

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER MAGNOLIA MANOR - COLUMBIA		STREET ADDRESS, CITY, STATE, ZIP 1007 N KING ST COLUMBIA, SC 29223	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy 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 interviews and review of facility documents and policies, the facility failed to 1) screen for COVID 19 signs/symptoms on outside visitors or vendors prior to entering the facility and ensure that outside visitors or vendors followed facility protocol for use of personal protective equipment (PPE) during observation of two of two residents (Resident #3 and Resident #4) transported in and out of facility by contract vendor, 2) failed to implement facility policies and procedures based on national standards related to COVID-19, 3) thoroughly complete documentation on respiratory signs and symptoms for monitoring of any potential COVID-19 infections for residents and 4) for one of five residents (Resident #1) observed for infection control practices related to sanitizing resident equipment Resident #1. The facility had one resident positive for COVID-19 (Resident #1) and two residents (Resident #4 and Resident #5) of five residents reviewed for infection control practices, who required [MEDICAL TREATMENT] treatments three times a week. These multiple failures had the potential for COVID-19 virus to go undetected in the facility. The facility Administrator was informed on 07/01/20 at 9:45 PM that Immediate Jeopardy existed on 06/22/20. The facility provided an Immediate Jeopardy Removal Plan that was accepted on 07/02/20 at 2:15 PM and the Immediate Jeopardy at F880 was removed with an effective completion date of 07/02/20 and lowered to a scope and severity of E. Findings included: 1. During the initial tour on 07/01/20 at 11:45 AM of the South Hall, all residents were noted to be on Droplet Precautions. During an observation on 07/01/20 at 12:05 PM the outside transport company staff were observed to enter the South hall exit door with Resident #3, who was returning from an appointment. The transport staff were not screened prior to entering the building and were observed wearing a mask only. They were instructed to put a gown on by Registered Nurse (RN) #10. During an interview with RN #10 on 07/01/20 at 12:15 PM, revealed all residents were on Droplet Precautions which meant anyone who had direct interactions with a resident were required to wear personal protective equipment (PPE) of a gown, mask and gloves. During an observation on 07/01/20 at 1:30 PM, two different transport company staff, were observed entering the South Hall exit door to pick up Resident #4, no screening was done prior to entering, they proceeded to Resident #4's room and placed the resident on the stretcher. The transport company staff did not have a gown on, and the resident did not have a mask on when leaving the facility. Resident #4 was in droplet precautions at the time due to outside [MEDICAL TREATMENT] treatments. During an interview with the Administrator on 07/01/20 at 2:00 PM, revealed the facility was no longer completing the screening on the transport company staff as it was being done by the transport company owner. The Administrator was unable to state why the facility was no longer screening the transport staff and that the change occurred approximately a week and a half ago. When the Administrator was asked to provide any documentation, or communication from the transport company owner regarding the decision for the facility to no longer screen the transporters, the Administrator was unable to do so. During an interview on 07/01/20 at 3:00 PM with Central Supply clerk #3, who coordinates the resident's transportation with the transport company, confirmed what the Administrator had stated regarding the change with the process for the transport company owner to complete the screenings and the facility would not need to perform the screening. Central Supply clerk #3 further stated on days she was in the building she would complete a screening on them when they entered, but she did not screen all of them. During an interview on 07/02/20 at 12:00 PM with transport company owner #19, s/he stated on 6/22/20 that s/he made the change for the screening process to be completed by him/her each day with his/her staff and was attempting to expedite the process when picking up a resident. 2. The facility admitted Resident #1 on 09/26/19 with [DIAGNOSES REDACTED]. Review of Resident #1's laboratory results, located in the medical record, Resident #1 had previous COVID-19 testing completed at the facility on 05/05/20 and 05/12/20 and was positive each time. Resident #1 was placed on droplet precautions when the first positive test results came back on 05/05/20 and remained in droplet precautions until her transfer to the hospital on [DATE]. Review of the Resident #1's medical record revealed on 06/21/20, Resident #1 was hospitalized for [REDACTED]. Resident #1 was tested at the hospital for COVID-19 and had a positive result dated 06/25/20. According to the hospital discharge summary dated 06/30/20 Resident #1's discharge [DIAGNOSES REDACTED]. The resident was treated with Remdesivir (a medication to treat COVID-19) while hospitalized. Observations of the room Resident #1 was in on 07/01/20 from 11:30 AM through 4:30 PM, revealed s/he was currently on Droplet Precautions, however it was noted that all residents on the South Hall, 41 total residents, had signs posted on their doors for Droplet Precautions. The signs for Droplet Precautions instructed staff and visitors to wear a gown, mask and gloves when interacting directly with resident care. During an interview with the Interim Director of Nursing (DON) and Administrator on 07/01/20 at 4:30 PM, revealed Resident #1 was not considered to be positive for COVID, but the facility was monitoring him/her