

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Nhc Healthcare - Mauldin		STREET ADDRESS, CITY, STATE, ZIP CODE 850 E. Butler Rd. Greenville, SC 29607	

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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record, and policy review, it was determined the facility failed to conduct medication self-administration assessments and have physician orders for self-administration of medications for one of one resident (Resident (R) 63) reviewed for self-administration of medications out of a total sample of 33. This had the potential to cause harm to R63 through medication administration errors.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Self-Administration of Medications, revised 02/25/25, revealed, . If a resident desires to self-administer medications, a physician's order should be obtained then an assessment is conducted by a member of the interdisciplinary team of the resident's cognitive (including orientation to time), physical and visual ability to carry out the responsibility. For those residents who self-administer, a member of the interdisciplinary team verifies the resident's ability to self-administer medications by means of a skill assessment on a quarterly basis or if needed when there is a significant change in condition. If the resident demonstrates the ability to self-administer medications, a further assessment of the safety of bedside medication storage is conducted .</p> <p>Review of R63's Face Sheet, located in the Face Sheet tab of the electronic medical record (EMR), revealed R63 was admitted to the facility on [DATE] with diagnoses including but not limited to: chronic respiratory failure with hypoxia, centrilobular emphysema, dependence on supplemental oxygen, long-term current use of inhaled steroids, hypertensive heart and chronic kidney disease, insomnia, and dry eye syndrome of bilateral lacrimal glands.</p> <p>Review of R63's Self-Administration of Medication Assessment, dated 09/29/22 and provided by the facility, revealed the resident was appropriate for self-administration of lubricating eye drops as ordered. Review of the clinical record revealed no further medication self-administration assessments.</p> <p>Review of R63's Orders, located under the Orders tab of the EMR, revealed no physician's order for the self-administration of medications.</p> <p>Review of R63's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/19/25 and located under the RAI (Resident Assessment Instrument) tab of the EMR, revealed R63 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 03/05/25 at 9:30 AM, R63 was sitting in a recliner by her bed. The bed had several items on it within the resident's reach. A small rectangular open top box was on the resident's bed and contained medications with pharmacy labels/tags affixed to the outside of the containers. The resident's living space in the room was closest to the room's entry door, and the medications were visible upon entering the room. R63 stated she kept the items on the bed so she could easily reach them. During a follow-up observation on 03/05/25 at 1:50 PM, the medications were still in the rectangular open-top box on R63's bed. The medications observed were:</p> <p>Fluticasone propionate (a steroid medication) nasal spray 50 micrograms (mcg), with an expiration date of August 2026. The preparation was labeled with instructions for two sprays at 9:00AM and 9:00 PM;</p> <p>Mometasone, with a pharmacy label and directions to use three drops to the scalp two times daily as needed, with an expiration date of 03/2026;</p> <p>Major Deep-Sea Saline Spray (used to treat a stuffy nose and dryness inside the nose), dated as opened on 07/25/2024, but with an expiration date of 01/2026;</p> <p>Ocusoft hypochlor 0.02% eyelid wash, with an expiration date, 01/2026; and</p> <p>X [NAME] Nasal Spray (used to alleviate nasal congestion), with an expiration date of 05/20/27. The preparation had a pharmacy label with directions to use two sprays in each nostril three times a day.</p> <p>During an interview on 03/05/2025 at 3:12 PM, Registered Nurse (RN)3 stated the resident self-administered the medications when he cued her to do so.