

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA- CLINTO		STREET ADDRESS, CITY, STATE, ZIP 801 MUSGROVE STREET CLINTON, SC 29325	
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	Provide and implement an infection prevention and control program. Based on observations, interviews and record review, the facility failed to conduct employee qualitative fit testing for N95 masks, during the COVID-19 pandemic. The facility identified 28 staff members who worked on the skilled nursing unit, which consisted of Certified Nursing Assistants, Licensed Nurses, Director of Nursing (DON), Assistant Director of Nursing, Social Worker and Activities. The findings included: A review of the facility's Community PPE Inventory sheet, dated 06/15/20, indicated the facility currently had 85 N95 masks, and no KN95 masks. There were no current COVID positive residents in the facility. The census at the time of the survey was 5 residents. During an interview on 06/16/20 at 2:19 PM, the Director of Nursing (DON) confirmed they had 85 N95 masks. She indicated no one was currently wearing N95 masks on the unit. She stated if they have a confirmed COVID-19 case, then they would utilize the N95 masks. When questioned who would need to wear an N95, she stated anybody that would be in close contact with the COVID-19 positive resident would need to wear the mask. The DON indicated they had not performed any employee fit testing for the N95 masks, and there were no current plans in place to perform the fit testing. During an observation and interview on 06/16/20 at 2:28 PM, a Dietary Cook was observed wearing an N95 mask. She stated she got it from her mom, who worked in a doctor's office. The Dietary Cook verified it was an N95 mask and stated she had never been fit tested for the mask. A review of the Centers for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, last updated 05/18/20, indicated, Filtering Facepiece Respirators (FFR) including N95 Respirators. A commonly used respirator in healthcare settings is a filtering facepiece respirator (commonly referred to as an N95). FFRs are disposable half facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called fit testing and is usually done in a workplace where respirators are used. FFR users should also perform a user seal check to ensure proper fit each time an FFR is used. A review of CDC's guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 05/19/20, indicated, Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing.		
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.