STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) from 2/8/2021 through 2/24/2021. The facility was found not to be in substantial compliance with Infection Control. The facility was previously cited on 8/28/20, during an infection control and complaint survey, for F880 Infection Control at a scope and severity of "L" due to failure to inform staff of positive COVID results and allowing the staff to continue to work in the facility. The deficient practice was lowered to an "F" after immediacy was removed. During the survey on 2/24/21, the facility was not following infection control safety practices and guidance recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) and was again cited at F880. This scope and severity was cited at an "F" for repeated deficient practice. The State Agency (SA) conducted complaint investigations (CI) MS #17256, CI MS #17501, CI MS #17196, CI MS #16871, and CI MS #17195 at the facility from 2/8/2021 to 2/24/2021. CI MS #16871, #17195, #17196 were not substantiated for quality of care. CI MS #17501 was not substantiated for infection control notification. CI MS #17256 was not substantiated for pressure areas. The facility had a census of 109 at the time of the survey and held a license for 140 beds.	F 000		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control	F 880		3/26/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/12/2021

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F 880	Continued From page 1 The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism	F 880		

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F 880	Continued From page 2 involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to prevent the likelihood of the spread of COVID-19 as evidenced by improper mask use by two (2) of eight (8) dietary employees while working in the kitchen. Findings include: Review of facility policy titled, "COVID-19 Education, Prevention and Response Guide", dated January 29, 2021, revealed "Our center is	F 880	- Dietary team member #1 identified by the Survey Agency as not wearing Personal Protective Equipment (PPE) appropriately was educated on 2/9/2021 by the District Manager for Healthcare Services Group and placed in the disciplinary process to ensure future compliance with infection control guidelines. Dietary team member #2 identified by the Survey Agency as not wearing Personal Protective Equipment (PPE) appropriately was educated on 2/9/2021 by the District Manager for	

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F 880	Continued From page 3 following best disease control practices to prevent this disease from entering our centers". "All long-term care facility personnel should wear a facemask and eye protection while they are in the facility... Team members in our center should wear facemask at all times." Observation of kitchen area on 2/9/2021, at 10:30 AM, Dietary Staff #1 was noted to be wearing a surgical mask below her nose while preparing food. An interview with Dietary Staff #1 on 2/9/2020, at 10:32 AM, revealed she is aware she should wear an N95 mask properly while in the facility but due to her lung issues, she prefers the surgical mask, even though she stated she does not always wear it properly. Dietary Staff #1 stated she has Chronic Obstructive Pulmonary Disease (COPD) and wearing a mask over her nose and mouth is difficult. Dietary Staff #1 stated she has been in-serviced on proper mask use and is aware the mask should cover the mouth and nose to prevent the spread of COVID-19 to the residents and other employees. Observation of kitchen area on 2/9/2021, at 10:30 AM, revealed Dietary Staff #2 wearing her N 95 mask below her chin with her nose and mouth uncovered. An interview with Dietary Staff #2 on 2/9/2021, at 10:34 AM, revealed she is aware her nose and mouth should be covered. Dietary #1 stated there are times she "just needs to take it off for a while". Dietary Staff #2 stated she has been in-serviced on mask use to decrease the risk of spread of COVID-19 and other infections. She stated she is aware that proper mask use will	F 880	Healthcare Services Group and placed in the disciplinary process to ensure future compliance with infection control guidelines. The entire dietary department were re-educated on 2/10/2021 by the District Manager of Healthcare Services Group. Director of Clinical Education started education with all other team members on 2/10/2021 in the center regarding the expectations in regard to proper use of PPE at all times while in the facility, specific to wearing face masks and eye protection and properly and donning and doffing of all PPE. - All facility residents have the potential to be affected by this deficient practice. - Facility walking rounds were started on 2/10/2021 and will be completed daily by the Nursing Home Administrator (NHA) and/or Director of Nursing Services (DNS) and/or the Assistant Director of Nursing Services (ADNS) on all three nursing units in the facility (East, West and Rehab Units) and dietary department, to monitor for compliance with Infection Control safety practices. Daily monitoring, beginning on 2/10/2021, by the NHA and/or DNS and/or ADNS will be specific to guidance related to the appropriate wearing of face masks, eye protection and donning and doffing of all personal protective equipment (PPE) for all COVID-19 in the facility. - Administrator and/or Director of Nursing Services and/or Assistant Director of Nursing will document results of facility	

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F 880	Continued From page 4 help keep staff and residents safe. An interview with the Dietary Manager on 2/9/2021, at 10:40 AM, revealed she and the staff have received in-services on Personal Protective Equipment (PPE) usage and precautions to prevent the spread of COVID-19. Stated each employee in the kitchen has been made aware of proper mask use in the kitchen area and facility. Stated she in-serviced the dietary staff on PPE and COVID-19 on 12/24/2020. An interview on 2/24/2021, at 6:30 PM, with the Director of Nurses (DON), confirmed the facility failed to ensure proper infection control practices to prevent the likelihood of the spread of COVID-19 and other infections by not properly wearing face masks that cover the mouth and nose. Record review of in-service attendance record confirmed Dietary Staff #1 and Dietary Staff #2 attended the in-service on PPE/Mask Use on 12/24/2020.	F 880	walking rounds daily to ensure the guidance is being met for four (4) weeks, beginning 2/10/2021, then three (3) days per week, beginning 3/10/2021, for an additional four (4) weeks then weekly, beginning 4/6/2021, for four (4) weeks to identify any deficiency in specific to guidance related to the appropriate wearing of face masks, eye protection and donning and doffing of all personal protective equipment (PPE) for all COVID-19 areas in the facility. Results of audits will be taken to the center Quality Assurance Performance Improvement (QAPI) committee meeting, beginning 2/22/2021, for three (3) months to ensure compliance. Any deficient practices identified will be addressed through education and potential disciplinary action with identified team members and will be discussed with additional plans for correction documented and implemented.	