

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAGNOLIA MANOR - SPARTANBURG</b>		STREET ADDRESS, CITY, STATE, ZIP <b>375 SERPENTINE DRIVE SPARTANBURG, SC 29305</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, staff interview, review of the facility COVID-19 screening form and a facility document entitled COVID-19 Best Practices, review of staff education regarding hand hygiene and review of Centers for Disease Control and Preparedness (CDC) guidelines, the facility failed to ensure Housekeeping and Therapy staff performed hand hygiene when required, failed to ensure all staff and visitors entering the facility were asked the COVID-19 screening questions and failed to ensure transmission based precautions were implemented for four (4) of four (4) newly admitted or readmitted residents (Resident #1, #2, #3 and #4). These failures occurred during a COVID-19 pandemic. The findings included: 1. On 4/23/20 at 1:10 p.m. Housekeeper #1 was observed in room [ROOM NUMBER] wearing gloves and cleaning high touch surfaces. She then mopped the floor in room [ROOM NUMBER]. After mopping the floor she left the room without removing her gloves and performing hand hygiene. Housekeeper #1 then went to room [ROOM NUMBER]. An unsampled resident was sitting in a wheelchair in the doorway of room [ROOM NUMBER]. Housekeeper #1 touched the handles of the wheelchair to assist the resident to move out of the doorway. Housekeeper #1 was still wearing gloves. She then emptied the garbage cans for both Bed A and Bed B. Housekeeper #1 was then observed leaving room [ROOM NUMBER]; she was still wearing the same gloves. When Housekeeper #1 left the utility room she was observed discarding the gloves she had been wearing. She then walked back towards room [ROOM NUMBER] and put on a new pair of gloves without performing hand hygiene. During an interview with Housekeeper #1 on 4/23/20 at 1:31 p.m., she stated that she normally only performs hand hygiene upon arrival at the facility and when she goes to the downstairs for her break. She added that she did have her own personal bottle of hand sanitizer but she only used it after changing gloves several times. Upon inquiry Housekeeper #1 said she did not think she was permitted to use the sink in the resident's bathroom to wash her hands. The only sinks she thought she could use were behind the nurse's station and downstairs. Housekeeper #1 indicated that she had only been working at the facility a couple of weeks but the education she received on handwashing, Infection Control and COVID-19 was all provided at a sister facility. On 4/23/20 at 1:52 p.m. Housekeeper #2 was observed in room [ROOM NUMBER] emptying the garbage into the garbage collection bag on her cart. She was not wearing any gloves. She then was observed without gloves dry mopping the floor in room [ROOM NUMBER], followed by wet mopping. When the wet mopping was completed Housekeeper #2 left room [ROOM NUMBER] without sanitizing her hands. She pushed the housekeeping cart to room [ROOM NUMBER], entered the room and emptied the trash can. The Wound Care Nurse then arrived at room [ROOM NUMBER] to provide care and Housekeeper #2 left room [ROOM NUMBER] without sanitizing her hands. She then entered the room directly across the hall and emptied the garbage from the trash can. On 4/23/20 at 2:15 p.m. Housekeeper #2 was interviewed with the Staff Development Coordinator/Infection Preventionist (SDC/IP) present. Housekeeper #2 acknowledged she had went in and out of rooms without performing hand hygiene. On 4/23/20 at 2:30 p.m. Therapy Staff #1 was observed in room [ROOM NUMBER] assisting an unsampled resident (Resident A) who was leaving the room via wheelchair to attend therapy. Therapy Staff #1 removed his gloves and pushed the resident, in her wheelchair, out of the room without performing hand hygiene. He then took the resident to the elevator and pushed the down button. During an interview with Therapy staff #1 on 4/23/20 at 2:35 p.m., he indicated that he did not know if hand sanitizer was available in the resident rooms. On 4/23/20 at 2:54 p.m. the Therapy Manager was interviewed with the SDC/IP present. The Therapy Manager stated that Therapy Staff #1 probably was not aware that after assisting Resident A out of bed while wearing gloves he would still need to perform hand hygiene. The SDC/IP indicated she was going to provide reeducation on hand hygiene to the housekeeping and therapy staff immediately. During an interview with the Administrator on 4/23/20 at 3:15 p.m., she stated that the facility did not have wall sanitizer stations but they had sanitizer pump bottles at the entrance, on the medication carts and at the Nursing Station. In addition, there was soap available for handwashing at resident and other facility sinks. The Administrator added that each staff member had been given a personal bottle of mini hand sanitizer that she expected them to use as needed and replacement bottles were in her office. Review of the In-Service sign-in sheets regarding hand hygiene for March and April 2020 revealed Housekeeper #1 and Therapy Staff #1 had not been educated on hand hygiene during this time frame. The Therapy Manager had been educated but no other Therapy staff participated. Review of the information provided during these in-services revealed: Wash hands before and after care, before and after gloves and any time hands are soiled. 