for the 14 days after re-admission. The Administrator further stated the reason Resident #1 was placed in her current room, a private room, was based on the transport staff informing the facility the resident was COVID 19 positive. Prior to Resident #1's transfer on 06/21/20 the resident occupied a semi-private room, with a roommate who has tested negative for COVID. During the interview with the DON on 07/01/20 at 4:30 PM, the DON stated the residents on the South Hall were not truly on Droplet Precautions. The DON stated Resident #1 was the only resident on Droplet Precautions and staff would be expected to follow the droplet precautions procedure. The DON further stated the Droplet Precautions signs for the other residents were in the process of being taken down. A review of the facility's undated, policy Accepting and Transferring Patients/Residents, revealed under Policy: Patients/Residents who have received a COVID-19 Positive Test while in Hospital. The following must be implemented: 1. The patient/resident must be placed on isolation for at least 14 days with transmission-based precautions (TBP) in place for care of a COVID-19 patient/resident. 2. Preferably place the patient/resident in a location designated to care for COVID-19 (identify a wing or unit and only house resident with COVID-19 or suspected to have COVID-19). 3. During a review on 07/01/20 on 12:30 PM of the facility COVID-19 documentation for June 2020, the monitoring for respiratory sign/symptoms on all residents, it was noted that there was a lack of documentation for several days/shifts. According to the form utilized by the facility for COVID-19 monitoring, the staff were instructed to record blood pressure, heart rate, respiratory rate, temperature, and oxygen saturations. During an interview on 07/01/20 at 12:45 PM with RN #10, revealed the respiratory monitoring documentation was only written on the handwritten sheets and if there was no documentation there it would not be found anywhere else. During an interview with the DON on 07/01/20 at 3:00 PM, revealed the facility had educated the nurses and certified nursing assistants (CNA) recently to complete the COVID-19 monitoring documentation for each shift/day on the separate shifts and was considered now to be a facility standard of practice and an order would no longer be placed on individual resident orders. The DON was unable to provide any documentation that showed the education to the nursing staff regarding the recent change. 4. On 07/01/20 between 6:35 PM and 6:44 PM, RN #10 was observed entering Resident #1's room to answer her call light and then provide personal care. RN #10 was observed donning a disposable plastic gown, gloves, and an N-95 disposable mask prior to entering the resident's room. RN #10 did not don a face shield. RN #10 removed all the above-mentioned PPE prior to exiting the resident's room. During an interview with RN #10 on 07/01/20 at 6:45 PM, stated s/he knew s/he was supposed to be wearing a face shield or goggles when entering Resident #1's room because the resident was on Droplet Precautions for</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>COVID-19. S/he stated s/he did not have a face shield because the facility had run out of them. RN #10 stated s/he had been issued a pair of goggles, and that s/he was supposed to wear them at all times while working on the unit, but that s/he had not been wearing them because they were uncomfortable and they fogged up easily, making it hard to see. A review of the facility's policy Infection Prevention and Control Policies and Procedures - Isolation/Precautions including Standard/ Universal Precautions, dated 09/2011, revealed Masks, Respiratory Protection, Eye Protection, Face Shields (PPE, barrier equipment): l) Various types of masks, goggles, and face shields are worn alone or in combination to provide barrier protection. a) Masks that cover both the nose and the mouth, and goggles or a face shield are worn during procedures and patient/resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. During an observation conducted on 07/01/20 between 2:55 PM and 3:10 PM, CNA #11 was observed entering Resident #1's room to obtain the resident's weight and provide personal care. CNA #11 was asked if the resident was on any special type of isolation prior to entering the resident's room, and s/he stated that the resident was on isolation, but s/he did not know why. A Droplet Precaution Sign was observed on the resident's door at the time of the observation. CNA #11 donned a disposable isolation gown prior to entering the resident's room, and then gloves after approaching the resident's bedside. CNA #11 wore his/her personal cloth mask into the resident's room and did not don a face shield or goggles while in Resident #1's room obtaining the resident's weight and providing personal care. Additionally, CNA #11 entered Resident #1's room with the facility's mechanical lift, on which the resident's weight was to be obtained. When CNA #11 exited the resident's room at 3:10 PM, s/he was observed doffing his/her disposable gown and gloves but did not remove his/her personal cloth mask. CNA #11 pushed the mechanical lift down the hallway and parked it in front of the nurse's station. During an interview on 07/01/20 at 3:15 PM with CNA #11, s/he stated Resident #1 was on isolation for COVID-19. CNA #11 stated staff was expected to don a disposable gown, gloves, an N-95 disposable mask, and either a face shield or goggles prior to entering the resident's room. S/he stated all Personal Protective Equipment (PPE) was to be doffed prior to exiting the resident's room. CNA #11 stated s/he had not worn an N-95 mask into the resident's room because there hadn't been one available in the PPE rack on the resident's doorway. CNA #11 stated s/he had a face shield that had been provided by