoxemia, polyneuropathy, diastolic congestive heart failure, edema, Type 2 Diabetes Mellitus, venous insufficiency, hyperlipidemia, lymphedema, and acute kidney failure.</p> <p>Review of R69's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/04/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R69 was cognitively intact.</p> <p>During an observation on 06/27/24 at 12:40 PM, revealed two medication cups on R69's bed, with a white cream in them and a pair of non-latex gloves noted on the resident's bed beside the medication cups.</p> <p>During an observation on 06/27/24 at 1:07 PM, the two medication cups containing a white cream, in a ribbon pattern, were still present at R69's bedside.</p> <p>Review of R69's Physician Order Report order dated 06/25/24, revealed R69 was prescribed Triamcinolone 0.1% cream topically daily on day shift, every day, directed to apply cream to elbow daily related to psoriasis. Further review of the Physician Order Report revealed an order dated 05/29/24, for Clotrimazole 1% topical cream, to administer one applicator to skin daily during the day and evening shifts, related to Manilia (Yeast).</p> <p>During an interview on 06/27/24 at 1:14 PM with Licensed Practical Nurse (LPN)3 revealed, I have a feeling that I know what you want to talk to me about. I left some cream on a resident's bed. I meant to go back, and I got busy.</p> <p>During an interview on 06/27/24 at 1:28 PM, the Director of Nursing (DON) stated, My expectation of nursing staff would be that they do not leave medications at bedside.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50850</p> <p>Based on observations, interviews, and review of the facility policy, the facility failed to correctly label, date, and remove expired foods for 2 of 6 kitchens reviewed for storage and sanitization.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Storage of Food and Supplies with a revision date of [DATE] states, Food and supplies are received and checked for accuracy, damage, and appropriate temperature. Non - Time/Temperature Control for Safety (TCS) foods should be dated when opened and may be used until the expiration or use-by manufacturer's date. TCS foods should be discarded by the use-by or manufacturer's expiration date.</p> <p>During an initial tour of the kitchen on [DATE] at 1:19 PM, revealed an opened and undated jar of minced garlic, a 12-pack of opened hamburger buns with no open date, with an expiration date of [DATE]. There were also six bags of 12-count Ballpark hot dog buns noted with an expiration date of [DATE]. A bottle of caramel sauce was noted to be opened and undated.</p> <p>During an observation of the dry storage area revealed, 13 - 4-ounce cups of Hormel Thick and Easy cranberry juice cocktail with an expiration date of [DATE].</p> <p>During an observation on [DATE] at 1:59 PM, in the emergency food supply revealed, ,d+[DATE] ounce cans of Chefmate Sausage Gravy with an expiration of [DATE].</p> <p>During an interview on [DATE] at 1:33 PM with the Certified Dietary Manager (CDM) revealed that expiration dates should be checked when food is delivered and any items that are close to the expiration date are returned to the delivery driver, and newer items replace the items that are close to expiration.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>48214</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, record reviews, and review of Facility Policy, the facility failed to implement an infection prevention and control program (IPCP) designed to provide a safe and sanitary environment to help prevent the possible development and transmission of infections and communicable diseases. Specifically, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure that during dining services, staff wore gloves instead of using bare hands to grab and serve baked potatoes to residents. 2. Ensure that during laundry services, the laundry attendant (LA) did not contaminate a clean linen cart while wearing soiled personal protective equipment (PPE) and ensure that the laundry attendant removed PPE without contaminating herself with the dirty gown. <p>Findings include:</p> <p>Review of the facility's policy titled Antibiotic Stewardship Program revised on 06/23/17 revealed, Infection Prevention, 6). Proper hand hygiene is the single most important way to decrease the risk of infection and cross contamination.</p> <p>Review of the facility's undated policy titled Infection Prevention and Control Program states, An effective prevention control program is necessary to control the spread of infections and/or outbreaks.</p> <p>Review of the facility's undated policy titled Sequence for Taking off PPE, Gown, Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties, pull gown away from neck and shoulders, touching inside of gown only, Turn gown inside out and Fold or roll into a bundle and discard in waster container.</p> <p>During an observation and interview on 06/25/24 at 12:50 PM of the Cedar Hall dining area with the Dietary Manager (DM) and Homemaker (HM), the HM was witnessed using her bare hands to grab baked potatoes and place them on the resident's plate, HM was also observed touching the plates on the serving side with her bare hands. DM stated that this was not the correct policy and procedure, and that the HM needs to be corrected.</p> <p>During an observation and interview on 06/26/24 at 01:40 PM with the LA and Laundry Director (LD), the LA was witnessed placing soiled linens into the washer and then using her contaminated gloves to move a clean linen cart. Furthermore, the LA was witnessed incorrectly removing her PPE by dragging the soiled side across her back, contaminating herself in the process. The LD then stated and confirmed that the LA was probably nervous but what she had done was not correct procedure and she would provide education to the LA.</p> <p>During an interview on 06/27/24 at 09:35 AM, the Corporate Nurse Consultant (CNC) stated that the facility does have issues with Infection Control, and could improve.</p> | | |