

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2020
NAME OF PROVIDER OF SUPPLIER SHEM CREEK NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 1400 LIBERTY MIDTOWN DRIVE, SUITE 420 MOUNT PLEASANT, SC 29464	
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 facility policy review, the facility failed to ensure staff wore appropriate personal protective equipment (PPE) while caring for 6 of 6 residents on a 14-day quarantine. This occurred during the COVID-19 pandemic and had the potential to affect all residents. The census was 25. Findings included: During observations on 10/09/20, signs posted on doors to rooms identified as 14-day isolation rooms for new admissions noted that residents were on enhanced droplet precautions. The signs indicated the use of surgical masks in addition to gowns, gloves and eye protection. Residents occupied 6 rooms on the unit. Review of a facility policy titled COVID-19 Preparation and Response, dated 03/10/20 and updated 09/05/20, was completed. Under the section, Personal Protective Equipment, the policy listed, (7) KN-95 or N95 mask can be used. There was no provision for using surgical masks. The South Carolina Department of Health and Environmental Control guidance, Managing the Flow of Residents - Cohorting During COVID Times, dated 07/20/20, indicated, Newly admitted or readmitted residents should still be monitored for evidence of COVID for 14 days after admission and cared for with all recommended COVID + (positive) PPE. The Centers for Disease Control (CDC) guidelines, Responding to Coronavirus (COVID-19) in Nursing Homes, last updated 04/30/20, indicated, 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. On 10/09/20 at 11:56 AM, an interview was completed with Certified Nursing Assistant (CNA) #2. CNA #2 stated she worked on the isolation unit where new admissions were placed for the first 14 days. CNA #2 said they were issued surgical masks to use when caring for all residents in the facility. An interview was completed with Licensed Practical Nurse (LPN) #1 on 10/09/20 at 12:06 PM. LPN #1 said he worked on the isolation unit. LPN #1 said surgical masks were used when caring for residents on isolation. On 10/09/20 at 2:10 PM, CNA #2 was observed working inside the isolation unit wearing a surgical mask. On 10/09/20 at 10:21 AM, an interview was completed with the Staff Development Coordinator (SDC). The SDC said he was in charge of tracking residents and staff with COVID-19 symptoms and testing. The SDC reported that, on admission, residents were observed for 14 days using enhanced droplet precautions. The only mask used by staff was a surgical mask. An interview was completed with the Administrator and Director of Nurses (DON) on 10/09/20 at 9:16 AM. The Administrator said there was a unit that had residents who had been recently admitted. Residents on that unit were quarantined and observed for 14 days to observe for signs of COVID-19. The Administrator said that residents could be infected with COVID-19, but not have positive tests on the day of admission. Since most residents were admitted from the hospital, they would be put in quarantine under droplet precautions for 14 days. The DON said that all staff were using surgical masks in all areas of the building. The facility had a supply of N95 masks that weren't being used because fit testing hadn't been completed and there were no known positive COVID-19 residents in the facility. The supply of KN95 masks were not being used because there was no known COVID-19 positive resident in the facility. The Administrator had no concerns about the supply of KN95 masks at the facility and said that she had access to more if needed.</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.