

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER LAUREL BAYE HEALTHCARE BLACKVILLE		STREET ADDRESS, CITY, STATE, ZIP 1612 JONES BRIDGE ROAD BLACKVILLE, SC 29817	
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 - 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 observations, interviews, record review, and review of the facility's policies, the facility failed to prevent the potential transmission of COVID-19 from the community; and between facility residents for three of five sampled residents (Resident #1, Resident #2, and Resident #3). 1. The facility failed to ensure all employees and visitors were adequately screened for signs and symptoms of COVID-19 when entering the building. 2. The facility failed to put a resident in 14-day isolation when the resident was admitted to the facility and was placed the resident in the general population sharing a room with three other residents. These failures placed all 79 facility residents in the facility at high risk for potential transmission of COVID-19. Findings include: 1. Review of the facility provided document as there policy titled, CMS (Centers for Medicare & Medicaid Services) COVID-19 Long-Term Care Facility Guidance, dated 04/02/20, revealed The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19). 3. Long-term care facilities should immediately implement symptom screening for all. In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside health workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Facilities should limit access points and ensure that all accessible entrances have a screening station. Review of the document provided by the facility used for their guidance included in their policy titled, AHCA (American Healthcare Association) NCAL (National Center for Assisted Living), Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Skilled Nursing Center, dated 03/09/20 revealed The top priority at this point with COVID-19 is to prevent [MEDICAL CONDITION] from entering your nursing home given the high case fatality rate in the elderly. 3. Actively screen individuals entering the building and restrict entry to those with respiratory symptoms or possible exposure to COVID-19. 4. Require all individuals entering the building to wash their hands at entry. #3 Actively try to screen all individuals entering the building, including employees, contractors, visitors, new admissions, government officials, and health care professionals. The screening process should include asking individuals for: Respiratory symptoms (fever, sore throat, cough, and new shortness of breath). Observation on 06/16/20 at 8:55 AM, during entrance of the facility, revealed a table with a screening log, an oral thermometer, and a paper sign stating, Wash your hands. Continued observation revealed there was no hand sanitizer or direction to a sink to complete hand washing. On 06/16/20 at 8:58 AM the Administrator greeted this writer and escorted me to the conference room; however, at no time was I screened for signs and symptoms of COVID-19 and did not have my temperature taken by the facility. Review of the facility's COVID-19 screening logs and the facility's Daily Assignment Sheets, from 06/13/20 through 06/15/20 revealed the following discrepancies: Review of the assignment sheet dated 06/13/20 revealed 21 facility staff assigned with only 16 staff documented as having been screened. Review of the assignment sheet dated 06/14/20 revealed 22 staff were assigned with only 14 of the staff documented as having been screened. Review of the assignment sheet dated 06/15/20 revealed 26 staff assigned with only 20 of the staff documented as having been screened. Interview on 06/16/20 at 12:33 PM with the facility Administrator revealed he/she had reviewed the screening logs for 06/13/20 through 06/15/20 and compared it to the staff who were on duty for each of those days. Continued interview with the Administrator revealed he/she confirmed on 06/13/20, 21 staff worked and only 16 staff were screened before working; on 06/14/20 22 staff worked, with only 14 staff completing the COVID-19 screening; and on 06/15/20 26 staff worked and only 20 staff completed the COVID-19 screening. The Administrator stated it was his/her expectation all staff working would have been screened for COVID-19 prior to working. The Administrator stated it was important staff would have been screened due to compliance and to prevent the spread of COVID-19. Observation and interview on 06/16/20 at 12:35 PM with the Administrator revealed at the entrance where employees and visitors COVID-19 screenings were completed, there was no hand sanitizer or any wipes to clean the oral thermometer. The Administrator verified this at the time of the observation. Interview with the Administrator on 06/16/20 at 3:25 PM revealed there were nurses who reviewed the employee COVID-19 screening logs and they should have noticed all employees were not being screened. The Administrator also stated he/she did not think that surveyors needed to be screened by the facility because in the survey protocol memo it indicated surveyors would be medically cleared. Continued interview with the Administrator