STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255299	A. BUILDING _____ B. WING _____	12/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINEYARD COURT NURSING CENTER	2002 5TH STREET NORTH COLUMBUS, MS 39705

(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 12/23/20. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations with Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and F880 was cited. The census at the time of the survey was 48.	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; §483.80(a)(2) Written standards, policies, and	F 880		1/27/21

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

Electronically Signed | 01/26/2021

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F 880	Continued From page 1	F 880		

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.

§483.80(f) Annual review.
The facility will conduct an annual review of its

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and facility policy review, the facility failed to use signage consistently throughout the facility to identify the COVID-19 positive rooms from the COVID-19 negative rooms for one (1) of eight (8) resident rooms on one (1) of three (3) hallways observed. Findings include: Record review of the facility policy dated 05/08/20, titled, "COVID-19 Reporting," stated, "It is the policy of this facility to share appropriate information regarding COVID-19 with staff. The facility has implemented a system of surveillance designed to identify possible communicable diseases or infection, including COVID-19, before they can spread to other persons in the facility." An interview with the Director of Nursing (DON) on 12/23/20, at 9:20 AM, revealed that the facility had their first COVID-19 positive employee on 12/01/20 and their first COVID-19 positive resident 12/07/20 and it "spread like wildfire throughout the building." An interview with the Administrator on 12/23/20, at 9:30 AM, revealed that initially when they had their first COVID-19 positive residents on 12/07/20, the facility designated rooms 11, 13, 14, 15, 16, 17, 18, 19 and 20 as the facility's designated COVID-19 Unit and developed a temporary wall to block off these rooms. Then on 12/11/20, the facility had 12 more residents develop COVID-19 positive test results and it was on all 3 units of the facility at that time. The facility	F 880	F-Tag 880 No resident suffered adverse effects from this deficient practice. The room identified that was without signage indicating whether the resident was positive or negative for Covid-19 had the proper signage posted 12/23/2020, by the Interim Administrator. Staff was in-serviced beginning 12/23/2020, by the Interim Administrator on the new system for the indication of positive and negative Covid-19 residents by the red and green tags on the doors and this was continued through 12/24/2020, by the charge nurses and the department heads on each of the subsequent shifts and completion of the in-service was 12/24/2020. All residents have the potential to suffer adverse effects from this deficient practice. A 100% audit was completed on 12/23/2020, for the signage on all resident's doors by the Interim Administrator and the Administrator In Training and red tags with a letter indicating the position of the resident's bed in the room were posted on the doors of all positive Covid-19 residents and green tags with a letter indicating the position of the resident's room were posted on the doors of all negative Covid-19 residents. The facility will follow a new system on	

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F 880	Continued From page 3 was unable to move residents around, so they took down the wall and placed Personal Protective Equipment (PPE) outside every room and was notifying the facility staff in stand up every morning of the new positive COVID-19 residents as they developed COVID-19 positive results. A tour of the facility with the DON on 12/23/20, at 10:00 AM, indicated to the State Agency (SA) that one (1) COVID-19 positive resident's room was not identified. An observation was made of a lack of signage on the door to indicate the type of Transmission Based Precautions which would be required. The DON stated, "I guess the sign was knocked off the door." The DON confirmed that there would be no way for the staff to know what type of precaution would be needed and that would be important to prevent the spread of infection. An interview with the Infection Control Nurse on 12/23/20, at 10:10 AM, revealed that she makes rounds in the facility a couple times a day and stated, "I thought there was a sign on the door of the room. I'm not sure why the door doesn't have a sign, but all the staff know." The Infection Control Nurse referred the State Agency (SA) to the Administrator when asked about the most recent in-services that were conducted regarding infection control and identifying the status of the resident's in the rooms before the staff enter. Observations were made on 12/23/20, between 10:00 AM and 2:00 PM, of carts in the hallways with PPE available in the carts for staff to obtain before entering the resident rooms. Interview on 12/23/20 at 10:25 AM with LPN #2	F 880	indicating which rooms have positive and negative residents by the use of red and green tags on the residents doors with the uses of an “A”, “B”, or “C” on the tags indicating the position of the resident’s bed in the room. Also, the signage for precautions for any residents requiring more than Standard Precautions will be placed in a holder affixed to the door(s). Staff were in-serviced by the Interim Administrator, on the new system for the indication of positive and negative Covid-19 residents by red and green tags on the doors and on the new use of holders affixed to the door to indicate the type of precautions needed for that room and/or resident. This in-service began on 12/23/2020 and was continued through 12/24/2020, by the charge nurses and department heads on each subsequent shift and was completed on 12/24/2020. Staff was in-serviced on the principles of transmission-based precaution from the online infection prevention training course offered by the Center for Disease Control by the Director of Nursing on 1/26/2021 and continued until the in-service was completed on 1/27/2021. All new hires will receive training on the signage on the doors for positive and negative Covid-19 residents and on the principles of transmission-based precaution upon hire by the Director of Nursing or Quality Assurance Nurse. Any new or changing results of Covid-19 testing will be updated daily by the Social Service Director Monday through Friday and by the Registered Nurse Supervisor on the weekends as new test results are	

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F 880	Continued From page 4 who was administering medications on a medication cart stated, "I'm usually working in social services. I would look for the signs on the door regarding precautions." LPN #2 confirmed the room did not have a sign on the door regarding droplet precautions and stated, "I'm wearing my PPE in every room." Interview with the Administrator on 12/23/20 at 11:30 AM revealed that they have a stand up meeting every morning and discuss the facility's positive COVID-19 cases and staffing and that everyone should know who is positive and who is negative, but there probably should be signs on the doors. The SA asked the Administrator if the management staff should be reporting this to their staff that they manage and she stated, "Yes, they all should be able to identify where our positives are in the building and which residents are negative for COVID-19 in the building and all the staff have been in-serviced regarding infection control."	F 880	received beginning 12/23/2020 and will be ongoing to ensure compliance. The signage on resident's doors indicating if the residents are positive or negative for Covid-19 in that room and what transmission based precautions they require will be monitored beginning 12/23/2020, five days a week for four weeks by the Director of Nursing, and then three times a week ongoing to ensure compliance. Adverse finding will be forwarded to the Quality Assurance Committee will be ongoing. The Quality Assurance Committee perform a Quality Assurance and Improvement Plan for the adverse findings.	