

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER THE RETREAT AT BRIGHTWATER		STREET ADDRESS, CITY, STATE, ZIP 171 BRIGHTWATER DRIVE MYRTLE BEACH, SC 29579	
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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on observation, medical record review, staff interview and the facility's policy entitled, Quality of Life - Dignity, the facility failed to maintain privacy of a resident's urinary collection device for one (1) of two (2) residents (Resident #1). The findings include: Review of the Minimum Data Set completed on 04/17/2020, revealed, Resident #1's decision making was severely impaired. Extensive assistance of two (2) persons' physical assist was required with bed mobility. During an observation on 04/22/2020 at 3:03 p.m., the Director of Nursing (DON) confirmed that Resident #1's urinary collection device was not located inside of the dignity cover; exposing the resident's urine in the device, to public view. The DON stated, she expected the drainage device to be located inside of the dignity bag, to prevent unnecessary exposure of the resident's bodily fluids. Review of the facility policy, revised on August 2009, revealed, .11. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity and assist residents as needed by: a. Helping the resident keep urinary catheter bags covered .		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, record review, staff interviews and the facility policies, entitled, Visitor and Team Members Screening for COVID-19, Personal Protective Equipment - Gloves, the facility failed to implement it's own policy to screen persons upon entry into the facility for COVID-19 symptoms. The facility also failed to ensure a resident with a urinary drainage collection device, was not located on the floor and staff did not handle the drainage device without gloves on for one (1) of two (2) residents (Resident #1). These failures occurred during a COVID-19 pandemic. The census was 39. The findings include: 1. During an observation on 04/22/2020 at 2:00 p.m., the door to the skilled nursing center was locked. After ringing the door bell, a voice stated, Come around to this door. Certified Nursing Assistant (CNA) #1 allowed entry into the facility without screening the visitor for COVID-19 symptoms. CNA #1 escorted the visitor to the Director of Nursing (DON) office, which was in a different location from the entry. The DON without initially screening the visitor, escorted the visitor throughout the facility to the conference room. During an interview on 04/22/2020 at 5:04 p.m., the Executive Director stated, he expected the staff not to allow persons entry throughout the facility, until screened for COVID-19 symptoms. He stated that staff should redirect visitors to the main concierge location, prior to entering the skilled nursing section. Review of the facility policy, revised on 04/23/2020, revealed, .To Keep our Residents and Team Members safe, our community is: Screening all essential Team Members, Vendors, Contractors, Prospective Residents, Government Officials and Health Professionals . 2. Review of the Minimum Data Set completed on 04/17/2020, revealed, Resident #1's decision making was severely impaired. Extensive assistance of two (2) persons physical assist was required with bed mobility. During an observation on 04/22/2020 at 3:03 p.m., the DON confirmed that Resident #1's urinary drainage collection device was positioned on the floor. The DON proceeded in the room and without gloves, handled the collection device and dignity cover. She stated, that she forgot to put on gloves prior to touching the collection device/dignity cover. The DON acknowledged that she was aware of the COVID-19 pandemic. Review of the facility policy, revised on July 2009, revealed, . The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated: a. When it is likely that the employee's hands will come in contact with blood, bodily fluids, secretions, excretions, mucous membranes .d. When handling soiled linen or items that may be contaminated .		
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.