2. On 4/23/20 at 12:45 p.m. the Surveyor was screened for entry to the facility. Screener #1 checked the Federal Surveyor's temperature which was under the threshold of 99.6 degrees F (Fahrenheit) however the Screener did not ask the Federal Surveyor any of the screening questions. On 4/23/20 at 2:24 p.m. Screener #1 was observed screening a staff member (Staff Member #1). Screener #1 took the staff member's temperature but did not ask all the screening questions. Screener #1 did ask if the staff member had been sneezing or coughing to which the reply was No. Review of the facility screening form revealed Screener #1 did not ask whether Staff Member #1 had been experiencing the following symptoms: fever, sore throat and new shortness of breath. In addition, Staff Member #1 was not asked if she: Traveled internationally within the last 14 days to where COVID-19 cases have been confirmed; worked in another health care setting that has confirmed COVID-19 cases.; any recent trips (within the last 14 days) on a cruise ship or participated in other settings where crowds are confined to a common location; and in the last 14 days had contact with someone with a confirmed [DIAGNOSES REDACTED]. Further review of the form revealed only yes responses could be checked off. There was no option to document No responses; to verify when a screening question had been asked with an answer of No. During an interview with Screener #1 on 4/23/20 at 2:26 p.m., she acknowledged that she had not asked the Federal Surveyor any screening questions upon entry and had only asked Staff Member #1 about coughing and sneezing (sneezing was not one of the screening questions). She added that she didn't ask all the screening questions because she sees the same people all the time and has asked them before. Screener #1 also said that she was told that she did not need to write down any No responses to the screening questions; only the temperature and Yes responses to the screening questions needed to be documented. During an interview with the Administrator on 4/23/20 at 3:15 p.m., she indicated that she expected the Screener's to ask all the screening questions to all staff and visitors. 3. Review of the facility Admissions since 4/9/20 - 4/22/20 and the facility census on 4/23/20 revealed four (4) residents had been admitted or readmitted to a cohort area of the facility. This area was on one (1) of two (2) halls on the first floor (Wildflower Fields). Random observations on 4/23/20 from 12:45 a.m. - 3:30 p.m. revealed no evidence that any residents on the Wildflower(NAME)hall were on isolation precautions Resident #1 was admitted from hospital 4/9/20 with [DIAGNOSES REDACTED]. Review of the COVID-19 screening completed for Resident #3 from 4/10/20 - 4/22/20 revealed he did not have a fever, low oxygen saturation or cough. On April 16, 17, 20 and 21 shortness of breath on exertion was documented. Resident #2 was readmitted from hospital 4/10/20 with [DIAGNOSES REDACTED]. Resident #2 was admitted to a semi-private room but did not have a roommate. Review of the COVID-19 screening completed for Resident #2 from 4/11/20 - 4/22/20 revealed he did not have a fever, low oxygen saturation, cough or shortness of breath. Resident #3 was admitted from hospital 4/16/20 with [DIAGNOSES REDACTED]. #3 was admitted to the same room as Resident #1. Review of the COVID-19 screening completed for Resident #3 from 4/17/20 - 4/22/20 revealed he did not have a fever, low oxygen saturation, cough or shortness of breath.</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p>(continued... from page 1)</p> <p>Resident #4 was readmitted from hospital 4/20/20 with [DIAGNOSES REDACTED]. Resident #4 was admitted to a room with another resident. Review of the COVID-19 screening completed for Resident #4 from 4/21/20 - 4/22/20 revealed she did not have a fever, low oxygen saturation or shortness of breath but had a cough documented on 4/22/20. During an interview with the Administrator, Director of Nursing and Staff Development Coordinator/Infection Preventionist (SDC/IP) on 4/25/20 at 11:30 a.m., the SDC/IP stated that newly admitted and readmitted residents were all admitted to the same unit within the facility and quarantined for 14 days. She indicated this meant that residents were restricted to their room during the 14 days and the door was closed. The SDC/IP said staff providing care to these residents wore a mask but did not wear any other Personal Protective Equipment (PPE). The SDC/IP added that all residents admitted or readmitted from the hospital were tested for COVID-19 while in the hospital but the results were still pending at the time of admission to the facility. She stated that it took approximately three (3) days to get the COVID-19 test result back and that to date no residents had tested positive. Review of the CDC document entitled, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes last updated 4/15/20 revealed: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP (Health Care Providers) when PPE is indicated. Review of the facility document entitled, COVID-19 Best Practices revealed New admits (admissions) quarantined for 14 days, using mask (not full PPE unless otherwise warranted).</p>		