

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HERITAGE HOME OF FLORENCE INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>515 SOUTH WARLEY STREET FLORENCE, SC 29501</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> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, record review, and review of the facility's policies and procedures, the facility failed to ensure that required PPE was used by staff for one of five sampled residents (Resident #1) on the unit designated for new admissions, re-admission, and residents returning from outside appointments for 14-day observation. This failure had the potential to place other residents and staff at risk. Findings include: On 06/16/2020 a COVID-19 Focus Survey identified the facility has a distinct unit with seven single rooms designated for observation of new admissions, readmissions, and residents returning from outside appointments for 14-day observation. Currently, five residents are in rooms on the unit. Observed that PPE for staff use is located on a bedside table at the end of the hallway. On 06/16/2020 at 11:00 AM observed Physical Therapist (PT) #5 enter Resident #1's room and close the door. It was noted that PT #5 was wearing mask and gloves. At 11:07 AM, PT #5 was observed opening the door of Resident #1's room, discarding his/her disposable gloves, completing hand hygiene, and exiting the room. At 11:09 AM, PT #5 was observed re-entering the room of Resident #1 and providing care to the resident without using disposable gloves. PT #5 was observed wiping the forehead of Resident #1 with a wet washcloth while the resident was coughing and vomiting. An interview was conducted with PT #5 on 06/16/2020 at 11:13 AM. PT #5 stated he/she forgot to put on gloves prior to re-entering the room because Resident #1 appeared to be in distress. PT #5 stated he/she thinks Resident #1 became nauseous because of exertion related to PT activity. An interview was conducted with the Infection Control Nurse (ICN) on 06/16/2020 at 12:25 PM. The ICN stated all facility staff have been trained on utilizing PPE when providing care specifically for residents located on the unit. The ICN further stated the facility policy is to use Standard Precautions, with the additional requirement of gloves and mask, while providing care on the unit. In addition, the ICN stated the use of disposable gowns was optional based on staff assessment of risk of exposure as outlined in Standard Precautions. The ICN further stated she was responsible for monitoring the use of PPE by facility staff. An interview was conducted with the Medical Director (MD) on 06/17/2020 at 2:30 PM. The MD stated it was his expectation the facility staff utilize PPE when providing care to residents on the unit. The MD further stated the facility determined the use of gowns was optional because the facility had no confirmed or suspected cases of COVID-19 in the facility and the facility did not admit residents who were confirmed or suspected of having COVID-19. A review of Resident #1's medical record revealed the resident was admitted to the facility on [DATE] for therapy after a hospitalization for a leg fracture. The record revealed the resident was tested for COVID-19 prior to admission to the facility on [DATE]. Further review of the resident's medical record revealed [REDACTED]. #1 for signs and symptoms of COVID-19 and the resident was placed in 14-day observation at the time of admission to the facility. Review of the facility policy titled, Novel Coronavirus Prevention and Response, not dated, stated the facility's procedure states, .not to admit any patient with active COVID-19. In addition, the policy indicated, .New admissions are admitted into a separate area to be monitored for signs and symptoms . all residents will be placed on Standard Precautions on admission/re-admission.</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.