

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER SPRENGER HEALTH CARE OF PORT ROYAL		STREET ADDRESS, CITY, STATE, ZIP 1810 RICHMOND AVENUE PORT ROYAL, SC 29935	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, resident interviews, observations and review of the South Carolina Department of Health and Environmental Control (DHEC) guidelines, the facility failed to conduct a risk assessment for 1 (Resident 1) of 2 [MEDICAL TREATMENT] residents who frequently left the facility for treatments, and for 1 (Resident 2) of 1 resident reviewed who was treated in the emergency room, to determine the appropriate transmission based precautions required by the staff. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. The census was 29. The findings included: 1. According to DHEC, Managing the Flow of Residents - Cohorting During COVID Times, dated 07/20/20, [MEDICAL TREATMENT] residents should be placed, Ideally in a private room with bathroom on the negative unit. If this is not feasible, a risk assessment should be performed to determine most suitable option. A risk assessment example given by DHEC included, in part, - How frequently does the resident require [MEDICAL TREATMENT]? - What is the number of service providers, including transportation, that the resident comes in contact with? The greater the number of contacts, the greater the risk of transmission. - Review of the service provider's policies on COVID-19 and cohorting. - Has education been provided/could it be provided to the resident? Such as encouraging hand hygiene, wearing a mask, social distancing from other patients. - What are the service provider practices for reducing transmission of COVID-19? Resident 1 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. A review of Resident 1's care plan did not show an identified risk of exposure to COVID-19 while out for [MEDICAL TREATMENT] treatments. On 09/16/20 at 8:35 AM, an interview was completed with the facility Administrator and Director of Nurses (DON). The DON reported that residents who were not on any kind of isolation, and left the facility for any type of medical treatment, were returned to their rooms on the non-isolation unit. The DON also said that Resident 1's most recent [MEDICAL TREATMENT] treatment was on 09/15/20. The DON verified that Resident 1 was not in an isolation room. On 09/16/20 at 2:33 PM, an interview was completed with Resident 1. Resident 1 stated that there were usually 10 other patients receiving [MEDICAL TREATMENT] at the time he was there. Resident 1 also stated that last week, he waited two hours in the lobby of the [MEDICAL TREATMENT] center waiting for transportation back to the facility. A follow up interview was completed with the DON on 09/16/20 at 11:52 AM. The DON said that no risk assessments were completed for residents who leave the facility to determine the appropriate placement on return. 2. Review of Resident 2's nurse progress notes revealed that after a fall, Resident 2 was sent to the emergency room on [DATE] at 12:28 PM. The Director of Nurses (DON) reported that Resident 2 returned to the facility on [DATE], but there was no documentation to verify the date or time of the return. On 09/16/20 at 8:35 AM, an interview was completed with the facility Administrator and DON. The DON reported that residents who were not on any kind of isolation and left the facility for any type of medical treatment, were returned to their rooms on the non-isolation unit. The DON verified that Resident 2 was not placed in an isolation room upon return from the emergency room. Resident 2 was no longer at the facility at the time of the survey. A follow up interview was completed with the DON on 09/16/20 at 11:52 AM. The DON said that no risk assessments were completed for residents who leave the facility to determine the appropriate placement on return.</p>		
F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on staff interview, the facility failed to employ an Infection Preventionist who had completed specialized training in infection prevention and control. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents. The census was 29. The findings included: On 09/16/20 at 8:35 AM, an interview was completed with the facility Administrator and the Director of Nurses (DON). The Administrator and DON identified the DON as the facility's Infection Preventionist. A follow up interview was completed with the DON on 09/16/20 at 11:52 AM. The DON stated she had registered to take the Centers for Disease Control (CDC) certification class for Infection Preventionists, but had not started it yet, and had not completed any other specialized training.</p>		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on staff interview, the facility failed to develop a process for notifying residents and residents' representatives each time a confirmed COVID-19 test result was identified or to provide weekly COVID-19 updates for 29 of 29 residents. This deficient practice occurred during the COVID-19 pandemic. The census was 29. The findings included: A review of the COVID-19 test results revealed the most recent date a resident tested positive was on 08/31/20, and the most recent date a staff member tested positive was on 09/01/20. The facility Administrator provided all written notices that were sent to family members from 08/01/20 to 09/16/20. Notices provided were dated 09/04/20, 09/10/20 and 09/15/20. The Administrator verified that no other written notices had been sent. On 09/16/20 at 1:55 PM, an interview was completed with the facility Administrator. The Administrator stated that he sent out emails to residents' families to update them on COVID-19 and that Life Enrichment Manager (LE) 2 spoke to residents to update them. An interview was completed with LE 2 on 09/16/20 at 2:15 PM. LE 2 stated she had made calls to some families to update them on COVID-19 cases, but had not been asked, and had not spoken to any residents. A follow up interview was completed with the Administrator on 09/16/20 at 2:24 PM. The Administrator said he could not remember who had been asked to speak with residents about COVID-19 cases and acknowledged that there was no documentation to show it had been done.</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.