

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Retreat at Wellmore of Daniel Island		STREET ADDRESS, CITY, STATE, ZIP CODE 580 Robert Daniel Drive Charleston, SC 29492	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>49800</p> <p>Based on staff interviews, facility Registered Nurse (RN) coverage postings, and facility policy review, the facility failed to post RN coverage on daily staffing posted for March 2024 to the current date in April.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Posting Direct Care Daily Staffing Numbers, (revised August 2022) revealed: The information required on the form shall include the following:</p> <p>f. Type (RN, LPN, LVN, or CNA) and category (licensed or non-licensed) of nursing staff working during that shift who are paid by the facility (including contract staff);</p> <p>g. The actual time worked during that shift for each category and type of nursing staff.</p> <p>Review of the facility staff postings on the skilled units for March 2024 to current date in April revealed that 8-hour RN coverage was not posted.</p> <p>On 04/17/24 at approximately 10:08 AM, an interview with the Director of Nursing (DON) revealed the reason for not posting RN 8-hour coverage is because their current system does not delineate between RN and Licensed Practical Nurse (LPN) hours on daily posting logs. The DON revealed the facility has a new system called Ultimate Kronos Group, UKG, Human Resource system that will designate RN hours. DON revealed on day-to-day coverage, the facility has 3 RNs for 8 hours each shift, Monday through Friday. DON revealed the night shift supervisor is also an RN and works four times a week. The DON revealed she and the Assistant DON (ADON) are always on call and the new UKG system started on 04/01/24 and are building out reports for the facility. The DON further stated there is a designation of responsibility form for the facility, the Care Service Administrator, CSA, and ADON can share with anyone if there are RNs/LPNs in the building, or on shifts. DON revealed an email with all staffing information can be sent if needed. DON revealed requirements for the number of staff hours in the facility needed are being met. DON revealed she did not know how anyone would know if there was an RN or LPN unless they asked staff for their credentials. The DON revealed her expectations for RN posting is she is very present for resident/family. DON reveals she could be reached or ADON can be reached at any time if anyone questions RN coverage. DON revealed the facility is working toward requirements for RNs in relation to proposed change for 24/7 coverage per CMS.</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/17/24 at approximately 11:15 AM, an interview with the Facility Administrator revealed the Ultimate Kronos Group, UKG, new HR system will be replacing the current HR/scheduling system. He stated, all is in process, once that is done, we will post leadership nursing positions. The Administrator revealed the UKG started on 04/01/24 and the facility is currently running both systems together until UKG is up and fully running.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>31846</p> <p>Based on review of the facility policy titled, Administering Medications, observations and interviews, the facility failed to ensure a medication administration error rate of less than 5 percent. The medication error rate was 7.69 percent for 2 out of 26 opportunities for error. Specifically medications for Resident (R)8 that were clearly labeled as, Do Not Crush or Chew, were crushed by Licensed Practical Nurse (LPN)2 and administered.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Administering Medications, under Policy Statement, reads, Medications are administered in a safe and timely manner and as prescribed.</p> <p>4. Medications are administered in accordance with prescribers orders, including any required time frame.</p> <p>10. The individual administering the medication checks the label THREE (3) times to verify the right resident, the right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>31. Each nurses' station has a current Physician's Desk Reference (PDR) and/or other medication reference, as well as a copy of the surveyor guidance (Pharmacy Services) available. Manufacturer's instructions or user's manuals related to any medication administration devices are kept with the devices or at the nurses' station.</p> <p>During an observation and interview on 04/17/2024 at 08:05 AM during med pass, LPN2 administered, by mouth medications for R8. LPN2 crushed all of R8's medications and placed them in applesauce and went into her room and administered them. LPN2 stated that R8 liked her medications crushed and placed in the applesauce.</p> <p>During medication reconciliation on 04/17/2024 at 08:30 AM revealed that the prescribed medications observed to be crushed were not supposed to be crushed, according to the medication label.</p> <p>During an interview on 04/17/2024 at 09:45 AM with LPN2, she stated that R8 is a choking risk and this is why she crushes her medications.</p> <p>During an interview with Registered Nurse (RN)2, this surveyor asked if she had ever taken care of R8 and administered her medications and she confirmed that she had. RN2 was asked if she crushed her medications, and she stated, I crush the ones I can, but some of her medications cannot be crushed.