

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425332</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF CHARLESTON</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2600 ELMS PLANTATION BLVD N CHARLESTON, SC 29406</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>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review, interview, and review of the facility's policies entitled Hand Hygiene and Cleaning and Disinfection of Non-Critical Patient Care equipment, the facility failed to ensure staff performed proper hand hygiene before and after resident care for 2 (two) of 2 (two) residents (Residents #1 and #2.); cleaned community equipment before and after use for 2 (two) of 2 (two) residents (Residents #1 and #2.); and maintained social distancing of residents during a meal service for 8 (eight) of 8 (eight) residents (Resident #1 and 7 unsampled residents.) The findings include: Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident's latest Minimum Data Set (MDS) dated [DATE] revealed the resident's Brief Interview for Mental Status (BIMS) was not conducted as the resident was rarely/never understood. She required extensive assistance with Activities of Daily Living (ADL's). Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident was diagnosed with [REDACTED]. The resident's latest MDS dated [DATE] revealed the resident had a BIMS of 99 which indicated she was moderately cognitively impaired. She required extensive assistance with ADL's. During an observation of the evening meal on 9/22/20 at 5:00 pm, on the locked unit's dining room, 8 (eight) residents were present in the small room with a bed side table in front of each of them. Social distancing was not practiced and residents were less than 6 (six) feet apart. On 9/22/20 at 5:15 pm, during an interview with CNA #1, she stated she was aware the residents in the dining area were not social distanced at least 6 feet apart. She also stated she had received education on social distancing. During the same observation, Certified Nurse Assistant (CNA) #1 was observed taking a blood pressure for Resident #1 in the far back left corner of the room. The blood pressure cuff was observed on the resident's right wrist area. When the procedure was completed, without cleaning the cuff, the CNA placed the cuff into a blue bag on the resident's bed side table and obtained a no-touch thermometer. The CNA checked the resident's temperature. The thermometer was then placed into the blue bag without being cleaned. Without sanitizing her hands or the resident's bed side table, the CNA retrieved the bag and left the dining area. Just outside the dining area in the hallway Resident #2 was observed in her wheelchair. CNA #1 retrieved the unclean blood pressure cuff from the blue bag, and placed the cuff on Resident #2's wrist. After she took the resident's blood pressure, the CNA placed the blood pressure cuff back into the blue bag without cleaning it. The CNA then retrieved the thermometer and began to check the resident's temperature. The resident swatted the thermometer away and refused to have her temperature checked. The CNA placed the thermometer back in the bag without cleaning it. Again, CNA #1 did not sanitize or wash her hands after the procedure. During the interview on 9/22/20 at 5:15 pm with CNA #1, she stated she had been educated on hand hygiene, but confirmed she had not sanitized her hands before and after contact with Resident #'s 1 and 2. She confirmed she had not cleaned and sanitized the blood pressure cuff and thermometer between residents. She stated Sometimes the cuffs we have here don't work right, so I bring mine from home. She confirmed the blood pressure cuff she used for Residents #'s 1 and 2 was her personal equipment. She stated I spray it down with Lysol in my car before I bring it in (the facility). On 9/22/20 at 5:35 pm, during an interview with the Senior Executive Director, she stated it was her expectation social distancing should be practiced, hand hygiene should be performed before and after resident care, and shared equipment should be cleaned before and after use. She stated it was not her expectation for staff to bring personal equipment from home for resident use. On 9/23/20 at 1:00 pm, during an interview with the Director of Nursing (DON), she stated she observed the evening meal on 9/22/20 and confirmed residents were not social distanced in the dining room. The DON indicated she had educated staff there was to be no communal dining at the facility and residents should eat in their rooms. She stated she expected staff to perform hand hygiene before and after resident care, and shared equipment should be cleaned before and after resident care. The facility's policy Hand Hygiene revised 5/7/2020 read, When to perform proper hand hygiene with (ABHR (Alcohol Based Hand Rub)) and with soap and water .Before and after all resident care. The facility's policy Cleaning and Disinfection of Non-Critical Patient Care Equipment effective date 3/6/19; reviewed 7/25/19 read .assuring that non-critical reusable patient care equipment (defined by the CDC (Centers for Disease Control) as items that come into contact with intact skin but not mucous membranes) is cleaned daily and before and after reuse. Examples of non-critical items include, but are not limited to: Stethoscopes, blood pressure cuffs .</p>		
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.