

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 425288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER PRUITTHEALTH- RIDGEWAY		STREET ADDRESS, CITY, STATE, ZIP 213 TANGLEWOOD COURT RIDGEWAY, SC 29130	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and facility policy review, the facility failed to ensure staff donned Personal Protective Equipment (PPE) including eye protection, when providing services to residents in quarantine for COVID-19 droplet precautions on two of two designated areas. Seven staff were observed without eye protection while on the quarantine designated areas where a total of 47 residents resided. One staff was observed wearing a cloth mask and two staff were observed providing direct care to Resident #6 and Resident #7 on the quarantine areas without eye protection. Findings include: During an interview on 08/14/20 at 10:30 AM, the Clinical Care Coordinator (CCC) stated the facility designated 100 and 300 hall as COVID-19 quarantine areas for new admissions and residents who had been out of the facility. The CCC stated the residents were under investigation for COVID-19 [MEDICAL CONDITION] infection and were placed on droplet precautions on admission or re-admission. The CCC stated the quarantine halls were referred to as level II Person Under Investigation (PU) isolation units. On 08/14/20 at 10:35 AM the entrance to hall 100 had a zippered vinyl barrier. A sign posted on the vinyl barrier included, STOP, PPE required. Masks, gowns, gloves and face shields. An isolation cart was at the entrance next to the barrier and had N95 masks, isolation gowns, gloves, face shields, shoe and hair covers and alcohol based hand sanitizer. On 08/14/20 at 10:35 AM upon entry to hall 100, Resident #6's door was open. The Occupational Therapist (OT) was sitting next to the bed where Resident #6 was laying. The OT was within a foot or two of Resident #6 and was not wearing a face shield or eye protection. Resident #6 was not wearing a mask. During this observation the OT stated, I didn't know I needed a face shield, I'll go get one. On 08/14/20 at 10:38 AM Certified Nursing Assistant (CNA) #3 was observed walking down hall 100. CNA #3 did not have a face shield or eye protection on. CNA #3 stated, I'll go get a shield. On 08/14/20 at 10:40 AM CNA #4 was observed walking down hall 100. CNA #4 did not have a face shield or eye protection and was wearing a cloth mask that had slipped down over her mouth. CNA #4 stated, I brought this from home. No one said I could wear a cloth mask. On 08/14/20 at 10:45 AM Housekeeper (Hskg) #2 was observed coming out of room [ROOM NUMBER]. Hskg #2 did not have a face shield or eye protection on. Hskg #2 stated, I didn't know I needed a face shield. On 08/14/20 at 10:48 AM Hskg #5 was seen coming onto the 100 hall through the vinyl barrier. Hskg #5 did not have a face shield or eye protection. Hskg #5 stated, I was just coming on the unit to pick up equipment. The CCC who accompanied the surveyor informed Hskg #5 that he needed to read the sign on the entrance to the hall and don a face shield before entering the hall. On 08/14/20 at 11:00 AM, the CCC accompanied the surveyor to hall 300. The hall had two closed fire doors and a sign was posted on the door. The sign included, STOP, PPE required. Masks, gowns, gloves and face shields. A table next to the entrance to hall 300 had N95 masks, isolation gowns, gloves, face shields and alcohol based hand sanitizer. On 08/14/20 at 11:08 AM CNA #6 was observed coming out of Resident #7's room. CNA #6 was not wearing a face shield or eye protection. Resident #7 was not wearing a mask. CNA #6 stated, I did see the sign when I came in. I should have put a face shield on to protect myself from [MEDICAL CONDITION]. On 08/14/20 at 11:36 AM, Registered Nurse (RN) #1 was observed on 300 hall without a face shield or eye protection. RN #1 said, I thought I had it on, I need to protect myself against [MEDICAL CONDITION]. On 08/14/20 at 11:38 AM, the CCC stated, The PPE signs are on the doors for both Level II isolation units and they have had in-services. There is no excuse. Review of the facility's policy titled, COVID-19 Pandemic New Admission and Readmission Process for Healthcare Centers, revised on 08/11/20, indicated, Level II Person Under Investigation (PU) Isolation Unit-Residents in-house with COVID-19 tests pending. New admissions/transfers from hospital and community with no test pending and asymptomatic. PPE to include- gloves, gowns, face shields, N95 masks. equipment will be maintained on the Level II unit.</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.