

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425414</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/03/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RETREAT AT WELLMORE OF DANIEL ISLAND</b>		STREET ADDRESS, CITY, STATE, ZIP <b>580 ROBERT DANIEL DRIVE CHARLESTON, SC 29492</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, record review and resident and staff interviews, the facility failed to ensure proper infection control protocol was used to prevent the spread of infection during a meal in the dining room and failed to assist dependent residents with handwashing prior to meal service. This affected seven of seven residents in the dining room and four of four residents (Resident #2, #5, #6 and #7) in the sample, who were dependent on staff for handwashing assistance. The findings included: 1. The second-floor resident dining room was observed on 09/03/20 at 12:25 PM. The dining room was big enough for four tables spaced apart in the room. The tables were measured by staff and found to be 3.5 feet on each side. Observation on 09/03/20 at 12:25 PM, revealed seven residents eating the noon meal while seated among three of the four tables in the second-floor dining room. Two tables had two residents each, and there were three residents at the third table. There were no splash/cough shields or other partitions set up on the tables that were 3.5 feet across. The residents were not wearing masks because they were eating. The residents who were in the dining room were not able to be interviewed. The Certified Dietary Manager (CDM) was interviewed on 09/03/20 at 12:33 PM, while in the dining room assisting the residents. The CDM stated the residents had begun eating in the dining room again on 08/31/20. Prior to that, the residents had been eating in their rooms. When asked if the residents were socially distanced, the CDM said they were not 6 feet apart from the people with whom they shared a table. On 09/03/20 at 4:41 PM, the Director of Nursing stated the expectation for social distancing was for the residents to be 6 feet apart. The Administrator was interviewed on 09/03/20 at 4:54 PM. The Administrator stated they had tried to follow guidelines to allow a few residents to begin community dining. The Administrator indicated it was for the psychosocial well-being of the residents, and that residents would also eat better in the dining room. The Administrator stated the department heads had discussed it and felt with no new COVID positive cases and, following CDC (Center for Disease Control) guidelines, that we could resume with two (residents) at each table. The Administrator was unaware three residents had been at one table and thought the tables were larger. The Administrator said, we want people to be 6 ft apart. 2.a. Review of the clinical record revealed Resident #2's most recent Minimum Data Set (MDS) was dated 05/25/20. The quarterly MDS indicated Resident #2 was cognitively intact and required extensive assistance with personal hygiene. During an interview on 09/03/20 at 11:39 AM, Resident #2 said staff do not provide assistance with handwashing prior to meals and added, I used to wash my hands before meals when I could still do that. 2.b. Review of the clinical record revealed Resident #5's most recent Minimum Data Set (MDS) was dated 08/19/20. The quarterly MDS indicated Resident #5 was cognitively intact and required extensive assistance with personal hygiene. During an interview on 09/03/20 at 12:02 PM, Resident #5 said staff do not provide assistance with handwashing prior to meals and specified, I'm in a wheelchair and I can't get to the sink by myself. Certified Nursing Assistant (CNA) #1 was interviewed on 09/03/20 at 12:13 PM, about washing residents' hands prior to each meal. CNA #1 said s/he always tries to wash the resident's hands prior to meals. Certified Nursing Assistant (CNA) #1 was interviewed on 09/03/20 at 12:15 PM, about washing residents' hands prior to each meal. CNA #2 said, I wash them when I get them (residents) up in the morning. When asked about residents who need assistance for handwashing prior to meal service, CNA #2 said, Well, I usually try to offer. 2.c. Review of the clinical record revealed Resident #6's most recent Minimum Data Set (MDS) was dated 08/17/20. The quarterly MDS indicated Resident #6 was cognitively intact and required extensive assistance with personal hygiene. During an interview on 09/03/20 at 12:20 PM, Resident #6 indicated staff did not provide assistance with handwashing prior to meals. The resident said, How am I supposed to wash my hands with no water and I'm in the bed? 2.d. Review of the clinical record revealed Resident #7's most recent Minimum Data Set (MDS) was dated 08/22/20. The annual MDS indicated Resident #7 was cognitively intact and required extensive assistance with personal hygiene. During an interview on 09/03/20 at 12:50 PM, Resident #7 said other than assistance washing when getting up in the morning, staff did not provide assistance with handwashing prior the noon or evening meals. On 09/03/20 at 4:41 PM, the Director of Nursing stated the expectation was that staff would offer to wash residents' hands prior to a meal, not just when the meal was being served, so residents would not feel rushed.</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.