

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2020
NAME OF PROVIDER OF SUPPLIER BROAD CREEK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 801 LEMON GRASS COURT HILTON HEAD ISLAND, SC 29928	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on staff interview and record review, the facility failed to develop a process for notifying residents and residents' representatives each time a confirmed COVID-19 test result is identified, and failed to develop a process for providing weekly cumulative updates on COVID-19. This affected 17 of 17 residents. The findings included: Review of dates of positive COVID-19 tests revealed the most recent positive resident test was on 09/02/20 and the most recent staff member was on 09/08/20. On 09/14/20 at 3:25 PM, an interview was completed with the facility Administrator. The Administrator said that no notices were sent in June. A weekly update notice was sent on 07/30/20, 08/21/20, 08/28/20 and 08/31/20; and then the last notice was sent on 09/12/20. There were no notices sent after the positive COVID-19 tests on 09/02/20 or 09/08/20. The Administrator said that the notices emailed to families were printed and given to residents.		

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.