</p> <p>During an observation and interview on 0 3/06/25 at 3:15 PM with Unit Manager (UM) 2, the medications were still in the open-top box on R63's bed. UM2 stated her concern would be that the resident might use more of the medications than prescribed, but that the resident was alert, oriented, and able to make her own decisions. UM2 stated she was unsure if R63 had a current Self-Administration of Medications Assessment on file, but she would look for one. UM2 stated R63 had a recent discussion with her about keeping the Ocusoft Hypochlor Solution at her bedside. She stated R63's eye doctor told her if she did not want to use Ocusoft Hypochlor, she could use baby shampoo to cleanse her eyes. UM2 stated that the resident thought if she could keep baby shampoo in her room, then she should be able to keep the Ocusoft Hypochlor Solution in her room at the bedside. UM2 stated she could not recall exactly when she and the resident had that discussion.</p> <p>UM2 observed R63's medications and stated the Deep-Sea saline spray was dated as being opened on 07/25/24 and was way too old, but the expiration date listed was acceptable. She stated she was not familiar with Mometasone. UM2 stated all the medications observed in the box had been issued by the facility's contracted pharmacy service.</p> <p>During an interview on 03/06/25 at 4:30 PM, UM2 stated R63 had not been assessed for keeping the medications at her bedside within the past 90 days, but she was completing an assessment today. She stated the Director of Nursing (DON) found one Self-Administration of Medication Assessment in R63's clinical record, but it was not current.</p> <p>(continued on next page)</p>

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/07/25 at 9:53 AM, UM2 stated after observing the medications in R63's room, she contacted the medical provider and obtained authorization for R63 to keep the medications in her room.</p> <p>During an interview on 03/07/25 at 11:15 AM, the DON stated she could not find evidence of routine quarterly Self-Administration of Medication Assessments for R63; only the one dated 09/29/22. She stated UM2 had just completed a current Self-Administration of Medication Assessment for R63 which showed the resident was assessed to be able to self-administer nasal spray, eye drops, topical medications, and eye wash spray. The DON stated R63 should have been reassessed quarterly for her appropriateness to self-administer medications if she was keeping medications at the bedside. The DON stated R63 had a lockable box in her room for medication storage, but she had not been using it. She stated the resident had said it was not convenient to get up and go to the other side of the room and get the medications from the lockable box. The DON stated she was going to re-visit the matter with R63 and would assist her with moving the box closer so she could make use of it for storing her bedside medications.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure the Minimum Data Set (MDS) was coded accurately for three of 33 residents (Residents (R) 95, R74, R42) whose clinical records were reviewed. The facility failed to accurately code a quarterly assessment for hospice services for R95 and for therapy services for R42. In addition, the facility failed to accurately code the use of antipsychotic medication for R74. These failures placed the residents at risk of unmet care needs and a diminished quality of life.</p> <p>Findings included.</p> <p>Review of the October 2024 RAI manual, page 1-5 revealed, . An accurate assessment requires collecting information from multiple sources, some of which are mandated by regulations . It is important to note here that information obtained should cover the same observation period as specified by the MDS (minimum data set) items on the assessment, and should be validated for accuracy (what the resident's actual status was during the observation period) by the IDT (interdisciplinary team) completing the assessment .</p> <p>Review of R95's Face Sheet, located in the Face Sheet tab of the electronic medical record (EMR), revealed R95 was admitted to the facility on [DATE] with diagnoses including but not limited to: dementia and malignant neoplasm of the bladder wall.</p> <p>Review of R95's significant change MDS, located in the RAI tab of the EMR and with an Assessment Reference Date (ARD) of 07/10/24, revealed R95 had a Brief Interview of Mental Status (BIMS) score of seven out of 15, which indicated she was severely impaired in cognition. It was recorded R95was receiving hospice services.</p> <p>Review of R95's quarterly MDS, located in the RAI tab of the EMR and with an ARD of 12/26/24, revealed R95 was coded for dialysis and not for hospice services.</p> <p>During an interview on 03/06/25 at 4:26 PM, the Minimum Data Set Coordinator (MDSC) and the Director of Nursing (DON) were asked if R95 was receiving dialysis now instead of hospice services. The DON stated, [R95] has never been on peritoneal or hemodialysis, but she is on hospice. This was an error in coding as it was coded in the wrong place.