STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425048	A. BUILDING _____ B. WING _____	06/17/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BLUE RIDGE IN GEORGETOWN	2715 SOUTH ISLAND ROAD GEORGETOWN, SC 29440

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, interview, record review, and policy review, the facility failed to ensure proper hand hygiene procedures were followed to prevent the potential spread of Coronavirus (COVID) 19 by one staff member while providing direct resident care. Certified Nurse Aide (CNA) #1 failed to perform hand hygiene between residents, after providing personal care, to six (6) of six (6) sampled residents (Residents #1, #2, #3, #4, #5, and #6).CNA #1 worked on all units in the facility. This deficient practice placed residents at risk for cross contamination and infection. Findings include: 1. Review of the facility provided Nursing Services Infection Control Policy and Procedure Manual for Long-Term Care (revised 7/2017) reflected that standard precautions would be used in the care of all residents in all situations. All staff were to adhere to standard precautions, which were the foundation for preventing transmission of infections agents in all healthcare settings. Staff were to perform hand hygiene frequently, including before and after all resident contact, and contact with potentially infectious material. Hand hygiene would be performed with alcohol-based hand rub (ABHR) before and after contact with the resident, and after contact with items in the resident's room. 2. Observation on 6/16/2020 beginning at 8:26 AM revealed CNA #1 going into the room shared by Resident #1 and Resident #2 to remove their breakfast trays. CNA #1 was observed touching Resident #1's used utensils and napkin and helping Resident #1 wipe his/her mouth. CNA #1 removed the resident's tray and took it to the cart in the hall that was used to transport dirty dishes to the kitchen. CNA #1 returned to the room and picked up Resident #2's tray from the bedside and took it to the cart in the hallway. After leaving the room shared by Resident #1 and Resident #2, CNA #1 went directly into the room across the hall shared by Resident #3 and Resident #4 and removed the used breakfast trays from the room and placed the trays into the cart. After leaving Resident #3's and Resident #4's room, CNA #1 then walked around the cart and touched it with his/her hand before going directly into the room shared by Resident #5 and Resident #6, who were in the room. While in the room, CNA #1 was asked by one of the residents to open the window blinds and CNA #1 opened the window blinds using the rod. CNA #1 then removed the trays from the room and placed them in the cart in the hallway. At no time during the observations did CNA #1 wear gloves or perform hand hygiene of any kind. 3. Residents: a. Review of Resident #1's Face Sheet dated 6/16/2020 reflected the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's medical record reflected oxygen dependence three (3) liters per nasal cannula as needed to keep oxygen saturations over 93% and that Resident #1 was being actively monitored for a 26.4% weight loss in the previous 30 days. Record review of Resident #1's Annual Minimum Data Set ((MDS) dated [DATE] reflected a Basic Inventory of Mental Status (BIMS) score of three (3) indicating profound cognitive deficit. b. Review of Resident #2's Face Sheet dated 6/16/2020 reflected that the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's Annual MDS dated [DATE] reflected a BIMS score of 15 indicating no cognitive deficit. c. Review of Resident #3's Face Sheet dated 6/16/2020 reflected the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Quarterly MDS dated [DATE] reflected a BIMS score of 12 indicating moderate cognitive deficit, and the requirement for total assist with activities of daily living (ADLs). d. Review of Resident #4's Face Sheet dated 6/16/2020 reflected the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #4's progress notes reflected fluctuating blood sugars related to resident noncompliance with diet/treatment. Review of Resident #4's Care plan reflected that Resident #4 was care planned for recurrent neck abscesses. Review of Resident #4's Quarterly MDS dated [DATE] reflected a BIMS score of 15 indicating no cognitive deficit; the resident was positive for skin breakdown. e. Review of Resident #5's Face Sheet dated 6/16/2020 reflected the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of progress notes reflected a non-productive cough on 6/13/2020 with no fever that was being followed by speech therapy (ST). Review of Resident #5's Admission MDS dated [DATE] reflected a BIMS score of ten (10) indicating moderate cognitive deficit. f. Review of Resident #6's face sheet dated 6/16/2020 reflected the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of progress notes reflected that Resident #6 was transferred emergently to the emergency room (ER) complaining of chest pains on 5/26/2020 and returned to the facility on [DATE]. Record review of Resident #6's Annual MDS dated [DATE] reflected a BIMS score of fifteen (15) indicating no cognitive deficit. 4. Staff Interviews During an interview on 6/16/2020 at 8:30 AM, CNA #1 stated that he/she would clean his/her hands after working with every third resident. CNA #1 stated that he/she had received training in hand hygiene. During an interview on 6/16/2020 at 9:27 AM, Registered Nurse (RN) #1 stated the RNs supervised the CNAs and the CNAs had been trained on hand hygiene. RN #1 stated the CNAs should wash or sanitize their hands between every contact with residents and when entering and leaving residents' rooms as necessary. RN #1 stated that performing hand hygiene after every third resident was inappropriate. RN #1 stated that if the RN saw a CNA not performing hand hygiene properly, the RN should intervene and re-educate the CNA. During an interview on 6/16/2020 at 9:40 AM, RN #2 stated the CNAs had been trained on hand hygiene and the RNs tried to monitor the CNAs. RN #2 stated that hand hygiene should be performed after every contact with a resident. During an interview on 6/16/2020 at 10:14 AM, the Administrator stated that he had had an Infection Control (IC) survey meeting on the phone with the State on 5/7/2020 about COVID. During an interview on 6/16/2020 at 11:00 AM, the Director of Nursing (DON) stated that staff had been trained on hand hygiene and that it was his/her expectation that the staff perform appropriate hand hygiene while providing care and after any resident contact per facility policy. During an interview on 6/16/2020 at 11:30 AM, CNA #1 stated that he/she was confused about hand hygiene and asked the surveyor for guidance. CNA #1 stated that he/she cared for residents throughout the facility (all units). During an interview on 6/17/2020 at 10:40 AM, the Administrator stated that he/she had instituted a Quality Assurance Performance Improvement (QAPI) project in May 2020 to address known hand hygiene issues. During an interview on 6/17/2020 at 11:00 AM, the Infection Control (IC) RN (ICRN) stated that he/she was responsible for training staff about hand hygiene and that it was his/her expectation that the staff would follow infection control guidelines. The ICRN confirmed that the staff member's lack of hand hygiene was inappropriate. During an interview on 6/17/2020 at 11:05 AM, the DON and ICRN stated that there was a hand hygiene surveillance program in place according to a QAPI project, and they stated that re-education about hand hygiene had been started on the afternoon of 6/16/2020 in response to survey observations. 5. Review of the facility provided Inservice records and Skills Check-Off Sheets reflected that CNA #1 had been successfully tested for hand hygiene practices on 5/3/2020. Review of the facility provided Inservice records and Hand Hygiene QAPI surveillance project reflected that a hand hygiene surveillance sample had been recorded on 6/10/2020.

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.