

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER MAGNOLIA MANOR - GREENWOOD		STREET ADDRESS, CITY, STATE, ZIP 1415 PARKWAY DRIVE GREENWOOD, SC 29646	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interviews and review of the Centers for Disease Control guidelines for COVID-19, the facility failed to conduct initial fit testing for N95 respirators and failed to use appropriate personal protective equipment (PPE) for residents on isolation with unknown COVID-19 status. This deficient practice occurred during the COVID-19 pandemic. This had the potential to affect 73 of 73 residents in the facility. Findings are: 1. On 09/23/20 at 9:12 AM, an interview was completed with the facility Administrator and Director of Nurses (DON). The Administrator said that when there were COVID-19 positive residents in the home, all staff wore N95 respirators. The DON reported the staff had used N95 respirators from three different manufacturers. The DON also stated that she performed fit testing only on nursing staff assigned to the COVID-19 positive unit. She acknowledged that therapy staff also worked in the COVID-19 positive unit, but she did not know if there had been fit testing as they were contracted. The DON identified eight staff members out of 86 staff members who received fit testing. An interview was completed with the Therapy Manager (TM) on 09/23/20 at 11:23 AM. The TM reported that therapy staff had provided services to residents in the COVID-19 positive unit. She said that therapists used N95 respirators but had not been fit tested. A review of the Centers for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, last updated 07/15/20, indicated, Filtering Facepiece Respirators (FFR) including N95 Respirators. A commonly used respirator in healthcare settings is a filtering facepiece respirator (commonly referred to as an N95). FFRs are disposable half facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called fit testing and is usually done in a workplace where respirators are used. FFR users should also perform a user seal check to ensure proper fit each time an FFR is used. A review of CDC's guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/20, indicated, Facilities should have supplies of facemasks, respirators (if available) and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP, gowns, gloves, and eye protection (i.e., face shield or goggles). Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing. A review of CDC's guidelines titled, Strategies for Optimizing the Supply of N95 Respirators, last updated 06/28/20, indicated, Respirators, when required to protect HCP (healthcare personnel) from airborne contaminants such as some infectious agents, must be used in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard. The program should include medical evaluations, training, and fit testing. 2. During the survey on 09/23/20, staff assigned to isolation rooms were observed wearing surgical masks. No staff were observed to be wearing eye protection. On 09/23/20 at 11:52 AM, an interview was completed with Certified Nursing Assistant (CNA) #3. CNA #3 said that on the isolation unit, staff wore surgical masks and eye protection was optional. CNA #3 said that she worked with residents in isolation rooms. On 09/23/20 at 2:48 PM, an interview was completed with the DON. The DON said residents were put on a 14-day isolation if they were new admissions or had been out of the facility in the community. Residents were put on isolation for 14 days to watch for signs of COVID because of the potential they could have been exposed to COVID-19 and may have been infected. Residents' status would be unknown for the 14-day quarantine. The DON said staff on the isolation unit were supposed to use surgical masks and eye protection was not required. According to the Centers for the Disease Control's guidance titled, Responding to Coronavirus (COVID-19) in Nursing Homes, dated 04/30/20, indicated, Considerations for new admissions or readmissions to the facility. All recommended COVID-19 PPE should be worn during care of residents under observation, which 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.</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.