STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255332	A. BUILDING _____ B. WING _____	08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLMES COUNTY LONG TERM CARE CENTER - DURANT	15481 BOWLING GREEN ROAD DURANT, MS 39063

(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 The State Agency (SA) conducted an annual recertification survey from 8/2/2021 to 8/5/2021. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F576 and F880. Census at time of survey was 78 and faciity had 80 beds.	F 000		
F 576 SS=D	Right to Forms of Communication w/ Privacy CFR(s): 483.10(g)(6)-(9) §483.10(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense. §483.10(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to: (i) A telephone, including TTY and TDD services; (ii) The internet, to the extent available to the facility; and (iii) Stationery, postage, writing implements and the ability to send mail. §483.10(g)(8) The resident has the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service, including the right to: (i) Privacy of such communications consistent with this section; and (ii) Access to stationery, postage, and writing implements at the resident's own expense.	F 576		9/23/21

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

Electronically Signed | 08/30/2021

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.

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F 576	Continued From page 1 §483.10(g)(9) The resident has the right to have reasonable access to and privacy in their use of electronic communications such as email and video communications and for internet research. (i) If the access is available to the facility (ii) At the resident's expense, if any additional expense is incurred by the facility to provide such access to the resident. (iii) Such use must comply with State and Federal law. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews and record review the facility failed to ensure Saturday mail delivery to 1 out of 12 residents that voiced a concern during Resident council. FACILITY Resident Council Record review of the Mail Delivery Policy dated 2/2009 revealed under policy: It is the policy of this facility to deliver the Resident's mail timely. Under procedure: This mail will be delivered to the resident Monday thru Friday by the activity director. If the Resident receives mail on a Saturday, it will be delivered to the Resident by the week-end RN Unit Manager. Record review of the Resident's Rights policy with revised date of 8/16/16 revealed the center, through its Administrator, is responsible for establishing written policies that will safeguard the rights and responsibilities of medical assistance residents. The staff of the center is trained and involved in the implementation of these policies	F 576	1. Residents are receiving mail on Saturday. 2. The facility has determined that all residents have the potential to be affected by this deficient practice. 3. On 8/23/2021 the Administrator in serviced all RN supervisors, charge nurses and door monitors on receiving and delivering of mail to residents on Saturdays. A notice was sent to the post office requesting mail be delivered to this facility per administrator on 8/21/2021. 4. The Administrator will monitor 1 X week x 5 weeks for delivery of mail This plan of correction was initiated on Monday, 8/23/2021. The mail was delivered on Saturday, 8/28/2021. Beginning 8/28/2021 a sign in log of mail delivery is being kept by the Administrator and monitored 1 X week X 5 weeks. The Administrator or Director of	

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F 576	Continued From page 2 and procedures. The Administrator is responsible of adherence of the policies and procedures and for making them known to residents, families, and sponsors. Resident's rights, policies, and procedures shall insure that each resident admitted to the center may associate and communicate privately with persons of his choice and send and receive his personal mail unopened unless medically contraindicated (as documented in his Medical Record by his attending physician). On 08/03/21 at 03:00 PM Resident council meeting was held in the facility dining room with 12 Residents in attendance. Questions were discussed and the residents reported they do not get their mail on Saturdays. Resident #40 revealed they do not get the mail on Saturdays because the front office is closed. On 8/04/21 at 09:20 A.M. an interview with the Administrator revealed that they do not deliver the regular mail to the facility on Saturdays. Stated this is how it has been the whole 12 years she has been at the facility. Stated she is unsure why this is, but she guesses it is because the business office is closed. The Administrator denied ever checking to see why the regular mail is not delivered on Saturdays. On 08/05/21 at 08:40 A.M. the State Agent (SA) conducted a phone interview with the postmaster at the local post office and revealed the mail is not delivered to the nursing home on Saturdays because the office is closed. The Administrator revealed it has been like this for the three years he has been the postmaster, he has considered the nursing home a business and we deliver the mail Monday through Friday to all businesses. He revealed the nursing home could get the mail on	F 576	Nursing will report findings monthly to the Quality Assurance Committee X 3 months to ensure continued compliance. The Quality Assurance committee will recommendations or changes as needed.	

