

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425373</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EMERITUS AT GREENVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1306 PELHAM RD GREENVILLE, SC 29615</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on interview and record review, the facility failed to conduct employee qualitative fit testing for N95 masks, during the COVID-19 pandemic. The findings included: During an interview on 06/15/2020 at 4:49 PM, the Administrator and Director of Nursing (DON) indicated they had enough personal protective equipment supplies, including N95 masks. The Administrator stated they had only had 1 COVID positive resident, which was back on 04/03/2020. The resident had already recovered and had been discharged home. S/he stated during that time, the staff had used N95 and KN95 masks while in close contact with this COVID-19 positive resident. They were questioned if qualitative fit testing had been conducted prior to the initial use of the N95 masks. The DON stated they had only provided education and guidance to the staff on how to properly don and doff N95 masks. S/he indicated they did not have anyone in the facility who could perform the fit testing and had not completed any employee N95 fit testing. A review of the facility's COVID-19 Inventory Tally Sheet, dated 06/15/2020, indicated the facility had 1,160 N95 masks. There were no current COVID positive residents in the facility. A review of the Centers for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, last updated 05/18/2020, indicated, Filtering Facepiece Respirators (FFR) including N95 Respirators. A commonly used respirator in healthcare settings is a filtering facepiece respirator (commonly referred to as an N95). FFRs are disposable half facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called fit testing and is usually done in a workplace where respirators are used. FFR users should also perform a user seal check to ensure proper fit each time an FFR is used. A review of CDC's guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 05/19/2020, indicated, Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing.		

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.