</p> <p>Review of R74's Face Sheet, located in the Face Sheet tab of the EMR, revealed R74 was admitted to the facility on [DATE] with diagnoses including but not limited to: stroke and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>Review of R74's Physician Orders, located in the Orders tab of the EMR and dated 01/23/25, revealed R74 was to receive aripiprazole, an antipsychotic medication, 10 milligrams (mg) every day.</p> <p>Review of R74's admission MDS, located in the RAI tab of the EMR and with an ARD of 01/29/25, revealed R95 had a BIMS score of nine out of 15, which indicated R95 was moderately impaired in cognition. It was recorded R74 had received an antipsychotic medication daily during the observation period; however, the MDS further recorded that R74 had not received an antipsychotic during the observation period.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/06/25 at 4:19 PM, the MDSC was asked why R95 was coded to have received an antipsychotic in one area and in another area was coded as not having been administered an antipsychotic. The MDSC stated, That was an error in coding. [R95] is receiving an antipsychotic. Review of R42's Resident Face Sheet, located in the Face Sheet tab of the EMR, revealed R42 was admitted to the facility on [DATE] with diagnoses including but not limited to: hypertensive chronic kidney disease, type 2 diabetes mellitus, glaucoma, difficulty walking, lack of coordination, history of falling, and presence of left artificial hip joint.</p> <p>Review of R42's quarterly MDS, with an ARD of 12/16/24 and located under the RAI tab of the EMR, revealed R42 had a BIMS score of 12 out of 15, which indicated the resident was moderately cognitively impaired. It was recorded that R42 did not receive any physical or occupational therapies.</p> <p>During an interview on 03/06/25 at 9:29 AM, R42 stated she received therapy about four times per week and sometimes twice a day. She stated she thought she had been in therapy services since June 2024. The resident stated she received therapy on her right shoulder and that she also rode a stationary bicycle while in therapy.</p> <p>During an interview, on 03/07/25 at 8:46 AM, the Director of Therapy Services revealed R42 was currently on Medicare Part B, in a maintenance program and received services from skilled therapists. She stated the resident received Physical Therapy (PT) two times per week and Occupational Therapy (OT) two times per week. She stated the resident was admitted to the OT maintenance program on 08/09/24 and to the PT maintenance program on 08/15/24.</p> <p>During an interview on 03/07/2025 at 9:17AM, the MDSC stated the therapy department staff was responsible for coding minutes of therapy completed for the resident during the seven-day look-back of each assessment period. She stated MDS staff used a scrubber software program to identify anything that seemed inaccurate, incomplete, or anything that triggered as a concern with sections of the assessment. She stated that if an error was identified, they would contact the department responsible for completing the specific MDS Assessment section and ask them to fix the discrepancy. The MDSC stated they would run the scrubber program again to ensure all sections of the MDS were completed before signing off on the assessment. The MDSC stated on our end, everything pulled through successfully, so the scrubber would not have triggered a discrepancy.</p> <p>During an interview on 03/07/25 at 9:42 AM, the Director of Therapy reviewed R42's therapy notes and stated that she had found that the resident had completed minutes of PT and OT during the MDS assessment look-back period of 12/09/24-12/16/24. She stated the therapy department transitioned to a new data collection system around October-November 2024, and it was possible that R42's minutes in therapy did not pull through as they should have.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview, and review of facility menus and meal cards, the facility failed to follow menus for seven of 167 residents (Resident (R) 145, R13, R29, R80, R135, R149, and R67) whose meal service was observed. This failure had the potential to cause increased blood sugar levels and/or affect the residents' cardiac status.</p> <p>Findings include:</p> <p>1. Review of the facility's menu for the noon meal on 03/06/25, provided by the facility, revealed residents with diet orders of a consistent carbohydrate diet were to receive one half-piece of frosted peanut butter sheet cake for dessert.</p> <p>During an observation on 03/06/25 at 11:52 AM, R145's meal card was noted to read the resident was to receive a consistent carbohydrate diet. R145 was observed to receive one whole piece of frosted peanut butter sheet cake.