

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER WHITE OAK MANOR - COLUMBIA		STREET ADDRESS, CITY, STATE, ZIP 3001 BEECHAVEN ROAD COLUMBIA, SC 29204	
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 and policy review, the facility failed to ensure essential personnel were screened for signs/symptoms of COVID-19 prior to allowing entry into the facility. This affected one (surveyor) of one essential personnel who was not screened by facility staff prior to entering the facility. This had the potential to affect all 88 residents who resided in the facility. This deficient practice occurred during the COVID-19 pandemic. Findings included: The facility's COVID-19 Plan, dated 10/12/20, documented: .All staff and/or essential individuals entering the facility will be monitored for signs or symptoms of respiratory issues, temperature will be taken, etc. On 10/13/20 at 8:50 AM, this surveyor entered the screening area just inside the front entrance of the facility. Initially, a staff member was in the screening area but left with a group of several individuals at approximately 8:58 AM to go to an orientation meeting. Beginning at 8:58 AM, the screening area was unattended by facility staff. The surveyor stood in the corner of the room near the doorway into the Administrative Assistant's office waiting for instructions for screening. On 10/13/20 at 9:00 AM, the Administrative Assistant asked the surveyor if s/he could help him/her. The surveyor stated, I am waiting for instructions. The Administrative Assistant did not ask if the surveyor had been screened and returned to the office area. The surveyor continued to stand outside the Administrative Assistant's office in the screening area. On 10/13/20 at 9:07 AM, without verifying the surveyor had been screened, the Administrator directed the surveyor into an office workspace. The surveyor had not been screened prior to being invited into the facility by the Administrator. The surveyor worked in the office workspace until 10:00 AM, when s/he asked the Administrator if there was another location available so s/he could interview her/him. S/He took him/her into her/his office. When asked to describe the screening process for employees, the Administrator stated, Before anybody can report to work, they have to come through the front door and a person is assigned to take their digital temperature. S/He stated all employees and agency staff had a screening log which was completed upon entry. S/He stated emergency medical technicians and other essential personnel were also screened. The Administrator stated screening involved the individual's temperature being taken, questions about the use of hand sanitizer, signs/symptoms of COVID-19 and travel. S/He stated the information was recorded on a screening log and was filed in binders. When asked who was responsible to ensure individuals were screened prior to entering the facility, the Administrator stated, Someone is assigned to the screening area always. The surveyor asked the Administrator if allowing an individual into the facility without screening for COVID-19 could lead to transmission of [MEDICAL CONDITION] to residents and staff. S/He stated, Yes, it could. This surveyor then informed the Administrator s/he had not been screened by facility staff prior to being allowed to enter the facility. This surveyor made a recommendation to the Administrator that s/he should be screened before continuing with the survey.</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.