STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255102	A. BUILDING _____ B. WING _____	C 12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	**101 CUNNINGHAM DR RIPLEY, MS 38663**

(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 and complaint investigations, MS CI #17303 and MS CI #17271, was conducted by the State Agency (SA) on 12/01/20. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and cited F-880. The facility was found to be compliance for the complaint investigations, MS CI #17303 and MS CI #17271, were not substantiated, with no deficiencies cited. The census at the time of the survey was 108.	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		12/30/20

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

Electronically Signed | 12/16/2020

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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 observation, staff interviews and facility policy review, the facility failed to prevent the spread of infection during a COVID-19 Infection Control Survey as evidenced by failure to perform hand hygiene and wear a mask for one (1) of two (2) days of observations. Findings include: Review of the facility's "COVID-19 Education, Prevention and Response Guide," policy, dated 9/14/20, revealed, "This center considers hand hygiene the primary means to prevent the spread of infections. Team members in our center should wear facemasks at all times." An observation on 11/30/20, at 12:01 PM, of a Dietary Employee #1 who had entered the building without a mask on and was observed talking to Employee #2 who was checking temperatures in the front lobby. There were four (4) other residents sitting in the front lobby in close proximity to Employee #1 who continued to not have her mask on her face. When asked why she wasn't wearing a mask, Dietary Employee #1 stated, "Oh, it's my day off, I'm just here to get a COVID test". During an interview on 11/30/20, at 12:03 PM, with Employee #2 who was checking temperatures, stated, "I would normally not let them in without a mask, but I had the mask at the desk and was just about to give her one."	F 880	F880 The plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth in the statement of deficiencies. 1. Corrective action for Dietary Employee found to have conducted the deficient practice was corrected immediately on 11/30/20 by the requiring the employee to don a mask. The following day DNS (Director of Nursing) and ADNS (Assistant Director of Nursing) completed 1:1 training for proper of donning of mask prior to entering building. Since the center administration did not know the identity of the Certified Nurse Aide that delivered meal trays without performing hand hygiene, immediately after the surveyor's departure on 12/1/20, staff, including Certified Nursing Assistants, were grouped together and in-serviced on proper infection control practices including hand hygiene and infection transmission by the Director of Nursing and Assistant	

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F 880	Continued From page 3 An observation of residents throughout the building eating their lunch meal, on 11/30/20 at 12:28 PM, revealed on D hall Certified Nursing Assistant (CNA) #1 distributed meal trays to residents in rooms D11, D15, D12 and D13. CNA #1 was observed to enter and exit each room without utilizing hand sanitizer or performing any type of hand hygiene between each resident's meal tray pass. Interview on 11/30/20 at 12:34 PM revealed with CNA #1 regarding passing of meal trays revealed CNA #1 stated "I should be using hand sanitizer after I come out of each room, but I think I just used it twice maybe." The employee confirmed that she has been in-serviced on hand hygiene and should have utilized the hand sanitizer after each resident. An interview with the Infection Control Nurse on 12/01/20, at 1:25 PM, revealed that she completed weekly in-services with the staff regarding infection control and she also completed walking rounds daily to check for proper infection control measures. She confirmed that the employee should have used hand sanitizer before and after each room or washed her hands and that all employees should wear mask at all times to prevent the spread of COVID-19.. Review of the facility in-services dated 11/05/20, titled "Handwashing and PPE (Personal Protective Equipment)," revealed CNA #1 was in-serviced on 11/05/20. Review of the Certificate of Completion revealed that Dietary #1 completed "CMS (Centers for	F 880	Director of Nursing. Completion date of 12/1/20. 2. All residents in the center have the potential to be affected by this deficient infection control practice. Immediately after learning of the deficient practices the DNS/ADNS (Director of Nursing/Assistant Director of Nursing) conducted visual rounds to ensure proper donning of PPE and hand hygiene. Completion date 12/1/20. 3. The facility will ensure the deficient practice of not following donning masks properly and failure to comply with hand hygiene will not recur by conducting a Root Cause Analysis (RCA) with assistance from the Infection Preventionist, QAPI (Quality Assurance and Performance Improvement) and Governing Body by 12/15/20. Additionally, the DCE (Director of Clinical Education) and Administrator will assure that staff complete training on the principles of transmission based precautions and hand hygiene from online infection prevention training courses offered by the CDC (Centers for Disease Control and Prevention). These courses will be completed by 12/30/20. If for some reason an employee cannot complete the online course in this timeline the center will not allow the employee to work until completion has been achieved. An additional in-service was completed on 12/1/20 by DNS/ADNS (Director of	

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F 880	Continued From page 4 Medicare and Medicaid Services) Target COVID-19 Training for Frontline Nursing Home Staff" on 11/05//2020.	F 880	Nursing/Assistant Director of Nursing) with staff addressing wearing face mask and hand hygiene. On 11/30/20 a bin was placed outside front entrance to ensure all staff dons a mask prior to entering center. Completion date 12/30/20. 4. The facility plans to monitor its performance to make sure that the above solutions identified in bullet number three are sustained by requiring the center's Infection Control Preventionist or Administrator to monitor for compliance by making infection control rounds to ensure proper donning of mask and hand hygiene practices are being followed by staff daily times two weeks, three times a week for two weeks, then weekly for four weeks. The facility has developed a monitoring tool to capture the infection control monitoring rounds to assure corrective action is evaluated and sustained. This plan of correction has been implemented and integrated into the Quality Assurance system as evidenced by addressing the deficient practice and improvement plan in the QAPI (Quality Assurance and Performance Improvement) meeting on 12/15/20. Any deficient practice noted during these infection control rounds will be immediately corrected through one-on-one in-servicing and/or the center's progressive discipline policy and brought to QAPI (Quality Assurance and Performance Improvement) for review for two months. Completion Date 12/15/20.	