

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER INMAN HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 51 N MAIN ST INMAN, SC 29349	
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 - Some	<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 observation, record review, staff interview, review of a facility policy entitled Reportable Diseases, and review of Centers for Disease Control guidelines, the facility failed to have an Infection Control Plan for COVID-19 that included: policies and procedures regarding implementing the appropriate transmission based precautions for residents with symptoms of COVID-19 or confirmed COVID-19; extending the supply of Personal Protective equipment as needed; initial fit testing of N95 masks; and when the State and Local Health Department should be contacted. The facility also failed to implement source control and transmission based precautions for a resident with undiagnosed symptoms of a respiratory infection for one (1) of one (1) residents with a fever and cough (Resident #1), failed to ensure a staff member kept her mouth and nose covered with a facemask while delivering and setting up an unsampled residents meal tray during one random observation, and failed to consistently monitor or record resident temperatures on a daily basis for three (3) of three (3) residents (Resident #1, #2 and #3). These failures occurred during a COVID-19 pandemic. The findings include: 1. During an interview with the Administrator on 4/22/20 at 12:30 p.m. he stated that because of the small size of the facility, and the multiple rooms within the facility that were either three (3) or four (4) bed ward rooms, they had decided the facility would not accept new Admissions with positive or unknown COVID-19 status. He said it was difficult to create private rooms with their room configuration. During this interview the Infection Control Plan for COVID-19 was requested. The Administrator said that the binder they use to provide staff education and updates on COVID-19 was the facility plan for preventing and managing COVID-19. Review of the staff education binder revealed there were letters to family members advising them of the changes to the visitor policy. There were also various information sheets from sources such as the American Healthcare Association and various guidance documents from the CDC. One of the CDC documents available for staff to review was dated April 3, 2020 and entitled Strategies to Optimize the Supply of PPE and Equipment. The document in the binder was not the most current and included key strategies but no facility specific plans. Further review of the binder revealed there was not a facility specific Infection Control Plan for managing residents with symptoms of COVID-19 or confirmed COVID-19. During an interview with the Administrator and the Director of Nursing on 4/22/20 at 1:34 p.m. the Administrator acknowledged the facility did not have a facility specific plan outlining the strategies the facility would implement to extend their supply of PPE. They had a supply of 8 goggles and 10 face shields which would need to be reprocessed if used. The DON stated a plan for sanitizing and storing the eye protectors had not yet been developed. She added that the facility did have supply of N95 masks and she had already issued one to each staff member along with education on donning and doffing the N95 masks. Upon inquiry the DON said she was unaware that initial fit testing was required for N95 masks. She also said she had not yet provided any guidance to staff regarding reuse of their N95 masks. Upon inquiry the DON also revealed she had been unaware that the State and Local Health Department needed to be contacted for a single suspected or confirmed case of COVID-19; instead of waiting for a cluster of cases or respiratory symptoms. Review of a facility policy entitled Reportable Diseases dated 2012 revealed, Health Care Facilities are required by law to report certain diseases. A list of these diseases and the report forms are maintained and reporting is done as required. 2. Resident #1 was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the Vital Signs Record for Resident #1 revealed a temperature of 101 degrees F (Fahrenheit) on 3/13/20 documented at 8:55 p.m. Further review revealed no other documented temperatures over greater than 98.4 degrees F between 3/13/20 and 4/21/20. Review of the Nursing Notes dated 3/13/20 at 2:44 p.m. read, Resident seen by (name of Attending physician) today re cough. Review of the Nursing Notes dated 3/13/20 at 9:32 p.m. revealed a chest x-ray had been completed as ordered and the results were no acute cardiopulmonary disease process. The note also indicated a new order was received to check for flu related to the residents reported temperature of 101 earlier that day. Review of the physician's orders [REDACTED]. Review of the Nursing Notes dated 3/14/20 revealed the attending physician was notified of the x-ray results and ordered an antibiotic. The notes on 3/14/20 also revealed the attending physician discontinued the flu check order which had been given on 3/13/20 by the on call physician. Review of the Nursing Notes dated 3/15/20 revealed a [DIAGNOSES REDACTED]. #1 had a [DIAGNOSES REDACTED]. Further review of the medical record and 3/13/20 - 3/14/20 Physician order [REDACTED]. #1 had a fever over 100 degrees F, was under investigation for a cough and had an active order for flu testing. During an interview with the Administrator and Director of Nursing (DON) on 4/22/20 at 1:34 p.m., the DON said that while Resident #1 did have a fever and a cough, transmission based precautions had not been required because the underlying cause was an exacerbation of his [MEDICAL CONDITION]. She acknowledged that the resident's symptoms were undiagnosed for approximately 1 day. Review of the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings updated 4/13/20 revealed: Many of the recommendations described in this guidance (e.g., triage procedures, source control) should already be part of an infection control program designed to prevent transmission of seasonal respiratory infections. As it might be challenging to distinguish COVID-19 from other respiratory infections, interventions will need to be applied broadly and not limited to patients with confirmed COVID-19. Ensure rapid, safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough). Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. HCP (Health Care Professionals) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Further review of this document revealed source control strategies that could be implemented included: cloth face coverings; surgical face masks; pulling curtains between residents; providing supplies for respiratory hygiene and cough etiquette and physical barriers such as closed doors or partitions. 3. During a random observation on 4/22/20 at 12:30 p.m. Certified Nursing Assistant #1 (CNA #1) was observed delivering a lunch tray into room [ROOM NUMBER]. CNA #1 was observed wearing a surgical facemask under her chin while she set up the resident's tray and spoke briefly with the resident. Her mouth and nose were exposed during this interaction. CNA #1 pulled her facemask up over her mouth and nose in the hallway after exiting the resident's room. She did not sanitize her hands after touching the front of her facemask. During an interview with the Administrator and Director of Nursing DON on 4/22/20 at 1:34 p.m., she stated all staff were educated on proper donning and doffing of their facemask when the facility first implemented universal facemask's for staff. She indicated that staff should to keep their mouth and nose covered by the mask when interacting with residents and in patient care areas and that it should be removed and stored properly. The DON added that a mandatory competency return demonstration for donning and doffing PPE was planned in the coming week. 4. Resident #1 was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the Vital Signs Record from 3/13/20 - 4/21/20 revealed the resident's temperature was not recorded on the following days: March: 24 - 29 April: 3-5, 8-12, and 15 Further review of the Progress Notes and Physician order [REDACTED]. Resident #2 was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the Vital Signs Record from 3/3/20 - 4/21/20 revealed the resident's temperature was not recorded on the following days: March: 14 - 16 and 28 - 30 April: 2 - 7, 9 - 14, and 16 Further review of the Progress Notes and Physician order [REDACTED]. Resident #3 was</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER INMAN HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 51 N MAIN ST INMAN, SC 29349	
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 - Some	<p>(continued... from page 1) admitted [DATE] with [DIAGNOSES REDACTED]. Review of the Vital Signs Record from 3/14/20 - 4/21/20 revealed the resident's temperature was not recorded on the following days: March: 24 and 26 - 30 April: 1-6, 8-14, 16 and 20 Further review of the Progress Notes and Physician order [REDACTED]. During a telephone interview with the Administrator on 4/24/20 at 6:00 p.m., he said that the facility Quality Assurance Committee discussed how to monitor residents for COVID-19 and determined that all residents would have daily temperature monitoring. The Administrator indicated he was unaware that monitoring of resident temperatures was not being done or recorded consistently and on a daily basis. He also confirmed that an auditing process to monitor implementation of resident screening for COVID-19 had not been put in place.</p>		