

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CARLYLE SENIOR CARE OF AIKEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>123 DUPONT DR NORTHEAST AIKEN, SC 29801</b>	
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interviews, record reviews and a review of the Centers for Disease Control guidance for COVID-19, the facility failed to screen visitors and employees for symptoms of COVID-19. This deficiency occurred during the COVID-19 pandemic. The findings included: A review of the Centers for Disease Control's (CDC) guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/20, indicated, Evaluate and Manage Healthcare Personnel (HCP), Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. According to the CDC, symptoms of COVID-19 include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. Further, the CDC indicates, Screen visitors for fever (temperature equal to or greater than 100.0 degrees Fahrenheit), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. On 08/21/20 at 8:05 AM, this surveyor arrived at the facility and found the front door unlocked. A sign directed visitors to check their own temperature and to document it on a logbook and to answer questions about symptoms. No thermometer was available. Upon entering the lobby, no staff were seen. After walking onto 2 of the 3 halls, a staff member was asked to find a charge nurse. At 8:12 AM, Nurse #1 escorted this surveyor to an office. Nurse #1 stated that staff screen themselves by checking and documenting their own temperature, reviewing questions about symptoms and signing a log. On 08/21/20 at 8:08 AM, an interview was completed with Housekeeper #2. Housekeeper #2 said there was no screening for employees before starting work. On 08/21/20 at 8:25 AM, the employee log was reviewed with Nurse #1. Nurse #1 verified that five staff members were present and working but they had not completed the self-screening. On 08/21/20 at 8:43 AM, an interview was completed with the Director of Nurses (DON). The DON said that visitors should be screening themselves for symptoms and a temperature check before entering the facility.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.