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>31846</p> <p>Based on the facility policy titled, Administering Medications, observations and interviews, the facility failed to ensure medications that were not supposed to be crushed were crushed and administered in applesauce. Specifically medications for Resident (R)8 that were clearly labeled as, Do Not Crush or Chew, were crushed by Licensed Practical Nurse (LPN)2 and administered.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Administering Medications, under Policy Statement, reads, Medications are administered in a safe and timely manner and as prescribed.</p> <p>4. Medications are administered in accordance with prescribers orders, including any required time frame.</p> <p>10. The individual administering the medication checks the label THREE (3) times to verify the right resident, the right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>31. Each nurses' station has a current Physician's Desk Reference (PDR) and/or other medication reference, as well as a copy of the surveyor guidance (Pharmacy Services) available. Manufacturer's instructions or user's manuals related to any medication administration devices are kept with the devices or at the nurses' station.</p> <p>During an observation on 04/17/2024 at 08:05 AM during med pass, LPN2 administered, by mouth medications for R8. LPN2 crushed all of R8's medications and placed them in applesauce and went into her room and administered them. LPN2 stated that R8 liked her medications crushed and placed in the applesauce.</p> <p>During medication reconciliation on 04/17/2024 at 08:30 AM revealed the prescribed medications for R8 were observed to be crushed and were ordered as, Do Not Crush or Chew, according to the medication label and physician's orders.</p> <p>During an interview on 04/17/2024 at 09:45 AM with LPN2, she stated that R8 is a choking risk and this is why she crushes all of her medications.</p> <p>During an interview with Registered Nurse (RN)2, this surveyor asked if she had ever taken care of R8 and administered her medications and she confirmed that she had. RN2 was asked if she crushed her medications, and she stated, I crush the ones I can, but some of her medications cannot be crushed.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846</p> <p>Based on the facility policy titled, Medication Labeling and Storage, observations and interviews, the facility failed to ensure medications that were outdated/expired or incorrectly labeled were removed from storage and not stored with other medications and biologicals used for residents in 2 of 4 medication carts and 1 of 3 treatment carts.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medications Labeling and Storage, states the, Policy Interpretation and Implementation, under Medication Storage, states:</p> <ol style="list-style-type: none"> 1. Medications and biological's are stored in the packaging, containers or dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. 3. If the facility has discontinued, outdated or deteriorated medications or biological's, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items. <p>Medication Labeling</p> <ol style="list-style-type: none"> 1. Labeling of medications and biological's dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices. 2. The medication label includes, at a minimum: <ol style="list-style-type: none"> a. medication name (generic and/or brand); b. prescribed dose; c. strength; d. expiration date, when applicable; e. resident's name; f. route of administration; and g. appropriate instructions and precautions. 8. If medication containers have missing, incomplete, improper or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items. 10. Only the dispensing pharmacy may label or alter the label on a medication container or package. <p>(continued on next page)</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>An observation on 04/17/2024 at 10:12 AM of the Folly Hall medication cart revealed:</p> <p>Acetaminophen 500 milligrams with Lot #251921, manufactured by Major Pharmaceuticals, 14 tablets expired on 04/10/2024.</p> <p>Vitamin D3 50 micrograms, 29 capsules with Lot #S221063, manufactured by Leader Brand Products was expired on 04/13/2024.</p> <p>These expired medications were confirmed on 04/17/2024 at 10:13 AM by Registered Nurse (RN)2.</p> <p>An observation on 04/17/2024 at 10:22 AM of the [NAME] Hall treatment cart revealed, 7 Lemon Glycerine Swabs was expired on 02/2024.</p> <p>Licensed Practical Nurse (LPN)2 confirmed the expired swabs.</p> <p>An observation on 04/17/2024 at 10:40 AM of the [NAME] Hall medication cart revealed a blister pack of the medication, Trazodone 50 milligrams with Lot #E301645, manufactured by Zydus Pharmaceuticals USA, 11 tablets were expired on 03/31/2024.</p> <p>On 04/17/2024 at 10:45 AM, LPN2 confirmed the expiration of the medication.</p> <p>During an interview on 04/17/2024 at 02:10 PM with the Director of Nursing, she revealed that on the blister card for the Trazodone 50 milligrams, the label affixed to the back of the card revealed the expiration date of 03/31/2024 but the front of the card had a receipt date from the pharmacy as 03/2024. She confirmed the label on the back was incorrectly applied by the pharmacy and no one had questioned the label nor the expiration date.</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>47257</p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure that: 1. Staff practiced proper hand hygiene during meal tray preparation and 2. Prepared food was being held at regulatory temperatures on the serving line for hot and cold foods, in 2 of 4 satellite kitchens.