

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FLEETWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 ANNE DRIVE EASLEY, SC 29640</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 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to protect resident dignity for 2 of 2 residents reviewed for dignity. Resident #20 was observed multiple times over the survey to be wearing a hospital gown. Resident #84 was observed twice to be laying in bed in his/her briefs, uncovered, and visible from doorway. The findings included: Observation of Resident #20 on 3/3/20 at approximately 10:19 AM revealed the resident was wearing a hospital gown. Observation of Resident #20 on 3/4/20 at approximately 11:17 AM revealed the resident was wearing a hospital gown. Interview with Certified Nursing Assistant (CNA) #1 on 3/4/20 at approximately 11:17 AM confirmed that Resident #20 was wearing a hospital gown. The CNA stated the resident did not have many clothes that fit comfortably, but s/he was not sure if Social Services was aware of this. Review of the Care Plan for Resident #20 on 3/4/20 at approximately 3:05 PM revealed no care planned interventions regarding clothing preferences for hospital gowns. Interview with the Social Services Director (SSD) on 3/4/20 at approximately 3:56 PM revealed that Social Services only just found out about the resident's ill fitting clothes. SSD clarified that family would bring in new clothing and they would be reimbursed. Interview with SSD on 3/5/20 at approximately 10:34 AM revealed CNAs normally inform nursing / social if a resident needs new clothes. S/he did not know why s/he was not informed until yesterday. Interview with CNA #1 on 3/5/20 at approximately 10:40 AM revealed the CNA had not informed nursing of clothing not fitting until yesterday -- after the previous interview with the surveyor. Observation of Resident #84 on 3/4/20 at approximately 8:45 AM revealed the resident was in briefs with no other clothing or covering. S/he was visible from outside the doorway. Observation of Resident #84 on 3/4/20 at approximately 3:15 PM revealed the resident was in briefs with no other clothing or covering. S/he was visible from outside the doorway. Interview with Licensed [MEDICATION NAME] Nurse (LPN) #1 on 3/4/20 at approximately 3:15 PM confirmed the resident was in bed with briefs. According to LPN #1 it was a resident preference and should be care planned. Review of the Care Plan on 3/4/20 at approximately 3:20 PM revealed the resident was care planned for preferring to wear kaftans. The resident was not care planned for preferring to wear briefs in bed. Review of the Care Plan on 3/4/20 at approximately 3:56 PM revealed the resident was care planned for preferring briefs, but the care plan was revised on 3/4/20. Interview with Registered Nurse (RN) #1 on 3/5/20 at approximately 10:59 PM confirmed the resident's care plan was altered on 3/4/20 relating to preferences for briefs. Review of the policy for Resident Rights on 3/5/20 at approximately 11:16 AM revealed that residents have the right to be treated with dignity and respect in a manner that promotes or enhances your quality of life and .The right to have a choice over preferences that are important to you.		
F 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b>  Based on observation and interview, the facility failed to provide comfortable and safe wheelchairs for three residents who had wheelchairs with cracked armrest upholstery and one resident's wheelchair had no armrest padding for 4 out of 77 wheelchairs observed. The findings included: Random observations were conducted on March 3 and 4, 2020 throughout the facility. The surveyor observed three residents who had cracked upholstery on the armrests of their wheelchairs. The surveyor observed one resident who had no padding on the armrests of their wheelchair, and their arms were resting on the metal frame. On 3/4/2020 at approximately 10:30 am the surveyor interviewed the Director of Maintenance (DoM). When asked about the residents' wheelchairs, the DoM stated I did not know about it. When asked about a wheelchair maintenance schedule or checklist, the DoM stated No, I do not have a system for checking on wheelchair repair. However, Physical Therapy will tell me if there is a problem with a wheelchair. This is only for residents who go to Physical Therapy. The DoM also stated I agree, this is my fault.		