</p> <p>During an observation on 03/06/25 at 12:25 PM, R13's meal card was noted to read the resident was to receive a consistent carbohydrate diet. R13 was observed to receive one whole piece of frosted peanut butter sheet cake.</p> <p>During an observation on 03/06/25 at 12:45 PM, R29's meal card was noted to read the resident was to receive a consistent carbohydrate diet. R29 was observed to receive one whole piece of frosted peanut butter sheet cake.</p> <p>2. Review of the facility's menu for the noon meal on 03/06/25, provided by the facility, revealed residents with diet orders for a heart-healthy diet were to receive baked okra.</p> <p>During an observation on 03/06/25 at 12:08 PM, R80's diet card read the resident was to receive a heart-healthy diet. It was noted that the resident received fried okra instead of baked okra.</p> <p>During an observation on 03/06/25 at 12:18 PM, R135's diet card read the resident was to receive a heart-healthy diet. It was noted that the resident received fried okra instead of baked okra.</p> <p>During an observation on 03/06/25 at 12:21 PM, R149's diet card read the resident was to receive a heart-healthy diet. It was noted that the resident received fried okra instead of baked okra.</p> <p>During an observation on 03/06/25 at 12:52 PM, R67's diet card read the resident was to receive a heart-healthy diet. It was noted that the resident received fried okra instead of baked okra.</p> <p>During an interview on 03/06/26 at 12:25 PM, Food Service Director (FSD) 1 revealed that staff did not serve or prepare baked okra for the noon meal. FSD1 stated the diet listed on the meal card was what the resident was served. FSD1 confirmed staff did not separate and serve half pieces of frosted peanut butter sheet cake on the tray line.</p> <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an Interview on 03/06/25 at 12:30 PM, [NAME] 4 stated she did not prepare or serve the baked okra as indicated on the menu and menu/diet cards. She stated she had forgotten to prepare and serve the item.</p> <p>During an Interview on 03/06/25 at 1:30 PM, [NAME] 1 stated she cut the cake after baking it. She stated that while she cut all the pieces into regular sections, some were smaller than others. She stated she did not separate the smaller servings. [NAME] 1 confirmed staff were randomly selecting the cake and placing it on the tray line without separating pieces for the Consistent Carbohydrate diets.</p> <p>During an interview on 03/07/25 at 8:30 AM, the Registered Dietician (RD) confirmed she approved and was involved with developing the menu. She stated the menu included baked okra, a heart-healthy option that should have been served, along with a half-size portion of frosted peanut butter sheet cake.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of facility policy, observation and interview, the facility failed to store, prepare and distribute food under professional standards of food safety. This had the potential to affect 167 of 167 residents who resided at the facility and increased the risk of food-borne illnesses.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Safety & Sanitation Best Practice Guidelines, under the subtitle Sanitation, Manual Warewashing, dated 11/2017 revealed, on item b A chemical sanitizing solution at the proper concentration and at the correct temperature for the sanitizer used. The policy goes onto to state (see chemical sanitizing on page C28-C29). These policy/pages were not available to the surveyor during the survey.</p> <p>Review of the facility's policy titled, Safety & Sanitation Best Practice Guidelines, dated 11/2017, revealed no process for loading and unloading the dishwasher and only referenced to the state food code for further instruction.</p> <p>Observations on 03/06/25 at 8:30 AM with Food Service Director (FSD)1 revealed [NAME] 2 washing dishes in the three-compartment sink in the main kitchen. The wash reservoir was to her far right, the rinse was in the center, and the slightly red solution/water or sanitizing solution was to the far left. A 2000 ML pitcher (half gallon) pitcher was standing in the sanitizing solution, with its top third above the waterline. The pitcher had been used to mix puree foods that were served at breakfast earlier. FSD1 confirmed the pitcher lacked proper sanitization. FSD1 immediately submerged the pitcher and left it there after questioning.