

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER MUSC HEALTH MULLINS NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 518 S MAIN STREET MULLINS, SC 29574	
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 - Many	<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, and policy review, the facility failed to follow appropriate infection surveillance, monitoring/screening of staff to prevent the spread of coronavirus (COVID)-19. This failure had the potential to harm all residents in the facility. Findings include: 1. Review of facility policy titled, COVID-19 Reporting/COVID-19 Pandemic Plan dated 4/17/2020, and COVID-19 Self-Monitoring and Return to work Guidance revision date of 7/2/2020, revealed the facility would respond promptly upon suspicion of illness associated with COVID-19 in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. For suspected residents or staff with COVID-19, the Infection Preventionist or designee was responsible for communications with the following: Physician and Medical Director and Pee Dee Regional Public Health Office. The policy indicated the facility would identify employees at high risk for exposure. Staff were encouraged to increase monitoring of symptoms including fever while at work and at home. Fever was defined as measured oral temperature greater than 99.5 degrees Fahrenheit or 37.5 degrees Celsius or subjective fever (you feel like you have a fever, but you do not or cannot measure a fever otherwise). The policy indicated, This is lower than the normal fever threshold, but a conservative approach reduces the risk of unintentional exposure to fellow staff and patients. The policy indicated, This facility will take measures to prepare and respond to a pandemic Coronavirus event. Care team members will be trained on Infection Control and related policies and procedures. Residents and team members and essential personnel should be screened and evaluated daily for signs and symptoms. Review high-risk care team members status as indicated. The policy indicated, if staff developed any new symptoms on the list below, staff should leave work, remain at home and complete an MUSC Virtual Care visit for medical evaluation and determine if testing was needed. Under the heading, Self-monitoring and return to work Guidance symptomatic was defined as staff having any of the following: fever, subjective fever, sudden loss of taste/smell, sore throat/laryngitis, cough (dry or productive), shortness of breath, chest pain, chills or shaking chills, headache, nausea/vomiting, abdominal pain, diarrhea, and muscle aches (myalgias). 2. Review of the Facility's Prevent COVID-19 Start of Shift Daily Employee Screening Log dated 6/10/2020 - 7/28/2020, revealed Certified Nursing Assistant (CNA) #4 worked on four (4) occasions even though his/her temperature was above the facility's maximum threshold of 99.5 degrees F: -On 6/13/2020 a temperature of 99.6 Fahrenheit was recorded for CNA#4. The CNA worked an eight (8) hour shift. -On 6/20/2020 a temperature of 99.7 Fahrenheit was recorded for CNA#4. The CNA worked an eight (8) hour shift. -On 6/22/2020 a temperature of 99.9 Fahrenheit was recorded for CNA#4 who clocked in at 6:40 a.m. and clocked out at 7:09 a.m. -On 6/23/2020 a temperature of 99.6 Fahrenheit was recorded for CNA#4. The CNA worked her/his eight (8) hour shift. Resident #1, who CNA #4 took care of on the night of 6/23/2020, was tested on [DATE] and received positive test results for COVID-19. 3. Interview on 7/28/2020 at 9:25 a.m. with Unit Manager #3 revealed, There are no cases of COVID-19 on my unit, staff or residents. We had one staff member who returned to work on July 13th, 2020 that was (COVID) positive in June 2020 (CNA#4). Interview on 7/28/2020 at 9:10 a.m. with CNA #4 revealed, I tested positive for COVID-19 on June 27th, 2020 and returned to work July 13th, 2020. Up until I tested positive, I worked 40 hours a week on the 2nd floor but floated to the third (3rd) floor when needed. On June 23rd, 2020, I was taking care of a resident on the 3rd floor who had tested positive for COVID-19. The facility notified me the morning of June 24th, 2020, and I was sent home. Upon returning home around 2:00 p.m. that afternoon (6/24/2020) my temperature increased to 103.7 Fahrenheit. When queried about being allowed to work in this facility the days her temperature was greater than 99.5 Fahrenheit, CNA#4 revealed he/she had been allowed to work full eight (8) hours shifts. Interview on 7/28/2020 at 9:55 a.m. with Unit Manager # 5 revealed, We have one (1) resident who tested positive for COVID-19 in June that remains in isolation, She is now negative per latest test results 7/26/2020. The Unit Manager stated all staff were to be screened prior to working on the units and if they had a temperature greater than 99.5 Fahrenheit, they were not allowed to work. Interview on 7/28/2020 at 1:50 p.m. with the Administrator revealed, It is our policy to notify infection control (nurse) for any staff who has a temperature greater than 99.5. I am not sure why the infection control nurse allowed her (CNA #4) to work. Interview on 7/28/2020 at 1:55 p.m. with the Director of Nursing revealed, (CNA #4) had to be evaluated by the Infection Control Nurse who allowed her work. She had no other symptoms. Interview on 7/29/2020 at 9:50 a.m. with the Administrator revealed, We try to collaborate with infection control. I expect them to follow the protocol for temperatures above 99.5 degrees Fahrenheit and report to me. I remember CNA#4 having a temperature on 6/13/2020 that looked like it was 99.2, instead of 99.6. I was not aware of the other temperatures that were above 99.5. I will have to investigate that, because our infection Control Nurse's last day (of employment) was July 24th (2020).</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.