

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER MAGNOLIA MANOR - INMAN		STREET ADDRESS, CITY, STATE, ZIP 63 BLACKSTOCK ROAD INMAN, SC 29349	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and review of the facility's policy, the facility failed to ensure an effective infection control program to prevent the spread of the coronavirus (COVID)-19 was implemented for three (3) out of four (4) sampled residents (Resident #2, #3 and #4). Observation on 7/30/2020 revealed Certified Nursing Assistant (CNA #4) went from a room with two (2) residents on droplet/isolation precautions, to a room with a resident who was not on isolation precautions, without changing gowns. The CNA also failed to wear the required eye protection when entering the isolation precautions room. The findings include: Review of the facility's policy titled, Coronavirus Disease 2019 (COVID-19), dated 3/6/2020, revealed facility staff should avoid exposure to [MEDICAL CONDITION] by maintaining a safe distance from persons exhibiting symptoms and/or infected with [MEDICAL CONDITION] and by using appropriate personal protective equipment (PPE) when appropriate. Facility staff should practice droplet precautions, in addition to strict standard precautions when examining a resident/patient with respiratory infection. Droplet precautions should be maintained until it is determined it is no longer necessary. Review of the facility's policy titled, Isolation/precautions including Standard/Universal Precautions, dated 9/2011, revealed droplet isolation is designated to reduce the risk of droplet transmission of infectious agents when body fluids are not easily controlled. Review of the Centers for Disease Control and Prevention (CDC) Use of Personal Protective Equipment (PPE), dated 3/30/2020, revealed when caring for patients with confirmed or suspected COVID-19 the following PPE must be donned correctly before entering the patient area. PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. Donning (putting on the gear): 1. Identify and gather the proper PPE to don. 2. Perform hand hygiene. 3. Put on isolation gown. 4. Put on respirator or facemask. 5. Put on face shield or goggles. 6. Perform hand hygiene before putting on gloves. 7. Healthcare personnel can now enter room. Doffing (taking off the gear): 1. Remove gloves. 2. Remove gown. 3. Healthcare personnel can now exit patient room. 4. Perform hand hygiene. 5. Remove face shield or goggles. 6. Remove and discard respirator or facemask. 7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is [MEDICATION NAME] reuse. Review of Resident #2's clinical record revealed he/she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's Physician order [REDACTED]. Review of Resident #2's care plan dated 6/28/2020, revealed droplet isolation (use of a gown, face mask, face shield or goggles, and gloves are worn to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs) was in place related to resident with COVID-19 test positive with symptoms. Review of Resident #3's clinical record revealed he/she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Physician order [REDACTED]. Review of Resident #3's care plan dated 6/28/2020, revealed droplet isolation was in place related to resident with COVID-19 test positive with symptoms. Observation on 7/30/2020 at 12:30 p.m. revealed CNA #4 entered Resident #2's and #3's door wearing a gown and KN95 mask, without goggles or a face shield donned holding a lunch tray, then exited the room without doffing the gown and donning a new gown before entering Resident #4's room (224 bed 1) and feeding him/her. Continued observation revealed a droplet precautions sign was posted on Resident #2 and #3's room door. Further observation revealed a red sign Quarantine Do Not Cross This Barrier posted on the right side of the hallway and three (3) blue X's taped on the floor before the Rooms 210 through 219 on the COVID positive designated area on unit 2. Interview on 7/28/2020 at 12:35 p.m. with CNA #4, revealed he/she was helping the other staff pass lunch trays on unit 2 and didn't see the droplet sign on Resident #2 and #3's door, the blue markings on the floor or the quarantine sign on the wall in the hallway. CNA #4 stated he/she was not assigned the residents in that area, so he/she didn't know that they were on droplet precautions. CNA #4 stated he/she entered Resident #3's room, sat the lunch tray on the bedside table without wearing his/her goggles then left the room without changing his/gown before entering Resident's #4's room with his/her lunch tray and feeding the resident. Continued interview revealed he/she had been trained in May and last month on donning and doffing PPE. Continued interview revealed that he/she should have worn his/her goggles before entering room [ROOM NUMBER] and should have changed his/her gown before entering room [ROOM NUMBER] to prevent the spread of [MEDICAL CONDITION] from one resident to another. Review of the form titled PPE Competency Validation: Donning and Doffing Standard Precautions and Transmission Based Precautions, dated 5/22/2020, revealed CNA #4 properly donned and doffed PPE. Review of the Infection Control and Clinical Expectations training, undated, revealed CNA #4 received training to contact clinical charge/admissions for correct bed management for resident placement on admission/ER returns, to not cross isolation barriers to avoid spreading infection, and to wear full PPE at all times on all units by all staff until the last COVID positive case resolves and PPE is removed upon leaving unit. Interview with the Infection Control Nurse on 7/30/2020 at 3:24 p.m., revealed that the CNA should have worn his/her goggles before entering Resident #2 and #3's room even when passing a meal tray. The Infection Control Nurse stated that the CNA should have changed his/her gown when going from a room with droplet precautions to a room without precautions in place and changed his/her gown before entering Resident #4's room. He/she expects staff to follow the CDC's PPE guidance for a resident with confirmed or suspected COVID-19 to prevent spreading spread of [MEDICAL CONDITION]. Interview with the Director of Nursing (DON) on 7/30/2020 at 1:45 p.m. revealed that agency staff were provided training on droplet precautions and donning and doffing PPE appropriately, along with employees of the facility by the staff development coordinator and the infection preventionist. The DON stated that CNA #4 did not follow proper infection control practices by not wearing eye protection and changing his/her gown before going to another resident's room. The DON stated he/she expected staff to attend trainings, if CNAs don't know something then to ask the nurse or him/her for information and follow the CDC's PPE donning and doffing guidelines. Interview with the Regional Staff Development Coordinator (RSDC) on 7/30/2020 at 3:15 p.m., revealed fifteen (15) residents tested positive for the coronavirus on 6/24/2020 and were placed on contact, droplet and airborne precautions for 14 days in a designated area. The RSDC further stated the COVID positive residents had completed the 14-day isolation on 7/8/2020 and had been symptom free for ten (10) days. The RSDC stated that the decision was made in consultation with their nurse practitioner to place those residents on droplet precautions and for staff to continue to wear full PPE when entering those residents' rooms to prevent the spread of [MEDICAL CONDITION]. Further interview revealed he/she provided training to all staff in June instructing them to wear full PPE for those residents until 8/3/2020. Interview with the Administrator on 7/30/2020 at 3:50 p.m., revealed he/she expected staff to don and doff PPE as stated in the infection control policy.</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.