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F 576	Continued From page 3 Saturdays but the person in charge would need to call here, and we could work something out. On 08/05/21 at 09:00 A.M. the administrator presented to the SA a typed statement of " we don't receive mail on Saturday from Durant Post Office.".	F 576		
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; §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	F 880		9/23/21

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F 880	Continued From page 4 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. §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 record review the facility failed to follow standard	F 880	1. On 8/6/2021 the Registered Nurse (RN#1) and Certified Nursing Assistant	

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F 880	Continued From page 5 infection control practices for 2 of 4 days of observations made during survey. FACILITY Infection Control Policy review of the Facility policy titled "Hand Sanitizing Procedure" with revised date of 4/2015 revealed it is the policy of this facility to use hand sanitizer or hand sanitizer wipes as a substitute between hand washing when hands are not visibly soiled or dirty and/or after contact with objects (e.g., medical equipment) in the immediate vicinity of the resident. On 08/05/2021 at 08:30 AM, an observation of the dining room breakfast meal revealed Registered Nurse (RN#1) picked up Resident #7 (seven)'s contaminated tray when he finished eating, she did not wash her hands or use hand sanitizer and she remained in the dining room. RN #1 retrieved a clean clothing protector from a bag in the dinning room and gave it to Resident #74. RN #1 picked up a second contaminated meal tray and ticket and she did not wash her contaminated hands or use hand gel. RN #1 picked up a used clothing protector folded it and set it on a dinning table. She did not use hand gel or wash her hands. On 8/5/2021 at 9:05 AM, an interview with RN #1 confirmed she did not wash her hands or use hand sanitizer after picking up some trays and then handling a clean clothing protector for another resident. RN #1 confirmed she should have used hand sanitizer after picking up the trays and before assisting another Resident and it could spread germs from one resident to another	F 880	(CNA #1) were immediately in-serviced by the Director of Nursing on proper hand hygiene and transmission based precautions. 2. The facility has determined that all residents have the potential to affected. 3. Beginning 8/9/2021 the Director of Nursing, Infection Prevention nurse and Staff Development nurse conducted in-services with the RN's LPN's and certified nursing assistants in the facility. The in services provided included education material on transmission based precautions and prevention of spread of infection with proper hand hygiene per facility protocol . A demonstration was provided to all in attendance by the Director of Nursing, Infection prevention nurse and Staff Development nurse and a return demonstration was provided individually. Observations by the Director of Nursing, Staff development nurse or Infection Prevention nurse of 3 staff members 2 X week x 5 weeks of hand washing check offs will continue from 8/9/2021 4.Beginning 8/9/2021 the monitoring of delivery of meal trays and snacks for proper infection control practice to prevent the spread of infection was initiated by the Director of Nursing, Staff Development nurse and Infection Control nurse. Observing of 6 residents for 1 meal time delivery and 6	

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F 880	Continued From page 6 resident. When asked had she been in-serviced in Hand Hygiene she replied not since I have been here, probably during orientation, but it was so much in orientation. On 08/05/2021 at 9:15 AM, an interview with the Director of Nurses (DON) confirmed staff are in-serviced on hand hygiene and infection control practices upon hire and frequently by the Infection Control nurse or the staffing development nurse. 08/05/2021 at 6:43 PM, an interview with the Administrator confirmed RN #1 supervisor should have washed her hands or used sanitizer before giving the clean clothing protector to a Resident after picking up contaminated trays, it is an infection control issue that could cross contaminate. Record review of employee orientation checklist revealed Joanna Sodom completed an In-service titled "Infection Control Orientation Check List "on 04/19/21, and "Hand hygiene" on 04/19/2021. FACILITY Dining Observation An observation on 8/3/21 at 2:45 PM of Certified Nursing Assistant #1 passing out snacks to the residents on hall B. Snacks were on a plastic dining tray. CNA #1 entered Resident #24's room with the snack tray. She allowed Resident #24 to	F 880	residents for snack delivery will continue 3 X week x 5 weeks from 8/9/2021 by the Director of Nursing, Infection Prevention nurse and staff development nurse. This practice is to ensure staff are performing the procedures in accordance with our facility's policy. This plan of correction was brought to the Quality Assurance meeting on 8/11/2021 by the Director of Nursing. The Administrator or Director of Nursing will continue to report findings monthly to the Quality Assurance Committee X 3 months to ensure consistent substantial compliance has been met. The Quality Assurance committee will make recommendations or changes as needed	

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F 880	Continued From page 7	F 880		

reach and take a bag of chips off the tray. Resident #24 reached over three bags of chips and picked up the third bag. While reaching to get the third bag of chips, her left lower arm drug over the other 2 bags of chips. Then CNA #1 took a snack cake off the snack tray and opened it and gave it to Resident #1. CNA #1 left that Resident's room and continued into Resident room #B14 and then to Resident room #B17. CNA #1 offered the Resident's a snack, and they did want a snack and CNA #1 handed the snack to them.

An interview on 8/3/21 at 3:00 PM with CNA #1 revealed she should not have allowed Resident #24 to get a snack off the tray because it can cause an infection.

An interview on 08/05/21 at 08:00 AM with the Director of Nursing (DON) revealed CNA #1 should have never taken the tray of snacks in the Resident's room and allow Resident #24 to reach over the tray to get a snack because that would contaminate all that is on the tray and then it could spread germs and cause infection control issues.

An interview on 08/05/21 at 06:45 PM with the administrator revealed that CNA #1 should never have allowed the resident to get her own snack off the tray because of infection control and this could cause it to spread to others.