

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425316</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOLDEN AGE INMAN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>82 N MAIN STREET INMAN, SC 29349</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>Based on record review, staff interview, review of a facility letter provided to employees and review of a facility policy entitled Reportable Diseases, the facility failed to have an Infection Control Plan for COVID-19 that included policies and procedures regarding implementing the appropriate transmission based precautions for residents with suspected or confirmed COVID-19; extending the supply of Personal Protective equipment as needed; guidance for use of cloth masks by Health Care Providers; initial fit testing of N95 masks; and when the State and Local Health Department should be contacted. This failure occurred during a COVID-19 pandemic. The findings included: Review of the Antibiotic and Infection Monitoring documentation provided by the facility for March 1 - April 21, 2020 revealed no residents with suspected or confirmed COVID-19. Random observations on 4/21/20 between 10:30 a.m. - 12:30 p.m. revealed that all observed staff were wearing face masks. Some staff has surgical masks while others had cloth face masks including Nurse #1. The facility's Infection Control Plan including policies and procedures for undiagnosed respiratory illness and COVID-19 was requested but a written plan was not available. In addition, the facility did not have a policy or procedure that specified local/state public health officials would be notified if there were clusters of respiratory illness or cases of COVID-19 that were identified or suspected. During an interview with the Administrator and the Director of Nursing (DON) on 4/21/20 at 11:00 a.m., the Administrator indicated the facility did have N95 masks for airborne precautions that they planned to use only for COVID-19 positive residents but did not have a fit testing plan. The Administrator and DON indicated they were aware that contact precautions (gown and gloves) should be implemented for residents with respiratory symptoms but were unaware that in addition to a face mask, eye protection should be used to ensure droplet precautions (mask and eye protection) were in place for residents with symptoms of COVID-19/suspected COVID-19 and any Person Under Investigation (PUI) for COVID-19; not just for COVID-19 positive residents. The facility had seven (7) face shields. Upon inquiry the Administrator and DON acknowledged they had not developed a plan for extending the supply of face shields or provided guidance to staff on how to sanitize face shields for reuse when droplet precautions needed to be implemented. They added that they had implemented universal staff use of face masks very early in March before the recommendation to use them came out. The Administrator also said that staff were allowed to choose to wear a cloth face mask instead if they wanted to. During an interview with the Administrator and the DON on 4/22/20 at 8:30 a.m., the Administrator acknowledged they did not have written policies and procedures related to the requirements for managing residents with symptoms of COVID-19 or confirmed COVID-19; how the facility planned to use and extend the supply of Personal Protective Equipment (PPE); guidance for staff on reprocessing PPE; use of cloth masks for Health Care Providers, criteria for discontinuing transmission based precautions; and when the State and Local Health Department should be contacted. The DON revealed she had been unaware that the State and Local Health Department needed to be contacted for a single suspected or confirmed case of COVID-19; instead of waiting for a cluster of cases or respiratory symptoms. Review of a letter to the facility employees dated 3/12/20 revealed (Name of Facility) is following the recommendations of the CDC (Centers for Disease Control) on using basic contact precautions to prevent the spread, which includes wearing gowns and gloves when interacting with residents who present symptoms-as we always do. Further review of this letter revealed there was no guidance to staff indicating droplet precautions (mask and eye protection) should also be initiated, along with airborne precautions (N95 mask) when possible. Review of a facility policy entitled Reportable Diseases dated 2012 revealed, Health Care Facilities are required by law to report certain diseases. A list of these diseases and the report forms are maintained and reporting is done as required.</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.