F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record reviews, and interviews, the facility failed to implement a resident-centered care plan related to communication cue cards and the use of assistive devices for self-feeding for one of three sampled residents reviewed for nutrition. The findings included: Resident #77 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 3/3/20 at 11:59 AM, observed Resident #77 using regular utensils during lunch. Resident #77 was eating on (his/her) own and dropped the fork three times during observation. The Surveyors and the resident sitting at (his/her) table got the staff attention every time (s/he) dropped the fork. The staff brought the resident a clean fork but did not assist the resident with her/his meal or provide assistive devices or communication cue cards. Resident #77's nutrition assessment reviewed on 3/4/20 at approximately 11:30 AM stated that the resident received meals on a divided plate with built-up utensils and handled cup to increase independence with self-feeding. On 3/4/20 at 10:11 AM, the surveyor attempted to interview Resident #77. However, the resident exhibited a communication deficit. The resident was unable to communicate even though (s/he) was trying to. Registered Nurse (RN) #2 came into the room to try to aid in communication. S/he tried to guess what the resident was saying but was unable to. RN #2 brought a certified nursing assistant (CNA) to see if (s/he) could help. The CNA tried to guess what the resident was trying to say but was not able to. At this time the resident was very frustrated, and the communication attempt was stopped. Resident #77's care plan reviewed on 3/5/20 at 11:31 AM, revealed that the resident was care-planned for impaired verbal communication. The resident has little to no speech, and (his/her) speech is unclear. The goal includes maintenance of current communication through gestures and cue cards. The resident was also care-planned for self-care and activity of daily living related to self-feeding. Interventions included the provision of assistive devices as appropriate to increase self-participation. In an interview with the speech therapist on 3/4/20 at 2:12 PM, s/he stated that Resident #77 was receiving services from 8/14/19 through 11/4/19. S/he said that the resident is supposed to get assistance with eating and use a spelling board and word binder to maintain/improve current communication. In an interview with the medical record coordinator and the administrator on 3/5/20 at 9:46 AM, the concerns that the facility did not provide Resident #77 with assistive devices, during mealtime, and the communication cue card/board were not used to aid communication were shared.		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Procure food from sources approved or considered satisfactory and store, prepare,</b>		

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 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p>(continued... from page 1) <b>distribute and serve food in accordance with professional standards.</b></p> <p>Based on observations and staff interviews, the facility failed to maintain the kitchen and its equipment in good repair and adequately cleaned, dried, and stored according to standard practice for one of one main kitchens observed. Also, the facility failed to ensure the residents' snack/nourishment refrigerator was used for residents only and that all items were dated, labeled, and with a safe consumption date for two of three snack/nourishment refrigerators observed/reviewed. The findings included: The initial tour of the kitchen on 3/3/20 at 10:08 AM revealed the following: A freezer was not working and not in use. There was a large dirty (food residue on it) mixer covered with a large black bag. The ice-maker door was in disrepair (cracking sound when opening, and its insulation tape was torn and exposed at the top). Six large pans stored in the clean area were wet and greasy, and 4 of them had paper stickers still on it. The hood vent and stove appeared greasy, and the kitchen floor sticky. The kitchen supervisor was present during observation, (s/he) acknowledged findings. On 3/4/20 at 8:33 AM, the surveyor found a box containing ice-pop with use by date January 2020 (10-ice-pops), a half-full bottler of water, a bottler of ice-tea, and a bottler of coffee-creamer without a name or an opened date on it in the residents' snack refrigerator. Registered Nurse (RN) #2 confirmed the findings and removed items. On 3/4/20 at 9:00 AM, the second snack/nourishment refrigerator observed contained two frozen dinners with no name or use by date, three 16 oz bottles of sodas with the name of employees on it, and 2-liter soda bottles with no name on it. The kitchen supervisor was present during observation, and (s/he) confirmed the soft drinks belonged to employees. On 3/6/20, at approximately 11: 00 AM, all concerns were shared with the food and nutrition service director.</p>		
F 0912  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<p><b>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility failed to ensure each resident was afforded the required 80 square feet of living space for 15 residents in 4 of 4 rooms that did not meet the required square feet of living space for each resident. None of the 15 residents were negatively affected by the less than 80 square feet of living space. The findings included: room [ROOM NUMBER] provides each of the 4 residents with an average of 79.4 square feet of living space. room [ROOM NUMBER] provides each of the 3 residents with an average of 79.5 square feet of living space. room [ROOM NUMBER] provides each of the 4 residents with an average of 73.3 square feet of living space. room [ROOM NUMBER] provides each of the 4 residents with an average of 73.8 square feet of living space.</p>		