

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER BAYVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 11 TODD DRIVE BEAUFORT, SC 29901	
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 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and review of the facility policy and procedures and the South Carolina Department of Health and Environmental Control (DHEC), Standards for Licensing Nursing Homes, Regulation 61-17 the facility failed to ensure adequate CNA (Certified Nursing Assistant) staffing on 3 of 4 nursing units during a Covid-19 Focused Survey on 6/24/20. The facility was in compliance with the Covid-19 Focused Survey, but because of insufficient staffing of CNAs on 3 of 4 units was not in compliance with SC DHEC Regulation 61-17, therefore not in compliance with CMS F725 in relation to sufficient staffing. Health Regulation 61-17 605 states: A. Staff 2. There shall be at least one (1) licensed nurse per shift for each staff work area. If there are more than forty-four (44) residents per staff work area, there shall be two (2) licensed nurses on first shift and at least one (1) licensed nurse on second and third shift. 3. At least one (1) registered nurse shall be on duty in the facility, or on call, whenever residents are present in the facility. B. Nonlicensed Nursing Staff: The required number of nurses aides and other nonlicensed nursing staff shall be determined by the number of residents assigned to beds at the facility. Additional staff members shall be provided if the minimum staff requirements are inadequate to provide appropriate care and services to the residents of a facility. 1. Non licensed staff shall be provided to meet at least the following resident-to-staff ratio schedule: a. Nine to one (9 to 1) for shift one (1); b. Thirteen to one (13:1) for shift two (2); c. Twenty-two to one (22 to 1) for shift three (3) 2. When non staff members are utilized as sitters or attendants, they shall comply with facility policies and procedures. C. In those facilities utilizing two (2) twelve-hour (12-hour) shifts, both the licensed and nonlicensed staffing ratios for shift one (1) apply to the twelve-hour (12-hour) shift occurring primarily during the day, and both the licensed and nonlicensed staffing ratios for shift three (3) apply to the twelve-hour (12-hour) shift occurring primarily during the night. The findings include: Review of the facilities policy titled Crisis Capacity Strategies to Mitigate Staffing Shortages revealed, When staffing shortages occur facility may need to implement crisis capacity strategies to continue to provide patient care. When there is no longer enough staff to provide safe patient care: -Implement plans to transfer patient with COVID-19 who become critically ill (higher level of care) to Beaufort Memorial Hospital. (BMH) -Allow asymptomatic healthcare workers who have had an unprotected exposure to [DIAGNOSES REDACTED]-CoV-2 but are not known to be infected to continue to work. -If shortages continue despite other mitigation strategies, consider implementing criteria to allow healthcare worker with suspected or confirmed COVID-19 who are well enough to work but have not met all Return to Work Criteria to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order: 1. Allow healthcare worker with confirmed COVID-19 to provide direct care only for patient with confirmed COVID-19, preferably in a cohort setting. 2. Allow healthcare worker with confirmed COVID-19 to provide direct care for patients with suspected COVID-19. 3. As a last resort, allow healthcare worker with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19. If HCP are permitted to return to work before meeting all Return to work criteria, they should still adhere to all Return to Work Practices and work Restrictions recommendations described in that guidance. These include: -They should be reminded that in addition to potentially exposing patients, they could also expose co-workers. -Facemasks should be worn even when they are not in non-patient care areas such as break rooms. -If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others. --Being restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to work Criteria has been met. --Self-monitoring for symptoms for and seeking re-evaluation from supervisor if respiratory symptoms recur or worsen If further staffing crisis continues following implemented: -Agency contracted for Nurses (RN (Registered Nurses)/LPN (Licensed Practical Nurses) and CNAs (Certified Nursing Assistants): Integral, Medustrial, Shift Key, Nurse Spring and Maxim. -Patient Care Assistants (PCA) after completion of required eight-hour course. -Management team consisting of DON,(Director of Nursing), ADON (Assistant Director of Nursing) and MDS (Minimum Data Set) utilized for charge nurse on units, all nursing in supervisor roles work as floor nurses and CNA shifts. -Restorative aides and therapy pulled to floor to work as CNA 's. -Staff hours switch to twelve from eight-hour days. -Hero Bonus utilized with shift-to-shift incentive. -Requested support from FEMA. -Sister facility support. -Stopped new admissions. During a telephone interview on 6/24/20 at approximately 12:44 PM LPN #1 on the Bayside (D Hall) Covid-19 unit stated that he/she and other nurses who work on the Covid-19 areas are concerned and frustrated about inadequate CNA staffing. It is not uncommon to not have enough CNAs or to have a CNA for part of the assigned shift. He/she stated I sometimes find myself with no help and having to care for 20 or more patients. He/she stated that management had been informed of these concerns numerous times, but things have not gotten any better. During interviews and record reviews on 6/24/20 between approximately 1:00-2:30 PM the DON, ADON and Staffing Coordinator stated that Covid-19 cases have increased and are currently at 37 and that they are having a major problem with all staffing, especially CNA staffing which is affective morale for both nurses and CNA 's. The Administrator was out of the facility due to illness and not available for interview. The DON stated that they are using 5 different staffing agencies to supplement staff, that nurses have been switched to 12-hour shifts, that Hero Bonuses are being given to staff, that she, the ADON and other qualified administrative staff are being pulled to work as nurses and/or CNAs and that restorative