STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255325	A. BUILDING _____ B. WING _____	06/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	5420 HIGHWAY 80 EAST PEARL, MS 39208

(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 Centers for Medicare &Medicaid Services (CMS) on June 9-10, 2020. The facility was not in substantial compliance with 42 CFR Â§483.80 (Infection Control), Subpart-B-Requirements for Long Term Care Facilities. The facility was not following infection control safety practices and guidance recommended by CMS and the Centers for Disease Control and Prevention (CDC), during a COVID-19 pandemic. The census was 42. The following deficiencies resulted in the facillity's noncompliance	F 000		
F 880 SS=E	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	F 880		7/22/20

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

Electronically Signed | 07/10/2020

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F 880	Continued From page 1 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 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 observations, staff interviews, record review and review of the facility's policy entitled, CDC guidelines entitled, "Responding to Coronavirus (COVID-19) in Nursing Homes," the facility failed to ensure staff cleaned and/or disinfected a blood pressure machine and thermometer between resident use to prevent the possible spread of infection for six (6) of six (6) sampled residents (Resident #'s 1, 2, 3, 4, 5 and 6). The findings included: During an observation on the 300 hall (Quarantined Unit) on 6/9/2020 at 10:10 a.m., Certified Nurse Assistant (CNA) #1 entered six (6) rooms (308, 310, 311, 312, 313, and 314) with a blood pressure machine and thermometer. Without cleaning equipment between each resident, the CNA checked each resident's vital signs. Review of medical records for Residents' #1, #2, #3, #4, #5, and #6 revealed they were new admissions and/or readmissions quarantined for 14 days. Observations on 6/9/2020 at 10:10 a.m. revealed there were no isolation signs posted outside of the rooms. Review of the undated facility policy entitled, "Cleaning and Disinfecting Medical Equipment," revealed "9. Vital sign equipment is sanitized with Sani-Wipes after each resident use on isolation	F 880	Tag 0880 The violation is that the facility failed to ensure staff cleaned and/or disinfected a blood pressure machine and a thermometer between resident use to prevent the possible spread of infection. A CNA was observed using the same equipment between residents without proper cleaning. The corrections are: An immediate in-service was conducted with all nursing staff on all shifts on June 9, 2020. During that in-service, the infection preventionist performed a demonstration of proper cleaning and disinfecting of the blood pressure machine and thermometer that was used by the CNA who was observed using the same equipment between residents. Isolation signs were posted outside residents rooms to identify proper isolation protocol. All residents are monitored for any signs and symptoms of infection and temperatures are taken every eight hours. All residents have the potential to be exposed. Audits will be conducted weekly times four weeks, then monthly, in order to ensure	

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F 880	Continued From page 3 hall. (300 hall)." During an interview with CNA #1 on 6/9/2020 at 10:40 a.m., she stated equipment should be cleaned between each resident using a purple top wipe (disinfectant wipe). During an interview with the ADON (Assistant Director of Nursing) who was also the Infection Control Nurse on 6/9/2020 at 11:43 a.m., she stated all medical equipment should be cleaned between each point of contact with all residents. During an interview with the Assistant Administrator on 6/9/2020 at 11:45 a.m., she stated each resident was quarantined for at least 14 days and equipment should be cleaned according to the facility policy.	F 880	staff is cleaning and disinfecting all equipment between resident use. The infection preventionist will conduct all audits. The assistant administrator, director of nursing, and infection preventionist met to review the policy entitled "Cleaning and Disinfection of Resident-Care Equipment". Updates were made to include the proper cleaning materials to be used. These changes were made on July 3, 2020. This policy will be reviewed quarterly and changes will be made as needed. All corrective actions will be completed by July 24, 2020. The plan of correction will be monitored at the QA monthly meetings until such time consistent substantial compliance has been met.	