the facility and did not know why she hadn't thought to put it on. When asked how the mechanical lift was to be sanitized after use for a resident in isolation for COVID 19? CNA #11 stated, I should have cleaned the Hoyer Lift (mechanical lift) with a Flex Wipe (disinfectant wipe) to sanitize it before taking it out of the resident's room. CNA #11 cleaned the mechanical lift with a disinfectant wipe and then put it into the unit shower room for storage. A review of the facility's policy Infection Prevention and Control Policies and Procedures - Isolation/Precautions including Standard/ Universal Precautions, dated 09/2011, revealed Patient/Resident-Care Equipment and Articles: Non-critical equipment a) Non-critical equipment (i.e., equipment that touches intact skin) contaminated with blood, body fluids, secretions, or excretions is cleaned after use, and b) Disinfect after use with a hospital grade disinfectant or bleach (1:10 dilution) if soiled with body fluids. During an interview on 07/01/20 at 11:50 AM with Housekeeping Manager #8 revealed the facility used Virex, or Flex Wipes (a bleach disinfectant wipe) which are Environmental Protection Agency (EPA) approved disinfectants against the COVID-19 virus. During an interview with the Director of Nursing/Infection Preventionist on 07/01/20 at 5:00 PM, s/he stated staff was to follow Droplet Precautions for anyone in the facility with suspected or confirmed COVID 19. She indicated this meant staff should be donning a disposable gown, gloves, an N-95 mask, and either a face shield or a pair of goggles prior to entering the resident's room. S/he indicated Resident #1 was on Droplet Precautions, and therefore staff should be donning all the above-mentioned PPE. During an interview with the Regional Nurse Consultant on 07/01/20 at 5:35 PM, s/he stated the expectation was that staff should be following Droplet Precautions for Resident #1. S/he stated Centers for Disease Control (CDC) Guidelines were to be followed, and indicated this meant staff was to be donning a disposable gown, gloves, an N-95 mask, and either a face shield or goggles prior to entering Resident #1's room. S/he stated all the stated PPE was provided by the facility. The Immediate Jeopardy Removal Plan included the following: Licensed Nurse identified not following droplet precautions for Resident #1 were reeducated by Director of Nursing. Director of Nursing observed return demonstration of donning appropriate PPE for droplet precautions completed on 07/02/20 at 9:30 AM. Certified Nursing Assistant was re-educated by Nurse Consultant via phone 07/02/20 at 10:10 AM on transmission-based precautions and equipment cleaning with return verbalization of correct PPE for droplet precautions and cleaning equipment, return demonstration will be completed prior to next shift. Signs posted on rooms not requiring droplet precautions have been removed by the Director of Nursing on 07/01/20 6:05 PM. Hoyer lifts (mechanical lift) have been disinfected by Housekeeping Director on 07/02/20 between 9:00 AM and 10:00 AM. Screening for COVID-19 symptoms was completed on all facility residents on 07/02/20 by 7:00 AM (end of 11-7 shift) by the nursing staff utilizing the resident screening form. Contracted transport company was re-educated on transmission-based precautions by the Administrator on 07/02/20 at 9:30 AM. The transport company was informed of the signage and the expectation of pickup and delivery at the main door and not to enter facility to retrieve or deliver [MEDICAL TREATMENT] residents. Clinical staff which includes licensed nurses, Certified Nursing Assistants were re-educated on transmission-based precautions, specifically donning personal protective equipment and screening for signs and symptoms of COVID-19, cleaning Hoyer lifts (mechanical lift) between residents and utilizing the resident screening form on 07/01/20 starting at 9:30 PM by the Director of Nursing and/or Nursing Management. Any clinical staff not receiving this education will receive prior to next scheduled shift. On 07/02/20, there was currently 79% of staff trained and in-serviced. Licensed nurses were re-educated by the Director of Nursing and/or Nursing Management on the requirement of delivering and retrieval of the resident needing non-emergency transport at the door when summonsed by the transport company, therefore eliminating the need for transporters to enter the facility, except for complicated transfers and bariatric transports, for this all transport will be screened and don appropriate PPE. Any licensed nurse not receiving this education will receive prior to next scheduled shift. As of 07/07/20, starting at 9:30 PM, 68% of staff was trained and in-serviced. In addition to re-education, a sign is posted at alternative entrances Do not Enter- Must use Main entrance on 07/01/20 at 10:45 PM by Human Resources, Director or Nursing or Administrator will observe the transport company for proper screening and process of delivering and retrieving resident daily for two days, then five times a week for eight weeks. Director of Nursing or Administrator will validate personal protective equipment use on transmission based precaution rooms and observe Hoyer lift (mechanical lift) cleaning for two days, then five times a week for eight weeks. Director of Nursing will validate resident screening daily for two days, then five times a week for eight weeks. Medical Director was notified of the Immediate Jeopardy on 07/01/20 at 9:20 AM by the Administrator. Ad Hoc Quality Assurance Performance Improvement Committee meeting was held on 07/02/2020 at 9:20 AM to review the contents of this plan. Results of observations will be presented to the Quality Assurance and Performance Improvement Committee for recommendations for three months. Any concerns identified will be addressed at time of discovery.</p>		