

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425352</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NHC HEALTHCARE - PARKLANE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7601 PARKLANE ROAD COLUMBIA, SC 29223</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> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, staff interviews and review of Centers for Disease Control (CDC) guidelines for COVID-19, the facility failed to correctly use personal protective equipment (PPE) for 5 of 5 staff observed entering or inside the facility (Dietary Manager, Certified Nursing Assistant (CNA) #2, CNA #5, Social Services #4, and Nurse #5). This deficient practice occurred during the COVID-19 pandemic, and had the potential to affect all residents. The facility census was 97. Findings included: 1. The CDC guidelines, Preparing for COVID-19 in Nursing Homes, last updated 06/25/20, indicates, Implement Source Control Measures. -HCP (healthcare personnel) should wear a facemask at all times while they are in the facility. -When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. On 10/01/20 at 8:02 AM, the Dietary Manager (DM) was observed entering the facility with no mask and proceeded down the administrative hall after being screened. Certified Nursing Assistant (CNA) #2 and Therapist #3 were observed in the lobby, after having temperatures taken for COVID-19 screening, without a mask while filling out the COVID-19 screening questionnaire. Other staff were in the lobby at that time. CNA #2 was not provided a mask by the receptionist. On 10/01/20 at 8:53 AM, an interview was completed with the Director of Nurses (DON). The DON said that staff arriving for work were to enter the front lobby and be screened at the front desk by the receptionist. The receptionist would provide a new surgical mask to each employee and the employee would put that mask on. Staff would then proceed through the lobby and across the main hallway into the dining room to pick up reusable PPE. On 10/01/20 at 9:38 AM, an interview was completed with the Activity Director (AD). The AD reported that no masks were needed during screening. Masks would be required after leaving the lobby and going into the main hall. On 10/02/20 at 9:32 AM, Social Services (SS) #4 and Nurse #5 were observed sharing an office. Neither were wearing a mask. The surveyor asked if masks were available and both staff produced and donned surgical masks. At 9:40 AM, SS #4 was observed with the mask bunched up under his/her chin. 2. On 10/01/20 at 1:35 PM, CNA #5 was observed wearing the same gown in and out of Rooms 232, 233 and 235. Each of those rooms had signs indicating droplet precautions should be observed. CNA #5 was interviewed and said those rooms were 14-day isolation rooms for new admissions. CNA #5 reported that it was not necessary to change gowns between residents on droplet precautions. A follow up interview was completed with the DON on 10/01/20 at 1:51 PM. The DON said that for rooms observing droplet precautions, gowns would either be left in the room if the staff were going to go back into the room, or gowns would be disposed of when exiting the room. Gowns should be changed between 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.