

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEALTHCARE CENTER OF WESLEY COMMONS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1110 MARSHALL ROAD GREENWOOD, SC 29646</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on record review and staff interviews, the facility failed to monitor COVID-19 screening tools completed by staff to ensure that staff were properly checking and recording temperatures. Three Certified Nurse Aides (CNA) (CNA #1, CNA #2 and CNA #3) documented a low abnormal temperature, with no evidence of a temperature recheck. This deficient practice took place during the COVID-19 pandemic, and had the ability to affect all residents. The census was 58. The findings included: On 07/31/20, a record review was conducted of the facility's Infection Control Policy, COVID-19 policy, dated 03/24/20. It revealed that in order to prevent the introduction of COVID-19 into their campus, they would Monitor all staff upon entrance to building using screening tool and monitoring their temperatures. On a separate memo, dated 07/11/20, the Director of Nursing (DON) required, All staff will need to begin screening twice a shift, at the beginning of the shift and the middle of the shift. You may leave the building for lunch break but you must screen including temps when you return. There is now a screening notebook and thermometer at each touchdown unit. A sample of screening tools were reviewed on 07/31/20 and found the following abnormal temperatures on staff. - On 07/22/20, CNA #1 recorded a temperature at 83.2 degrees Fahrenheit (F). There was no other temperature recorded to indicate that it was rechecked. - On 07/23/20, CNA #2 recorded a temperature at 79.2 degrees F. There was no other temperature recorded to indicate that it was rechecked. - On 07/24/20, CNA #3 recorded a temperature at 85.9 degrees F. There was no other temperature recorded to indicate that it was rechecked. On 07/31/20 at 4:20 PM, the receptionist was interviewed about staff screening. S/he arrived to work at 8:30 AM, 90 minutes after the first shift arrived, so many staff recorded their own temperature. When the receptionist assisted with screening, s/he asked questions regarding signs and symptoms of COVID-19 and recorded it on the log. A temporal scan had been used to place in front of foreheads to record temperature. The device ran on batteries, indicating when it was low, and s/he changed the batteries weekly. In general, the receptionist had found the temporal thermometer to be less accurate than the oral thermometer, but many staff decline oral readings. If any staff temperatures were recorded above 99.9 degrees F, they cannot work. On 07/31/20 at 5:19 PM, Registered Nurse (RN) #1 was interviewed about recording the temperature of staff. The receptionist was responsible for monitoring the temperature book and would inform her/him about anything s/he had flagged. Recently the thermometer fell , was damaged and had to be replaced. They had extra back up thermometers. RN #1 shared that the receptionist did mention to her/him that some of the temperatures were reading low. Staff temperatures cannot be higher than 99 degrees F. On 07/31/20 at 5:25 PM, the Administrator was interviewed and relayed that staff had been told to get their temperatures rechecked if abnormal. S/he suspected that staff might have to go on the unit to get the oral thermometer. S/he felt it was likely that staff took a second temperature, but might not have returned to the desk to record it on the log.</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.