STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425390	A. BUILDING _____ B. WING _____	**03/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SUMMIT HILLS SKILLED NURSING FACILITY	**110 SUMMIT HILLS DRIVE SPARTANBURG, SC 29307**

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 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, the facility failed to ensure kitchen staff stored food appropriately according to accepted practices and that kitchen equipment was maintained to provided a sanitary work environment. Findings: During the initial tour of the kitchen on 3/4/20 at 12:08pm, it was observed that there were an open bag of Okra and a bag of mixed vegetables in the walk-in freezer that were not labeled and dated. It was observed that there were open English muffins and open croissants that were not labeled and dated. During the initial kitchen observation on 3/4/20, it was observed that the foot operated trash can at the hand washing sink was broken
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 and interview and review of the facility's policy, the facility failed to follow appropriate infection control practices while providing treatments for pressure ulcers for Residents #122 and #172, 2 of 2 residents reviewed for pressure ulcers. The findings included: Resident #172 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observation of wound care on 03/05/20 at 12:34 PM revealed LPN #1, after removing resident's personal belongings, set up a barrier on the over bed table after cleaning the table with alcohol wipies. The LPN dropped a medication cup with [MEDICATION NAME] paste on the floor, picked it up and discarded it and then went back to the treatment cart in the hall to obtain additional [MEDICATION NAME] paste and then proceeded to place all wound supplies on top of the barrier. The LPN then closed the door, turned on the overhead light, pulled the curtain and donned gloves without washing her/his hands. LPN #1 then removed the soiled dressing and discarded it. After removing the gloves, washing hands and donning clean gloves, LPN #1 wiped the peri wound with 5 short wipes with the same gauze, without turning the gauze, then cleaned the wound bed with one continuous circular motion from the center outward. The LPN then applied the skin prep to the peri-wound removed the gloves washed hands, donned clean gloves and applied a border dressing. During an interview at 12:58 PM on 03/05/20, LPN #1 confirmed that s/he did not wash her/his hands before donning gloves and beginning the treatment. The LPN also confirmed the facility's policy included washing hands before and after using gloves. Resident #122 Pressure Ulcer/Injury 03/05/20 11:24 AM /04/20 04:33 PM The facility admitted Resident #172 on 02/24/20 with [DIAGNOSES REDACTED]. On 03/05/20 at 12:08 PM, wound care observation revealed Licensed Practical Nurse (LPN) #2 placed a barrier on the overbed table and placed the treatment supplies on the barrier without cleaning the table before placing the barrier. LPN #2 washed her/his hands and donned gloves then assisted the Certificed Nursing Assistant (CNA) to provide bowel incontinent care after removing the soiled border dressing. LPN #2 removed the gloves, donned clean gloves, and, after turning the resident to his other side, again assisted the CNA to continue the incontinent care. While providing care, LPN #2 contaminated one gloved hand with feces, removed the glove and donned a clean glove to that hand. Upon completion of incontinent care, LPN #2 removed the gloves, donned clean gloves, and removed the calcium alginate from the wound bed. The LPN then irrigated the wound bed with normal saline and patted the wound bed 9 times using the same gauze then used a clean gauze and patted the wound bed dry twice with the same gauze. LPN #2 removed the gloves, donned clean gloves, applied [MEDICATION NAME] to the wound bed with a cotton-tipped applicator and applied calcium alginate to the wound bed. The LPN removed the gloves, donned clean gloves and applied a border dressing. LPN #2 and the CNA repositioned the resident, placed the resident's heel protectors on bilaterally, and LPN #2 closed the trash bag and discarded it in the biohazard bag in the resident's room. LPN #2 then opened an Ensure Clear, opened a straw and placed the straw in the drink and handed it to the resident before removing the gloves and gown and washing hand before leaving the room. During an interview on 03/05/20, LPN #2 confirmed the sequence of the treatment and that s/he did not wash her/his hands after removing soiled gloves and before donning clean gloves. LPN #2 confirmed that s/he patted the wound bed while cleaning it and stated that s/he just didn't know how many times. The LPN also confirmed the policy is to wash hands before and after using gloves. Review of the facility's policy, Dressings, Dry/Clean, revealed: 1. Clean bedside stand. Establish a clean field .5. Wash and dry your hands thoroughly. 6. Put on clean gloves. 7. Pull glove over dressing and discard into plastic or biohazard bag. 8. Wash and dry your hands thoroughly . 12. Wash and dry your hands thoroughly. 13. Put on clean gloves 15. Cleanse the wound with ordered cleanser. If using gauze, use clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually from the center outward). 16. Use dry gauze to pat the wound dry. 17. Apply the ordered dressings and secure . 18. Discard disposable items into the designated container. 19. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.

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.