revealed when employees were taking their temperatures, they should be using gloves, but wipes should also be available to clean the thermometer. Interview on 06/17/20 at 12:17 PM with the facility's Medical Director revealed it was his/her expectation anyone entering the facility, including the facility staff, would have been screened to prevent COVID-19 from being introduced to the facility. Interview on 06/17/20 at 4:50 PM, with Registered Nurse (RN) #2 revealed on 06/15/20 he/she forgot to complete the self-screening prior to the start of his/her shift which began at 3:00 PM. RN#2 stated he/she was late for work, in a hurry, and there was no one at the table to make sure he/she took his/her temperature like there usually was. Interview on 06/17/20 at 5:00 PM with Certified Nurse Aid (CNA) #10, revealed he/she did not take his/her own temperature or complete the screening questions when he/she came into work on 06/13/20. The CNA #10 stated there was no one at the table like there usually was, so he/she forgot and just walked on in. 2. Review of the facility provided form titled, COVID-19 Admission Screening Checklist, undated, as their policy for admission. 1. Referral has a [DIAGNOSES REDACTED].? Yes (Stop. DO NOT ADMIT). 2. Within the last 14 days, referral had a Fever (>100.4 F) AND/OR symptoms of acute lower respiratory illness (e.g. cough, difficulty breathing)? Yes (proceed to question #3). No (Stop. Done not meet criteria for COVID-19 testing. Admission may be considered). Review of Resident #5's Admission Record, undated, located in the resident's closed medical record, revealed the resident was a new admission to the facility on [DATE] with [DIAGNOSES REDACTED]. Continued review of the resident's admission record revealed the resident was admitted to room [ROOM NUMBER] bed D occupied by three current residents. There was no reference for quarantine, contact precautions, or air borne precautions to provide care for Resident #5 in the record to prevent a potential transmission of COVID-19. Review of Resident #5's Progress Notes, dated 06/03/20, located in the resident's electronic closed medical record revealed Received phone call from Lab Corp that resident (Resident #5) has positive COVID-19 result. Resident was tested here at facility on Monday 06/01/2020. Notified MD (medical director) and received order to send to TRMC (hospital) for evaluation and retest. Resident has not exhibited any signs or symptoms of fever, cough, sob (shortness of breath) or chills. Review of Resident #1's undated Admission Record, revealed the resident was admitted to the facility on [DATE]. Continued review of the resident's admission record revealed the resident resided in room [ROOM NUMBER], bed A. This was the same room Resident #5 was admitted to on 05/27/20. Review of Resident #2's undated Admission Record, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Continued review of the admission record revealed the resident resided in room [ROOM NUMBER], bed B. This was the same room Resident #5 was admitted to on 05/27/20. Review of Resident #3's undated Admission Record, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Continued review of the admission record revealed the resident resided in room [ROOM NUMBER], bed C. This was the same room Resident #5 was admitted to on 05/27/20. Interview on 06/16/20, with Licensed Practical</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 - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Nurse (LPN) #1 revealed he/she was one of Resident #5's assigned nurses. Continued interview with the LPN revealed Resident #5 was assigned to room [ROOM NUMBER]-D when he was admitted. The LPN stated the room had three other residents also in the room. LPN #1 also stated the resident was not under any type of isolation precaution when or after he/she was admitted. The LPN further stated he/she did not have to wear any PPE in the room other than a medical mask unless he/she was providing care and then she would wear gloves; however, she did not ever wear a gown or eye protection to provide care to Resident #5. Interview on 06/16/20 at 3:25 PM, with the Administrator revealed per his/her understanding, the facility could admit a resident based on the form titled, COVID-19 Admission Screening Checklist because the residents screening was negative and the form indicated admission could be considered. The Administrator stated the facility did not have the capability to isolate any resident. Interview on 06/16/20 at 4:29 PM, with the Administrator revealed he/she would think a person under investigation would be a confirmed or suspected of COVID-19. States there is no policy that defines person under investigation. The Administrator stated the facility had no other policy related to admission during COVID-19 and they follow CDC and CMS guidelines. Interview on 06/17/20 at 12:17 PM with the Medical Director revealed it was his expectation Resident #5 would have been tested for COVID-19 prior to his/her admission to the facility. The Medical Director stated it was important the resident would have been tested to prevent the introduction of COVID-19 in the facility.</p>		