

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH- ESTILL		STREET ADDRESS, CITY, STATE, ZIP 252 LIBERTY STREET SOUTH ESTILL, SC 29918	
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 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 observation, interview, and facility policy review, the facility failed to maintain and implement an effective infection prevention and control program (IPCP) regarding Coronavirus-19 (COVID-19) contagious disease screening and surveillance of staff, for one month out of four months reviewed. From March 2020 to June 2020, the month of June was inconsistent with screening and surveillance, according to the facility's policy and procedures, and as recommended by the Centers for Disease Control and Prevention national recommendations. This had the potential to affect all staff and residents of the facility. The facility census was 85. Findings include: An observation was made on 06/25/20 at 8:57 AM upon entrance to the lobby of the facility. At the entrance door was a screening station where Certified Nursing Assistant (CNA) #1 was performing COVID-19 screening for all persons entering the facility. CNA #1 requested a Contagious Disease Screening Tool form be completed and a signature on the visitor sign in sheet with date and time of arrival. A temperature was then taken by the screener, and direction was given to record the name, a date and the temperature reading in the top right-hand corner of the Contagious Disease Screening Tool form. Located on the top of the desk next to the screening station was a box of gloves and a bottle of hand sanitizer. Further observation of the screening station in the facility lobby, on 06/25/20, revealed the Dietary Aide entered the facility with a mask on and proceeded to the hallway off the lobby towards the kitchen. CNA #1 was speaking with another employee at the time and there was no COVID-19 screening completed with the Dietary Aide prior to entering the work area. When the observation was brought to the attention of CNA #1, he/she went to the kitchen and retrieved the Dietary Aide and completed the COVID-19 screening. During the same observation, another employee entered the facility and was not asked to stop for COVID-19 screening. The employee was afterwards called back to the lobby and screening was completed. Interview with CNA #1, on 06/25/20 at 10:17 AM, revealed CNA #1 was presently on light duty and worked Monday thru Friday from 7:00 AM to 3:00 PM. CNA #1 stated, he/she was the only employee performing COVID-19 screenings. CNA #1 revealed, on the weekends and the other shifts (3:00 PM to 11:00 PM and 11:00 PM to 7:00 AM) the screening station had Personal Protective Equipment (PPE) and the screening forms left out for the employees to self-complete and then have their temperatures taken on the nursing units. Interview with the Dietary Aide on 06/25/20 at 10:17 AM revealed he/she stated, I just forgot, referring to stopping at the screening station when entering the facility. The Dietary Aide stated, the COVID-19 screening forms were sparse. In an interview with the Administrator on 06/25/20 at 10:30 AM, the Administrator stated, the employees were COVID-19 screened daily prior to each shift at the entrance doors to the facility lobby. He/she stated, the front doors at the lobby were the only accessible doors and all employees were to enter through those doors for COVID-19 screening daily. The Administrator stated, there was one employee who had mainly been performing the screenings which was CNA #1 and on occasion when CNA #1 was off work, the staff from central supply would help cover. He/she stated, on the weekends and off shifts, the charge nurses were responsible for the COVID-19 screenings. Interview with the Infection Control Preventionist (ICP) on 06/25/20 at 11:20 AM revealed, he/she was not responsible for the employee COVID-19 screening forms or the surveillance of the forms. The ICP stated the forms would sometimes come to his/her mailbox but he/she would then give them to the Administrator. It was stated, the facility had one COVID-19 screener and other staff would be pulled from their routine positions to fill in when that employee was off work. The ICP stated, as far as he/she knew, the Administrator was the person responsible for tracking and trending the employee contagious disease forms while he/she tracked and trended the residents COVID-19 screening and monitoring forms. The ICP stated, the facility had not had the manpower to have a designated person to perform COVID-19 screenings for the employees on all shifts daily, seven days a week. In an interview with the ICP on 06/25/20 at 1:20 PM it was revealed, the employees had to occasionally screen themselves and it would sometimes be completed during their work shift after entering the facility. The ICP stated, at 7:00 PM or 8:00 PM, the entrance lobby doors were locked and re-opened at 6:00 AM. It was stated and confirmed, there were missing COVID-19 screening forms and that the forms were scattered throughout the facility. The ICP stated, sometimes the forms would come to his/her mailbox and sometimes the forms would be found in other departments of the facility. It was stated, he/she would place the found forms in the Administrator's mailbox. The ICP stated, on occasion when he/she had come to the facility at 1:00 AM to