STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING _____ B. WING _____	08/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	800 STANSEL DR RULEVILLE, MS 38771

(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) on 08/04/2020. The facility was found to not be in compliance with infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The SA cited the regulatory deficiency at F880. The census at the time of the survey was 105, and the facility held a license for 111 beds.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control 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;	F 880		9/2/20

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

Electronically Signed | 08/21/2020

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F 880	Continued From page 1 §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 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.	F 880		

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F 880	Continued From page 2 §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, record review, and interview, the facility failed to prevent the potential spread of infection as evidenced by staff not performing hand hygiene when entering and exiting resident rooms for one (1) of four (4) resident observations, Resident #1. Findings include: A review of the facility's "Coronavirus (COVID-19)" policy, dated 03/20/2020, revealed, under the subtitle of "Preventing Illness", to perform hand hygiene with alcohol-based hand rub before and after all resident contact. Use soap and water if hands are visibly soiled. On 08/04/2020 at 11:15 AM, an observation on the East Wing of staff delivering meal trays, revealed, Certified Nursing Assistant (CNA) #1 entered Room E3. CNA #1 entered the room, rearranged items on the tray, and exited room. CNA #1 took the contaminated tray to the tray cart in the hall, opened the cart door, and placed the tray in the cart. CNA #1 walked to Room E5, opened the door, entered the room, moved the over bed table to the side of Resident #1's bed and set the tray on the table. CNA #1 attempted to feed Resident #1 as he was in the bed. After CNA #1 finished feeding Resident #1, she returned the overbed table across the room, took the tray out to the cart, opened the cart doors and placed the contaminated tray back in the cart. CNA #1 did not wash her hands or use hand sanitizer on her hands at any time after leaving	F 880	Please consider this Plan of Correction as Ruleville Nursing and Rehabilitation Center, LLC credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare and Medicaid requirements. Submission of this plan of correction is not an admission that a deficiency exist or that the facility agree they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our Residents and are submitted solely as a requirement of the provisions of Federal and State Law. 1. Certified Nursing Assistant (CNA)#1 was in-serviced and re-educated on August 4, 2020 by Infection Control Nurse on performing hand hygiene when entering and exiting residents rooms. No Residents had any negative outcome. 2. All Residents have the potential to be affected. 3. An in-service was initiated August 4, 2020 by Infection Control Nurse for facility staff on performing hand hygiene when entering and exiting residents room to reduce the potential spread of infections.	

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F 880	Continued From page 3 Room E3, taking the contaminated tray to the cart, entering Room E5, setting up his tray, feeding Resident #1, and then returning his tray to the cart. On 08/04/2020 at 11:30 AM, an observation and interview with CNA #1, revealed, she was in training. CNA #1 stated she should have used hand sanitizer before leaving a room or entering another resident's room, but she did not have any hand sanitizer and did not think there was any soap in the Resident #1's bathroom. CNA #1 walked to the bathroom and discovered there was soap in Resident #1's bathroom. CNA #1 revealed she had attended training related to infection control and handwashing, including before leaving a resident's room and entering another resident's room. CNA #1 revealed the reason she should wash her hands or use hand sanitizer between resident rooms is because it could cause the spread of infection. During an interview, on 08/04/2020 at 11:40 AM, the Infection Control Nurse revealed, the staff should be performing hand hygiene before leaving a resident's room and before entering another resident's room. The Infection Control Nurse revealed CNA #1 has attended in services related to handwashing. On 08/04/2020 at 11:45 AM, an interview with the Administrator, revealed, the facility had plenty of hand sanitizer mounted on the wall in the hallways, and they (staff) have individual bottles that can fit in their pockets. The Administrator revealed there had been trainings for the CNAs that instructs them to wash their hands before and after providing care to the residents.	F 880	4. The Director of Nurses and/ or Infection Preventionist will conduct rounds and audit two times a day, time five days time four weeks beginning August 5, 2020 to ensure proper hand hygiene is performed when staff are entering and exiting residents' rooms. Any concerns will be immediately addressed. The Director of Nurses will forward the results of the audits to the Executive Director September 1, 2020 . The Executive Director will forward the results of the audits to the monthly Quality Assurance Committee . The Quality Assurance will determine the frequency or discontinuation of audits based upon the results achieved.	

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F 880	Continued From page 4 A record review of the facility's in-service titled, "Proper Handwashing", dated 06/25/2020, revealed CNA #1's signature documented for being in attendance. An in-service, dated 04/02/2020, revealed CNA #1 was in attendance for a training on washing hands between residents.	F 880		