</p> <p>Further Observations on 03/06/25 at 9:10 AM, revealed Cook2 in the same location, washing, rinsing, and sanitizing dishes. A one-gallon pitcher was observed in the sanitizing solution, with one-third of the pitcher above the sanitizing solution water line and not properly sanitized. Cook2 confirmed that neither pitcher had been submerged in the sanitizing solution. Cook2 stated that the items should remain in the sanitizing solution for three to five minutes. FSD1 submerged the pitcher in the sanitizing solution. He then explained to the surveyor that Cook2 was new. He later told Cook2 that sanitizing requires complete submersion of all items for proper sanitization.</p> <p>Observation on 03/06/25 at 11:10 AM through 11:30 AM revealed Cook1 washing dishes at the dish machine in the main kitchen with a scrubbing device by hand and wearing gloves, putting the rack of scrubbed dishes into the dishwasher, running the dishwasher and removing the dishes from the washer by placing her dirty gloved hands onto the clean dishes. Cook1 was noted to do this four times during this period, with four racks of dishes. The racks of dishes contained two cookie sheets in separate racks, an assortment of utensils and lid, and the plastic container and blades of the Robot Coupe used to process pureed and chopped foods. Each time, Cook1 placed dirty gloved hands on the clean objects as she moved them from the dishwasher to the clean side of the dishwasher.</p> <p>During an interview on 03/06/25 at 11:45 AM, FSD1 stated she knows better and was not sure what happened. Cook1 confirmed she had touched clean dishes with soiled gloves and stated she had a lot of different jobs to do in the kitchen and she was in a hurry to clean the items.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, observation and interview, the facility failed to ensure a specialized wheelchair was clean and sanitary for one of one resident (Resident (R) 131) reviewed for specialized wheelchairs in a total sample of 33. This failure placed the resident at risk for a diminished quality of life and dignity.</p> <p>Findings include:</p> <p>Review of an undated facility policy titled, Noncritical Patient Care Equipment-Cleaning Procedure Summary revealed, . Dedicated equipment-when dedicated to a particular patient during their stay . Frequency . Consistent with cleaning frequency for patient area, and as needed . Person Responsible . Cleaning Partners . Clean and disinfect with a rapid multi surface disinfectant and cleaner or disinfecting wipes .</p> <p>Review of R131's Face Sheet, located in the Face Sheet tab of the electronic medical record (EMR), revealed R131 was admitted to the facility on [DATE] with diagnoses including but not limited to: multi-system degeneration of the autonomic nervous system.</p> <p>Review of R131's significant change Minimum Data Set (MDS), located in the RAI (Resident Assessment Instrument) tab of the EMR and with an Assessment Reference Date (ARD) of 02/19/25, revealed R131 had a Brief Interview of Mental Status (BIMS) score of 9 out of 15, which indicated R131 was moderately impaired in cognition. It was recorded R131 used a wheelchair for mobility.</p> <p>Review of R131's ADL [activity of daily living]/Mobility Care Plan, dated 01/06/25 and located in the RAI tab of the EMR, revealed, . Limited function ADLs and mobility due to impaired mobility and debility . Approaches included the use of a specialty chair as needed for comfort and positioning.</p> <p>During a family interview on 03/05/25 at 11:32 AM, Family Member (FM)1 was asked if R131's needs were being accommodated by the facility. FM1 stated, Yes, however, there is food all down in the wheelchair, and there is hair on the wheels. The wheelchair has been like this since she first was provided with the specialized chair, and it's still here today.</p> <p>During an observation on 03/06/25 at 9:27 AM, R131's Broda chair (specialized wheelchair) was observed to have a large amount of dried debris from the front to the back on each side of the seat cushion. In addition, the two small wheels in the back of the chair had blonde hair wrapped around the inner portion of wheels and was heavy enough to be sticking out of the wheel attachments. R131 did not have blonde hair.</p> <p>During an interview on 03/06/25 at 9:28 AM, Unit Manager (UM1) was asked when wheelchairs were cleaned and by whom. UM1 stated, [R131]'s chair is to be cleaned on the night shift, by the CNA [certified nurse aide] every Tuesday. UM1 was shown R131's Broda chair and was asked if the chair was clean and sanitary. UM1 confirmed that it was not clean and sanitary.</p> <p>During an interview on 03/07/25 at 12:22 PM, the Administrator confirmed that resident care equipment should be cleaned.</p>		