

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH-AIKEN		STREET ADDRESS, CITY, STATE, ZIP 830 LAURENS STREET NORTH AIKEN, SC 29801	
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 - Many	<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 observations, interviews, and policy review the facility failed to ensure Healthcare Personnel (HCP) were assigned to work only on the coronavirus (COVID)-19 unit and the facility failed to ensure one (1) of 33 residents (Resident #4) residing on the COVID-19 unit, was wearing a mask outside of his/her room per Centers for Disease Control (CDC) Guidelines and facility policy. These failures had the potential to affect all residents in the facility and promote the continued spread of COVID-19. Findings include: Review of the facility Census List dated 8/3/2020, revealed the facility had 58 resident cases of COVID-19, 25 new cases confirmed on 8/3/2020 with a total of eleven 11 deaths, which included four (4) in the facility and seven (7) in the hospital. Review of the facility's floor plan revealed the Station four (4) COVID-19 unit had 33 residents positive for COVID-19 prior to 8/3/2020. Station two (2), used as the observation unit, as of 8/3/2020 had 15 new positive cases of COVID-19. Station three (3), which had no prior positive cases, had ten (10) new COVID-19 positive residents as of 8/3/2020. 1. Review of facility policy titled: COVID-19 Pandemic New Admission and Re-Admission Process for Healthcare Centers revised 7/29/2020 and the Prevention Covid-19 Preparedness Plan/Prevention Model Pruitt Health Aiken undated revealed, The Level one (1) COVID-19 unit will maintain consistent, designated staffing to the extent possible during the COVID-19 pandemic response. Partners 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 Nursing Assistant (CNA), Housekeeping and Therapist. Implement staffing policies to minimize the number of staff who enter the room. Facilities should keep a log of all persons who care for or enter the rooms or care area of these residents. Once we have confirmed cases of COVID-19, we will utilize twelve (12) hour shifts for all staff who enter that room. This will help us reduce traffic in the room. Housekeeping services for the resident will be provided by the Certified Nursing Assistant (CNA) and Nurse assigned to the resident for further limit access to the room. Infection control housekeeping measures will be conveyed to those partners and they will be able to demonstrate competency. Prompt detection and effective triage and isolation of potentially infectious residents is essential to prevent unnecessary exposures among residents, partners and visitors at the facility. Identify staff who will care for the residents (skilled in infection control) procedures. Validate that individual partners understand and will adhere to infection control requirements. Review of the CDC guidance titled, Preparing for COVID-19 in Nursing Homes effective 6/25/2020, revealed, Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Identify HCP (Healthcare Personnel) who will be assigned to work only on the COVID-19 care unit when it is in use. Interview on 8/3/2020 at 12:47 p.m. with Certified Nursing Assistant (CNA) #8 revealed, I work at least forty or more hours per week. I am usually pulled to work the observation station two (2) and the COVID-19 station four (4) and have tested negative for [MEDICAL CONDITION]. Interview on 8/3/2020 at 12:50 p.m. with CNA #9, revealed, I work on the observation unit MSU (Dementia) station one (1) and am pulled to work the observation station two (2) and the COVID-19 unit station four (4) when I am told. Interview on 8/3/2020 at 1:02 p.m. with the Director of Nursing (DON) revealed, We do not have dedicated staff for our units; we will use staff from other units on our COVID-19 units. We have twenty-five (25) more cases as of today. I am not sure how it is spreading. Interview on 8/3/2020 at 1:25 p.m. with Floor Technician #12, revealed I'm responsible for cleaning and waxing the floors throughout the building, including the COVID-19 unit. Interview on 8/3/2020 at 2:16 p.m. with the Administrator revealed, We like to have consistent staff on the COVID-19 unit. We do send staff that have tested negative for COVID-19 back there to work. We use our staff for all units. Staff that are assigned to work back there stay the entire shift and enter through therapy doors. When queried about transmission of [MEDICAL CONDITION] related to not having consistent staff on the COVID-19 unit, the Administrator stated, It is easier said than done. We do have 33 cases in our COVID-19 unit who will be re-tested today, and another 25 confirmed cases today (8/3/2020) in the building. We will have to start up another COVID-19 unit on station two (2) and move the negative residents to another part of the building. Interview on 8/3/2020 at 2:55 p.m. with the Infection Control Nurse revealed, We have staff who work on the COVID-19 unit that float to other units due to staffing (needs), all healthcare staff are used on other units as well. 2. Review of facility policy titled: COVID-19 Use of PPE (Personal Protective Equipment) to Conserve Supplies Revised 7/29/2020 revealed, all residents, whether they had COVID-19 symptoms or not, should wear a face covering or surgical mask when outside of their room. The policy indicated, If patient/resident movement or transport is necessary, have the patient/resident wear a surgical or procedure mask. Review of the CDC (Centers for Disease Control) document titled: Preparing for COVID-19 in Nursing Homes Effective date 6/25/2020 indicated, Residents should wear a cloth face covering or face mask whenever they leave their room. Observation of the COVID-19 unit, with 33 COVID-19 positive residents, on 8/3/2020 at 12:35 p.m. revealed Resident #4 outside of his/her room in the hallway without a face mask on. There were no staff around to ensure the resident was wearing the required PPE (personal protective equipment). There was one other resident observed in a wheelchair sitting in front of resident #4 with a face mask on. Interview with the Director of Nursing on 8/3/2020 at 12:40 p.m. revealed, Residents are expected to wear their face mask while out of their rooms especially this (COVID-19) unit. Interview with the Administrator on 8/3/2020 at 2:16 p.m. revealed, Residents in the facility are expected to wear a mask when outside of their room or stay in their rooms. The Administrator stated, The Nurses and certified Nursing Assistants are responsible for ensuring the residents remain in their rooms to keep the spread of COVID-19 down. We are retesting the residents on the COVID-19 unit today and have 25 more confirmed cases with a total of 58 cases in the building now. Ten (10) of those cases are on station three (3) which previously had no cases. Interview on 8/3/2020 at 2:55 p.m. with the Infection Control Nurse revealed Residents are encouraged to wear a mask, but for residents on the COVID-19 unit I don't feel it matters. They all have COVID-19 anyway.</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.