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Preventing Foodborne Illness- Employee Hygiene Sanitary Practices, with a revision date of November 2022 states, Food and nutrition services employees follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness. 6. Employees must wash their hands: g. during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks. 9. Gloves are considered single-use items and must be discarded after completing the task for which they are used. Gloves are removed, hands are washed and gloves are replaced .</p> <p>Review of the facility policy titled, Food Preparation and Service, with a revision date of November 2022 states, Food and Nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices. 3. Food preparation staff adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. 4. When verifying food temperatures, staff use a thermometer which is both clean, sanitized, and calibrated to ensure accuracy. Food Preparation, Cooking and Holding Time/Temperatures, 1. The danger zone for food temperatures is above 41 F and below 135 F. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness. 5. Food thermometers used to check food temperatures are clean, sanitized and calibrated for accuracy.</p> <p>During an observation on 04/16/24 at 11:44 AM in the first-floor satellite kitchen revealed, Cook1 was in the kitchen beginning to prepare lunch trays. With gloves donned, he intermittently touched other surfaces. He began with touching the mobile Cambro, of which the food is transported, and then drawers for utensils. Next, he picked up the plates to begin plating food. He was then asked to temp the food, of which he grabbed a piece of the fried fish, with the same gloves on, pulled his thermometer from its cover and began to gain a temperature. He failed to clean and calibrate the thermometer prior to inserting in the piece of fish. Temperatures revealed, Cole slaw that was resting on ice, was 60 F, a glass of Apple juice was 50 F, fried tator tots were 110 F, and steamed carrots were 110 F.</p> <p>During an observation on 04/16/24 at approximately 12:15 PM on the second-floor satellite kitchen revealed, Cook2 was in the kitchen preparing to serve trays and acquiring all utensils and plating. Prior to donning gloves, he proceeded to the sink to wash his hands and there was no soap, so he rinsed and dried them and put on gloves. Cook2 removed a small pan with a piece of grilled chicken, he removed it from the pan and placed the thermometer in it, without cleaning or calibrating it.</p> <p>(continued on next page)</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>During an interview with the Certified Dietary Manager (CDM) on 04/16/24 at approximately 1:30 PM revealed her expectations for the kitchenette temperatures of foods that are not at safe temperatures is for the food to be brought back to the main kitchen to be reheated. If it is not in the appropriate time and temperature frame, then she would expect that they prepare the resident with a new meal. To ensure foods are held at cold temperatures, ice can be added to the drinks, but she is unsure about the salad temperature and will check on that and provide a response later.</p> <p>During an interview with Cook2 on 04/16/24 at 12:41 PM revealed that he is responsible for ensuring foods are labeled and at correct temperatures, kitchens are stocked up with gloves, dish soap, kitchens cleaned and wiped down, sanitization and at times he rotates areas. He included that proper hand washing includes washing with soap and water for at least 30 seconds and after every change of gloves or any other surface that would present cross contamination. To correctly temp food, he states that thermometers should be wiped with an alcohol wipe before and after temping food and make sure its calibrated.</p> <p>During an interview with Cook1 on 04/16/24 at 12:47 PM revealed he is responsible for cooking, servicing, preparing plates, special orders, and checking meal tickets. Proper handwashing procedures is for them to wash hands first, put on gloves and change gloves after any service. He states that they temp foods daily and to correctly temp foods you should clean the thermometer, temp the food, clean the thermometer, and when finished, place back in the holder.</p> <p>During an interview with Registered Dietician (RD) on 04/16/24 at 2:39 PM revealed that she visits the facility at least once a month and completes a kitchen audit. Her expectations are for them to receive a grade of 'A' or higher for the audits, but areas that are identified that are not satisfactory, she provides them to the Chef or CDM and when she returns the following month, it is within hopes that these areas have been addressed. She stated that the cooks should be checking temperatures during each meal, following all protocols.</p> <p>During an interview with the CDM on 04/17/24 at 8:18 AM revealed that in-services are provided for staff during onboarding and as needed. Some are completed monthly on Relias. All staff has had proper training as to when they are to wash their hands when handling/ preparing food and working with other objects.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846</p> <p>Based on review of the facility policy titled, Hand Washing/Hand Hygiene, and Food Preparation and Service, observations, and interview, the facility failed to ensure proper hand washing during the lunch meal service on 04/15/2024. The facility failed to ensure staff were adhering to safe meal service to residents related to hand hygiene, and enhanced barrier precautions on the [NAME] Hall for 1 of 4 halls observed during the lunch meal service.