

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRUITTHEALTH- COLUMBIA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2451 FOREST DRIVE COLUMBIA, SC 29204</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 0644  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure that a Level II Preadmission Screen and Resident Review (PASARR) was completed on Resident # 14 with a new [DIAGNOSES REDACTED]. The findings: The facility admitted resident # 14 on 01/18/2018 with diagnosed including: [DIAGNOSES REDACTED]. Review of the residents record on 09/08/2020 revealed that Resident # 14 had a Level I PASARR with no [DIAGNOSES REDACTED].# 14 had new diagnoses on 07/20/2018 of Paranoid [MEDICAL CONDITION] and on 01/22/2019 of [MEDICAL CONDITION]. On 09/09/20 at 09:39 AM during an Interview with the Social Services Director (SSD) , s/he stated s/he was unable to locate a Level II PASSAR.		
F 0761  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, interviews and manufacturer package insert, the facility failed to assure that medications were properly stored in 1 of 3 medications rooms The findings include: On 9/08/20 at approximately 3:00 PM inspection of the Hall 200 Medication Room refrigerator revealed one [MEDICATION NAME] FlexTouch Insulin, prescription number 1187 dispensed on 8/24/20, with the resident's name marked through. The [MEDICATION NAME] FlexTouch had been dated by the facility as opened on 9/6/20 and to expire on 10/4/20. On 9/08/20 at approximately 3:04 PM LPN (Licensed Practical Nurse) # 1 was able to read the marked through name and determined that the insulin belonged to Resident # 71. This finding was confirmed by on 9/08/20 at approximately 3:07 PM by LPN # 1 and LPN # 2. The manufacturer (Novo [MEDICATION NAME]) package insert states Store the Pen you are currently using out of the refrigerator below 86 degrees F (Fahrenheit).		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to properly store and label food items in both the walk-in coolers. The findings include: During initial tour of the kitchen on [DATE] at approximately 11:00 am, observation of the walk-in cooler revealed unlabeled food in a storage container. The tour also identified approximately 30 pint-sized cartons of chocolate milk with an expiration date of [DATE]. Review of the facility's policy titled, Labeling, Dating, Storage stated, Food and/or beverage items will be properly labeled with the name of the item, and use by date. An interview with the Certified Dietary Manager on [DATE] at approximately 11:15 am, confirmed there were expired chocolate milk and unlabeled items in the walk-in coolers.		
F 0912  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Many</b>	<b>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to ensure each resident was afforded the required 80 square feet of living space for 15 of 15 residents in 5 of 5 rooms that do not meet the required square footage per resident. None of the 15 residents were harmed due to the square footage that did not meet the required 80 square feet of living space for each resident. The findings included: room [ROOM NUMBER] measured 21 feet 3 inches by 10 feet 11 inches with 0 residents residing for a total of 77 square feet per resident. room [ROOM NUMBER] measured 18 feet by 12 feet 10 inches with 3 residents residing for a total of 73 square feet per resident. room [ROOM NUMBER] measured 18 feet 4 inches by 12 feet 10 inches with 3 residents residing for a total of 74 square feet per resident. room [ROOM NUMBER] measured 18 feet by 4 inches by 12 feet 10 inches with 3 residents residing for a total of 74 square feet per resident. room [ROOM NUMBER] measured 9 feet 1 inch by 24 feet 9 inches with 3 residents residing for a total of 74 square feet per resident.		
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.