

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SENECA HEALTH &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>140 TOKEENA RD SENECA, SC 29678</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, staff interviews, facility policy and review of the Centers for Disease Control (CDC) guidance for COVID-19, the facility failed to use appropriate personal protective equipment (PPE) for residents under investigation for COVID-19, residing on the Persons Under Investigation (PUI) unit in the facility. This occurred during the COVID-19 pandemic. The findings included: Review of the policy titled, Isolation Gown Guidance, dated 08/05/20, noted a section titled, Extended Use of Gowns, that indicated, The same gown can be worn by the same healthcare personnel when interacting with more than one resident known to be infected with the same infectious disease when these residents are housed in the same location. Only cloth gowns are considered to be re-usable, not disposable gowns. On 08/23/20 at 1:00 PM, an observation was made of the unit identified as the Persons Under Investigation (PUI) unit. The unit was separated from other parts of the facility by a plastic curtain. Nurse #1 reported the PUI unit was for residents who were newly admitted or readmitted pending COVID-19 test results. Speech Therapist (ST) #4 was observed entering the PUI unit from a common area wearing a yellow disposable gown. ST #4 was observed to enter a resident's room, leave the room, enter another resident's room, then exit the PUI unit to retrieve a meal tray without removing the gown. ST #4 was then observed coming back into the PUI unit with the same gown on. There were approximately five hooks observed mounted to the wall just inside the plastic curtain. Multiple disposable gowns were noted hanging on each hook. On 08/23/20 at 1:05 PM, an interview was completed with Nurse #4. Nurse #4 was observed inside the PUI unit removing a disposable gown and hanging it on a hook. Nurse #4 said that staff reuse gowns. Each staff member had a gown with their name on it. Nurse #4 reported the same gown was used with all residents in the PUI unit. An interview was completed with Occupational Therapist (OT) #5 on 08/23/20 at 2:15 PM. OT #5 stated that therapy staff working on the PUI unit did not need to change gowns or face shields between residents. On 08/23/20 at 2:40 PM, an interview was completed with Infection Preventionist (IP) #3. IP #3 said, when residents were admitted or readmitted that have tested negative at the hospital, they go to the PUI for 14 days pending a second negative test. IP #3 stated staff on the PUI unit could wear the same gown resident to resident for multiple days. IP #3 acknowledged that until the results were received from a test performed at the facility, the resident's COVID-19 status was unknown. A review of the Centers for Disease Control guidance, last updated on 06/25/20, titled, Preparing for COVID-19 in Nursing Homes, indicated, If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile).</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.