aides and rehabilitation therapists are being pulled to work as CNAs as qualified. Frequently, staff will call in stating sign and symptoms of Covid-19 and have to be tested and results provided before being allowed to come back to work. The ADON and Staffing Coordinator discussed the Patient Care Assistant (PCA) 8-hour training program as being active, but after successful completion of the training and actually being assigned to a shift most of the PCAs don 't stay with the job and quit. The DON stated that the Administrator had applied for financial support from FEMA (Federal Emergency Management Agency), but he/she did not know the status of the request. The DON stated that they have both LPN and CNA applicants in the pipeline, but cannot proceed because agencies used to do background checks are closed or unavailable because of Covid-19. Record review of actual staffing provided by the Staffing Coordinator showed that since 6/19/20 (past 5 days) the Facility has had 8 CNA 's who did not show for their assigned shift, 3 CNA 's who have quit, 3 LPNs who have quit and 4 CNAs who have worked partial shifts. Since 6/19/20 the facility has used a total of 13 different CNAs from staffing agencies in an attempt to manage the schedule. The Surveyor was unable to determine if there had been an attempt to use staffing agencies other than the 5 identified in the policy and procedure for mitigating staffing shortages. The Staffing Coordinator stated there is no formula for resident acuity and that he/she uses his/her knowledge about each persona personality and what they will tolerate when making staffing assignments and that he/she is on call 24/7 to deal with staffing situations. The actual schedule provided by the Staffing Coordinator was difficult to analyze due to numerous</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 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>notes and changes and did not identify staff assigned to the portions of Halls A (Rooms 1-11) and D (Rooms 22-45) where Covid residents are located. At the request of the Surveyor, the Staffing Coordinator identified from memory those nurses and CNAs assigned to the isolation part of Halls A & D. Record review since 6/19/20 showed that the facility has had approximately 26 of 60 shifts (33%), which have been understaffed by CNAs according to the Regulation 61-17. Of these, 16 shifts have been understaffed on the portions of two halls (A (Harborside) and D (Bayside)), where there are wings for cohorted Covid-19 residents. During this same period on Hall C (Ocenside), without Covid-19 residents, there have been 10 shifts understaffed by CNAs. On 6/30/20 at approximately 9:45 AM (post survey) the Administrator called to let me know she had been out and unable to provide input on 6/24/20 due to appendicitis/appendectomy and confirmed the conversation in a subsequent email on 6.24.20 at approximately 11:23 AM: 1. Admissions on 6/12/20. Prior to June 12th there had been 4 admissions of which 3 were discharged home following successful rehabilitation. They continue to accept their rehospitalization s. 2. In addition to the five staffing agencies listed in the mitigation plan, they have reached out to all staffing agencies in the Lowcountry Area. They have five contracts pending approval with Open Door Personnel, Prime Health Staffing, Unique Staffing, Favorite Healthcare Staffing and Healthforce Staffing. They reached out to DHEC for FEMA assistance because the Veterans Administration at Ralph Johnson Hospital in Charleston had directed them to request this assistance. We were informed once we had submitted the official request we would be contacted within 72 hours by FEMA to inform u when assistance would be provided. We filled out the official request per the VA 's recommendation and assumed staffing assistance would be provided by FEMA after the official request had been submitted. Please know we were contacted by DHED with a cot for providing this service and some changes were made in the staffing request as we were informed there wasn 't any staff in this state so some change were made in the request but Bayview stated they knew there was a cost for the service and agreed to pay for these service. Once the request was submitted we were contacted by DHEC (Jamie Blair and Katherine Price) and told this assistance should never have been offered to us. DHEC had called some of the staffing agencies here in the Lowcountry and several staffing agencies revealed they did not have any staff in the surrounding area to send but there were a few agencies which stated they had staff available which we have reached out to and are in the process of getting an agreement to continue to augment our staff. 3. They have received staffing support from multiple nurses and a respiratory therapist for infection control oversight and teaching during this outbreak, ensuring the center is following all of the CDC Covid 19 recommendations. There are 3 sister facilities in SC, one of which has been utilizing agency successfully for an extended period of time. The other center does not have additional staff to pull form but do not require agency at this time. Bayview has had 14 staff members to test positive for this virus and we have 1 person back on board with the majority of staff to return in the next seven to 10 days. 4. We currently use People Facts to conduct our background checks. We employ people from out of state from Georgia ad there are several rural counties that aren 't opened back up at this time and it has presented us from bringing some nursing staff on board. One example is a LPN who has worked for us in the past has been out of state in Johnson County, Georgia and we have been waiting for her background in that one county to bring her on board since April 1st. We have a total of 6 that were outside of our normal hiring time due to these hold ups. However we had multiple inquiries but upon realizing where they were they did not complete their application due to the delay in the background check. We contacted Kim Wilkerson at SCHCA (South Carolina Healthcare Association) related to background checks being held up in other state due to their court systems not being open or just reopening and backlogged with requests. Kim stated that there is currently no waiver nor does she expect to see a waiver approved for out of state background checks.</p>		