

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425112</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SIMPSONVILLE REHABILITATION AND HEALTHCARE CENTER,</b>		STREET ADDRESS, CITY, STATE, ZIP <b>807 SOUTH EAST MAIN STREET SIMPSONVILLE, SC 29681</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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, interview and review of facility policy, the facility failed to ensure that standard precautions to prevent the spread of coronavirus (COVID)-19 were implemented for two (2) of two (2) residents who resided on the facility's West Wing and who received physical therapy services (Resident #4 and Resident #5). The Physical Therapist Assistant (PTA) failed to clean/disinfect an electrical stimulation machine (E-Stim - used to stimulate injured muscles or manipulate nerves to reduce pain) between exiting Resident #4's room and entering Resident #5's room. The findings included: Review of the facility's Cleaning Resident Care Equipment effective date of 10/2019 noted In order to minimize the residents' exposure to communicable disease, the following guidelines will be followed for containing, transporting and handling equipment and instruments/devices that may be contaminated with blood or body fluids. Procedure . 3) Ensure that reusable equipment is not used for the care of another until it has been appropriately cleaned and re-processed and single use items are appropriately discarded. Review of Resident #4's clinical record revealed the resident was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. #4 was severely cognitively impaired and did not receive physical therapy (PT) services during the assessment period. Review of Resident #4's physician's orders [REDACTED]. Review of Resident #5's clinical record revealed an admission date of [DATE] with admitting [DIAGNOSES REDACTED]. Review of Resident #5's POs dated 7/15/2020 noted: PT clarification orders - skilled PT five (5) times per week for four (4) weeks for E-Stim, manual therapy, etc . Observation on the facility's West Wing on 7/28/2020 at 11:08 a.m., revealed the Physical Therapist Assistant (PTA) exited resident room [ROOM NUMBER]. The PTA was pushing an E-Stim machine (equipment used .). The PTA stopped and used hand sanitizer that was affixed to the wall and then continued to push the machine down the hall towards the nurses' station. The PTA spoke briefly with Licensed Practical Nurse (LPN) #3 who was sitting behind the desk of the circular nurses' station, and then proceeded to push the machine down the 500 hall. The PTA entered resident room [ROOM NUMBER] with the E-Stim machine. The E-Stim machine was not cleaned in between the PTA exiting resident room [ROOM NUMBER] and entering resident room [ROOM NUMBER]. During an interview on 7/28/2020 at 11:15 a.m., the PTA confirmed he/she sanitized his/her hands after exiting Resident #4's room and confirmed the E-Stim machine was not cleaned in between exiting Resident #4's room entering Resident #5's room. The PTA said that the machine was not used for Resident #4 and would not be used for Resident #5. The PTA said the machine was only cleaned when it had contact with a resident. The PTA said, I only clean it if I use it. When asked why the PTA brought the equipment into residents' rooms instead of leaving it outside the of the rooms and in the hallway, the PTA said there was no difference in leaving it in the hallway and bringing it in the room. The PTA was observed providing passive range of motion to Resident #5's right leg that was contracted at the knee. Interview on 7/28/2020 at 11:25 a.m. with LPN #3 revealed that therapy staff cleaned their equipment with bleach wipes. LPN #3 said they clean everything, even if they don't use it. LPN #3 said that the PTA usually always clean equipment in between entering and exiting residents' rooms. Interview on 7/28/2020 at 11:28 a.m. with the facility's Infection Preventionist (IP) revealed that equipment that is not being used should not be taken into residents' rooms. The IP stated that if equipment is taken into residents' rooms and not used, then it should be cleaned in between exiting and entering residents' rooms. The IP confirmed the e-stim machine that the PTA was pushing in and out of residents' room should have either been left outside the room or cleaned between the exiting and entering of the rooms.</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.