</p> <p>Findings include:</p> <p>Review on 04/15/2024 of the facility policy titled, Handwashing/Hand Hygiene, revealed the Policy Statement, which reads, This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.</p> <p>The Policy Interpretation and Implementation.</p> <p>Administrative Practices to Promote Hand Hygiene.,</p> <ol style="list-style-type: none"> 1. All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc) are readily accessible and convenient for staff to use to encourage compliance with hand hygiene policies. Alcohol-based hand-rub (ABHR) dispensers are placed in areas of high visibility and consistent with workflow throughout the facility. <p>Indications for Hand Hygiene</p> <ol style="list-style-type: none"> 1. Hand Hygiene is indicated: <ol style="list-style-type: none"> a. immediately before touching a resident; b. before performing an aseptic task; c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment. 4. Single-use disposable gloves should be used: <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>c. when in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.</p> <p>5. The use of gloves does not replace hand washing/hand hygiene.</p> <p>Review of the facility policy titled, Food Preparation and Service, states under the Policy Statement, Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices.</p> <p>Food Distribution and Service.</p> <p>5. Food and nutrition services staff, including nursing services personnel, wash their hands before serving food to residents, Employees also wash their hands after collecting soiled plates and food waste prior to handling food trays.</p> <p>During an observation on 04/15/2024 at 11:31 AM of the lunch meal on the [NAME] Hall revealed Certified Nursing Assistant (CNA)1 placing resident lunch meal trays on a small cart and going in and out of each resident's room with the meal trays and not cleansing their hands.</p> <p>Continued observation of the lunch meal service on 04/15/2024 revealed a meal ticket blowing off the small cart and falling on the floor, a nurse called the CNA's attention to it and the nurse picked up the meal ticket and handed it to CNA1, who was delivering the lunch meal trays. CNA1 took the ticket and placed it on the meal cart with other lunch trays being delivered to residents.</p> <p>An additional observation on 04/15/2024 at 11:36 AM, of the lunch meal service revealed, CNA1 donning PPE to deliver a tray into a room that was labeled, Enhanced Barrier Precautions (EHP). After delivering the meal tray, CNA1 came out of the room with the gown under their arm, and walked over to the medication cart and put the soiled gown into the trash bin on the medication cart. CNA1 did not wash their hands and continued to serve meal trays. CNA1 started to put on another gown for an EHP room and then placed it in the housekeeping cart that was sitting in front of another resident's room, and with bare hands lifted the cover from the trash and placed the soiled gown in the bin, and lowered the cover. CNA1 then went into another room to deliver a meal tray. Not once during the meal service was CNA1 observed washing or sanitizing their hands. CNA1 went back to the satellite kitchen area and placed another meal tray on the small cart, and with bare hands, opened the straw and placed it in a cup of tea and served it to a resident.</p> <p>During an interview on 04/15/2024 at 11:50 AM with CNA1, they stated that before starting to serve meal trays they had washed their hands well. CNA1 confirmed that they had not washed or cleansed their hands before and after each resident and asked the surveyor, if that was what they were supposed to be doing.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>46991</p> <p>Based on observation and interviews, the facility failed to ensure commercial dryers were free from lint buildup, which could increase the likelihood of causing the unit to overheat or combust in fire.</p> <p>Findings include:</p> <p>In an observation on 04/16/24 at approximately 11:30 AM of the Central Laundry Room with Certified Nursing Assistant (CNA)2 revealed lint in the tray in the commercial dryer #1 and #2, along with clothing thrown in cubie cubes alongside wall, plastic bins in the middle of the floor, and laundry sitting in washer.</p> <p>During an interview with CNA2 on 04/16/24 at 11:38 AM, she acknowledged the lint in dryer tray and stated this could have accumulated from clothing being completed on last night, but stated she did not know much about the process in this laundry room because she only completes laundry such as clothing on the hall for the residents. This is the laundry room where CNAs complete linens for the residents.</p> <p>In an attempt to observe laundry on 04/17/24 at 7:02 AM in the Central Laundry room revealed a clean and clear room, no clothing in washer but more accumulation of lint in both lint trays in dryer #1 and dryer #2.</p> <p>In an interview and observation on 04/17/24 at 8:00 AM, the Administrator and Director of Nursing (DON), stated laundry is completed at night by CNAs on the hall. The Administrator and DON were shown the lint in the lint trays and acknowledged the lint in the trays in dryer #1 and #2. The Administrator stated the trays are cleaned nightly, and DON obtained the lint logbook which was signed in for April 16, 2024 as being completed. The Administrator stated there is a supervisor for this room, however, essentially the laundry is completed by the CNAs. Later, the Administrator informed there is no specific policy pertaining to lint cleaning of the dryers.</p>