

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>425361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAGNOLIA PLACE - GREENVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>35 SOUTHPOINT DRIVE GREENVILLE, SC 29607</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, interviews and record reviews the facility failed to implement proper procedures to ensure clean and contaminated items were not contained in the same hallway, the facility also had two barrier walls which were not properly sealed to the floor leading to the potential for spreading the Covid-19 virus to all residents in the facility. Findings include: During an initial tour of the facility July 27, 2020 at approximately 10 AM, it was observed that the service entrance doors from the kitchen through which the dining carts were taken out to the court yard and delivered to the non-covid unit and entrance door through which dirty linen and trash were brought into the same hallway were less than two feet apart with no barrier between them. On 7/27/20 during the tour it was observed that plastic barriers separating the Covid and non-Covid unit that were adhered to the ceiling and wall with zippers partially closed and not sealed to the floor. Staff were observed 7/27/20 walking through one hallway and the courtyard which was used by staff accessing both clean and dirty units without any infection control practices. Record review revealed the first documented case of Covid in the facility was in a staff member who tested positive July 1, 2020. The first positive resident was July 6, 2020. Interviewed the Director of Nursing who stated once the employee test result came back positive on July 1, 2020, staff and residents were tested and all employees were required to wear a N95 mask and full personal protective equipment (PPE) and the corridors had barriers placed to separate covid positive and covid negative residents. S/he also stated all facility staff were designated to work with either covid negative or covid positive residents. Interviewed the Infection Control nurse who stated the clean dining carts are taken through the same hallway the dirty linen and trash carts are taken through. S/he also stated all linen and meals for the covid negative unit are taken through the same courtyard the covid positive units use to remove the soiled linens and trash.		
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.