STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425165	A. BUILDING _____ B. WING _____	**08/03/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAGNOLIA MANOR - ROCK HILL	**127 MURRAH DR ROCK HILL, SC 29732**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interviews, the facility failed to implement source control and transmission-based precautions for one of one resident reviewed (Resident #1), who was a new admission to the facility. The findings included: The undated facility policy regarding residents investigated for possible COVID-19 with a negative test result was reviewed. The policy indicated new and returning residents, who tested negative during a recent acute care stay, were to be placed on a 14-day quarantine on admission to the facility from the hospital. Resident #1 was admitted to the facility from the hospital on [DATE]. The hospital discharge summary specified Resident #1 had tested negative for COVID-19 on 07/28/20. The comprehensive assessment was not yet complete, but the Baseline Care Plan was reviewed. The Baseline Care Plan revealed the resident's psychosocial well-being was at risk related to restrictions to visitation due to the COVID-19 prevention and response plan. The resident was also at risk for falls. On 08/03/20 at 12:43 PM, observations were conducted on Unit 3 where residents resided who had tested negative for COVID-19. Residents who were new and recent re-admissions to the facility also resided on Unit 3. Observation revealed all staff wearing full personal protective equipment (PPE). Resident #1, admitted 4 days prior on 07/31/20, was observed in the hallway in a reclined chair on wheels. Resident #1 was not wearing a mask and appeared to be sleeping. Additionally, there was no personal protective equipment set up outside Resident #1's room or on the door. On 08/03/20 at 12:45 PM, Nurse #1, who was working as the charge nurse for Unit 3, was interviewed about why Resident #1 was outside of the isolation room. Nurse #1 stated the resident was a fall risk so was being kept in the hallway to be monitored. Nurse #1 stated a mask had been put on the resident but Resident #1 wouldn't keep the mask on. On 08/03/20 at 1:54 PM, the Director of Nursing (DON) and the Assistant Director of Nursing/Infection Preventionist (ADON/IP) were interviewed about Resident #1 being outside the isolation room. The DON specified the expectation was for new admissions to be kept in the room for 14 days in isolation for observation.

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.