work, there would not be a thermometer at the screening station, and he/she would have gotten a temperature reading at the nurse's station after entering the facility. He/she confirmed screening forms were not completed for all employees on all shifts daily as stated in the policy as protocol. Review of the facility's policy titled, Coronavirus (COVID-19) Infection Prevention and Control Practices Policy dated 03/06/20 revealed, the .Policy Statement: It is the policy of the (facility name) organization to initiate the appropriate measures to protect our patients/residents, partners and families from risks associated Coronavirus; through mitigation and educational tools, utilizing resources as provided by the Department of Public Health and the Centers for Disease Control .4. All locations must always utilize only the main entrance. 1. All locations are required to setup screening stations at the main entrance to screen partners, vendors, and visitors for the following: Travel to area where there are ongoing outbreaks of Coronavirus (COVID-19). Contact with someone who has or is suspected to have COVID-19 Fever. Cough. Shortness of Breath. Sore Throat . Fatigue . Chills . Sweats 2. Screening Stations should include the following supplies: . Alcohol Dispenser (at least 60%) . Gloves .Germicidal Wipes o Procedure Masks. Should any visitor or vendor present with all the above risk factors, a mask will be provided and access to the location will be denied. 4. Should any partner present with all the above risk factors, the partner conducting the screening will .Provide the partner with a mask, . Have the partner wait in the lobby area, and to Notify the partner's direct supervisor for further instructions. The direct supervisor will consult with clinical leadership (e.g., Director of Health Services, Assistant Director of Health Services, Clinical Competency Coordinator, Infection Preventionist) for further instructions. The partner will be considered a Patient Under Investigation for covid-19 (sic) if the following criteria is met: a. Fever OR lower respiratory symptoms (e.g., cough or shortness of breath) AND any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset. b. Fever AND lower respiratory symptoms (e.g., cough or shortness of breath) requiring hospitalization AND a history of travel to areas with sustained community spread of COVID-19 within 14 days of symptom onset. c. Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization AND without alternative explanatory [DIAGNOSES REDACTED].e., no travel or close contact with confirmed case.) Should the clinical leadership team determine that the partner is a risk to the location, the partner will be referred to their Primary Care Physician for further evaluation. The local Department of Public Health (DPH) should be called to determine whether COVID- 19 laboratory testing is warranted. DPH will also coordinate specimen submission to the laboratory . Review of a memo titled, Coronavirus Update: Attn: All Staff dated 03/16/20 revealed, .All staff will need to continue to complete the daily question for screening and have their temperature taken prior to starting work. For right now, please record your temperature on the screening sheet. This must be done on all shifts through the day. We will do the same for any vendors, providers, transport personnel, that comes to provide service. The charge nurse should be notified of any abnormal temperature and it will be addressed according to facility guidelines. I cannot express the importance of</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>following strict infection control measures . Review of the daily COVID-19 screening forms undated and titled Contagious Disease Screening Tool for the month of June 2020 from dates 06/01/20 to dates 06/24/20, revealed there were forms with no date, no name, and/or no temperature recorded. There were dates that were missing forms. After requesting the missing forms, the facility was able to provide one additional form dated 06/23/20. In an interview with the ICP on 06/25/20 at 2:00 PM it was stated, only one screening form was located and it was left in the 11 PM to 7 AM shift's mailbox. It was dated 06/23/20. He/she stated, that was all of the screening forms that were, in addition to the ones that were previously provided for review. He/she confirmed there were no completed screening forms for each employee for each shift daily. Interview with Laundry Aide #2 at 2:35 PM revealed he/she stated, on some days upon entering for work, there was not always a staff member at the lobby doors to perform a COVID-19 screening. He/she stated, after completing the Contagious Disease Screening Tool form he/she would go to the nurse's station to have his/her temperature checked. In an interview with the Administrator, during the exit interview, on 06/25/20 at 5:45 PM, it was stated, the facility had posted a receptionist position for hire to ensure COVID-19 screenings were completed on all employees daily. The Administrator stated, he/she had not consistently been tracking and trending the employee COVID-19 screenings, including the employee temperatures. He/she stated, the facility's screening process was overall lacking and needed to be revised and organized to adequately cover screening for all employees on all shifts as the facility policy and procedure stated.</p>		