

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH-WALTERBORO		STREET ADDRESS, CITY, STATE, ZIP 401 WITSELL STREET WALTERBORO, SC 29488	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and review of the facility's policy, it was determined the facility failed to ensure an effective infection control program was implemented for 21 positive Coronavirus (COVID)-19 residents out of 92 total residents. Observation on 6/10/2020 revealed Housekeeper #3 entered the designated Hall 1, Level 1, Positive COVID-19 Isolation Unit, without donning adequate Personal Protective Equipment (PPE). The findings include: Review of the facility's policy titled, Coronavirus (COVID-19) Infection Prevention and Control Practices, dated 3/6/2020, revealed once COVID-19 has been identified, outbreak prevention and control measures are to be implemented immediately. Implement contact and droplet precautions for all patients/residents with suspected or flu-like symptoms and for suspected or confirmed COVID-19. During the care of any patients/residents with known or suspected COVID-19, healthcare personnel should do the following: 1. Cohort confirmed COVID-19 patients/residents with other patients/residents confirmed to have the same type of COVID-19 virus. 2. Wear a N95 mask upon entering the patient/resident's room or when working within three feet of the patient/resident. 3. Wear goggles or face shield, waterproof gowns and gloves with contact and droplet isolation of these patients/residents. Review of the facility's policy titled, COVID-19 Pandemic New Admission and Readmission Process for Healthcare Centers, dated 4/10/2020, revealed healthcare centers approved to admit patients who are presumptive or confirmed COVID-19 positive patients will have a designated unit. Level 1 positive isolation unit is the designated unit for COVID-19 positive and presumptive positive patients as well as COVID-19 positive and presumptive positive admissions and transfers. The healthcare center will utilize the designated entrance and exit to the Level 1 unit. A decontamination room will be established on the unit for hand hygiene and for donning and doffing of PPE upon entering and exiting of the unit. PPE will follow Center for Disease Control (CDC) guidelines for droplet precautions to include gloves, gowns (disposable or reusable), N95 masks, face shields, mask (surgical or cloth) worn over the N95 (only if face shield not available). The level 1 unit will maintain consistent staffing. Designated staff, to the extent possible, will be assigned to the Level 1 unit during the COVID-19 pandemic response. Staff will need to self-monitor and report any signs and symptoms of COVID-19 immediately to the supervisor. Designated staff will include Registered Nurse (RN) and/or Licensed Practical Nurse (LPN), Certified Nurse Aide (CNA), Housekeeper and Therapist. Equipment will be maintained on the Level 1 unit to prevent cross contamination. Review of the facility's policy titled, Infection Prevention and Control Program Surveillance Reporting, revised 11/05/2018, revealed that compliance with infection control practices are monitored and documented by staff competency and observation of practices. The Infection Preventionist, Director of Health Services and Department Managers review the compliance monitoring and initiate appropriate corrective measures, if indicated. Review of the (NAME)Health Walterboro list of residents who were confirmed or presumptive positive for COVID-19, dated 6/9/2020 reflecting 6/8/2020, revealed 21 COVID-19 positive residents resided on the Hall 1, level 1 isolation unit. Review of the Centers for Disease Control and Prevention (CDC) Sequence for Putting on Personal Protective Equipment (PPE), no date, revealed the following procedure for putting on PPE: 1. Gown fully cover torso from neck to knees, arms to end of wrists and wrap around the back, fasten in back of neck and waist. 2. Mask or respirator secure ties or elastic bands at middle of head and neck, fit flexible band to nose bridge, fit snug to face and below chin, and fit-check respirator. 3. Goggles or face shield place over face and eyes and adjust to fit. 4. Gloves extend to cover wrist of isolation gown. Observation on 6/10/2020 at 12:28 p.m. in the Hall 1 entryway, revealed a dresser with drawers that contained gowns, gloves, N95 masks, and face shields. Continued observation revealed the CDC Sequence for Putting on Personal Protective Equipment (PPE) was posted above the dresser. Continued observation revealed Housekeeper #3 entered into the Hall 1 entrance door, donned the gown, N95 mask, and goggles in the entryway; however, the housekeeper did not don the gloves before entering the door to Hall 1's Isolation Unit. Interview with Housekeeper #3 on 6/10/2020 at 12:32 p.m. revealed he/she had been trained by the facility regarding donning PPE recently. Housekeeper #3 stated he/she had been trained to put on the gown first, then put on the mask and goggles, then gloves. Housekeeper #3 stated he/she had not gone to work yet and had not entered any residents' rooms but was going to apply the gloves after she changed into a different gown in the decontamination room at the end of the hall. Housekeeper #3 stated that he/she knew that wearing the PPE was important to prevent the spread of [MEDICAL CONDITION]. Review of Housekeeper #3's training document titled, Relias Transcript, revealed on 3/16/2020, the Housekeeper completed the following courses: Coronavirus (COVID-19), and Infection Control for Skilled Nursing. Review of the facility's staff educational materials from the in-service dated 5/11/2020, revealed Housekeeper #3 was instructed to wear PPE in each designated area. Additionally, review of the facility's staff educational materials from the in-service dated 6/8/2020 and 6/9/2020, revealed Housekeeper #3 received training on contact and droplet precautions, the sequence for donning and doffing PPE, review of the COVID-19 infection and prevention and control practices policy, and review of the COVID-19 guidance on use of PPE to conserve supplies. Interview with the Housekeeping Supervisor on 6/10/2020 at 2:00 p.m., revealed he/she was trained with staff regarding donning PPE before entering the Hall 1 isolation unit which included putting on a gown, N95 mask, face shield and gloves. The Housekeeping Supervisor stated that signs on how to put on PPE, which included applying gloves, was posted in the entryway of Hall 1 by the staff supplies. The Housekeeping Supervisor further stated he/she expected Housekeeper #3 to put on gloves and to know this because he/she had been trained, was the main housekeeper and worked on that unit on a regular basis. Interview with the Director of Health Services (DHS) (who also served as the Infection Control Preventionist) on 6/10/2020 at 2:18 p.m. revealed the purpose of contact and droplet precautions was to prevent the spread of infections. Continued interview with the DHS revealed she expected all staff to follow the facility's droplet and contact precautions policies for the level 1 isolation unit which included putting on a gown, mask, goggles and gloves before entering Hall 1. The DHS stated he/she and the Administrator had provided in service trainings to all staff on donning and doffing PPE on 5/11/2020, 6/8/2020 and 6/9/2020. The DHS stated that the unit managers performed daily audits of ten (10) staff donning and doffing PPE and staff were provided on the spot training if not found properly donning and doffing PPE. Interview with the Administrator on 6/10/2020 at 2:28 p.m. revealed staff have been taught to follow CDC guidance to properly apply and remove PPE. Continued interview with the Administrator revealed it was his/her expectation that staff adhere to the infection control policy and follow the CDC PPE guidelines of donning a gown, mask, goggles and gloves before entering the isolation unit with COVID-19 positive residents.</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.