STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255252	A. BUILDING _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF GREENVILLE	1221 EAST UNION STREET GREENVILLE, MS 38703

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility form 2/28/21 through 3/4/21. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations for participation and cited F-812 related to food being stored without a label or date, F-880 related to infection control due to staff not wearing face mask properly, and F- 908 for failure to maintain a wheelchair in a manner to prevent the possibility of potential injury. The census at the time of the survey was 76 with a license for 116 beds.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812		3/29/21

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

Electronically Signed | 03/12/2021

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F 812	Continued From page 1 Based on observation, staff interview, facility policy review the facility failed to label and date left over food in the refrigerator for one (1) of two (2) tours. Findings Include: Review of the facility policy titled, "Food Storage Labeling", revised 10/17, revealed that the facility will ensure the safety and quality of food by following good storage and labeling procedures. The procedure revealed suggested labeling include the common name and the date of preparation or the use by date. An observation of the standalone refrigerator on 3/2/21, at 11:30 AM, revealed metal containers of fortified sweet potatoes, vegetable soup, and chicken soup not labeled or dated. An interview, on 3/2/21 at 11:45 AM with the Dietary Manager (DM), confirmed the containers should be labeled and dated in order to know how long they had been in the refrigerator, so they could be discarded. The DM revealed she did not know what staff member placed the containers in the refrigerator unlabeled. The DM stated that bad food could cause sickness. An interview, on 03/04/21 at 12:45 PM, with the DM revealed that she and her staff were aware to date and label items in the refrigerator. She confirmed that they failed to date and label the fortified sweet potatoes, the vegetable soup, and the chicken soup. The DM stated that her staff had been in serviced on labeling and dating refrigerated items. Record review revealed an in-service dated	F 812	1. Metal containers of fortified sweet potatoes, vegetable soup, and chicken soup not labeled or dated were removed and discarded on March 2, 2021. The Dietary Manager in-serviced the dietary staff on proper labeling and dating foods in the refrigerator on March 2, 2021. Staff Development Nurse did an in-service on March 8, 2021 including Nurses, Certified Nursing Assistants, Maintenance, Housekeeping, Laundry, Dietary and Administrative Department on labeling and dating items in Dietary and wheelchair repair orders, wearing mask properly and clutter in hallways on covid unit. 2. Residents who eat food out of the kitchen have the potential to be affected. 3. The Dietary Manager in-serviced the staff on proper labeling and dating foods in the refrigerator on March 10, 2021 and March 17, 2021. An audit tool, DSM Daily Start-UP Checklist will be used to monitor the labeling and dating of foods in the refrigerator 5 days a week by the Dietary Manager beginning March 5, 2021. 4. To ensure compliance the Dietary Manager will audit to ensure food is labeled and dated correctly 5 days a week for 4 weeks then weekly for 4 weeks then monthly for 3 months. The results of these audits will be referred to the QA/QAPI committee and it will be determined if continued compliance has been achieved.	

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F 812	Continued From page 2 1/12/21, provided by the DM, addressed labeling, and dating of foods. Record review revealed four (4) staff members attended.	F 812		
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 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	F 880		3/29/21

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F 880	Continued From page 3 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 interview, facility policy review and record review, the facility failed to ensure staff wore masks appropriately covering the nose and mouth to prevent the possible spread of the COVID-19 virus for three (3) of five (5) survey days.	F 880	1. Laundry Director, Dietary Manager, Dietary #1, #2, #3, LPN #2, and Nurses, Certified Nursing Assistants, Maintenance, Housekeeping, Laundry, Dietary and Administrative Department has been in-serviced concerning the	

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F 880	Continued From page 4 Findings Include: The facility policy titled, "Personal Protective Equipment", dated 4/1/20, revealed this facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff. An observation of the dietary department on 3/2/21, at 11:00 AM, revealed the Dietary Manager (DM) wearing her mask below her nose. Dietary staff #1 and #3 had their masks below their nose while preparing food and setting up trays for the lunch meal. An observation, on 3/3/21, at 1:45 PM, revealed Dietary Staff #2 in the dietary department with his face mask below his nose. An interview, on 3/3/21, at 2:30 PM, with the Dietary Manager (DM), revealed that she and all workers should have their masks over their mouth and nose. On 3/4/21, at 2:14 PM, an interview with Dietary staff #2 revealed he stated that he did not realize his mask was not over his nose. He stated that his mask should be covering his nose because of the virus. Dietary staff #2 confirmed he has had in service education on proper wearing of Personal Protective Equipment (PPE). An interview, on 3/4/21, at 11:30 AM, with Dietary staff #1 revealed that when she talks her mask comes down. She stated that this was not good because when talking saliva could come in contact with others and the food and possibly spread the virus. Dietary staff #1 stated that she	F 880	proper wearing of mask which includes Personal Protective Equipment to prevent the transmission of pathogens to residents, visitors, and staff, Wheelchairs repair orders, labeling and dating items in dietary and clutter in hallways on covid unit on March 8, 2021. 2. Staff, Resident and Visitors have the potential to be affected. 3. The Dietary Manager in-serviced the dietary staff on correctly wearing the correct mask on March 2, 2021, March 10, 2021 and March 17, 2021. Laundry Department in-service on wearing the correct mask correctly March 15, 2021 and March 17, 2021. Mask monitoring tool will be performed by Dietary Manager or Infection Control Nurse or Risk Nurse to ensure compliance with wearing the correct mask properly throughout the building 5 days a week beginning on March 8, 2021. 4. To ensure compliance the Dietary Manager, Infection Control Nurse or Risk Nurse will audit to ensure the correct mask are being worn correctly 5 days a week for 4 weeks then weekly for 4 weeks then monthly for 3 months. The results of these audits will be referred to the QA/QAPI committee and it will be determined if continued compliance has been achieved or if further monitoring is necessary.	

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F 880	Continued From page 5	F 880		

should get another mask that fits and does not slide down. Dietary staff #1 confirmed she has had in-service education regarding proper wearing of masks.

On 3/3/21, at 2:32 PM, an observation revealed Licensed Practical Nurse (LPN) #2 sitting at the nurse's desk with her mask not covering her nose. She then walked down the hall and provided resident care with her mask not covering her nose.

On 3/3/21, at 3:40 PM, an interview with LPN #2 revealed that she should wear her mask covering her mouth and nose. She stated that she guessed she was just not paying attention. LPN #2 stated that not properly wearing her mask could cause her or the resident to breathe in germs and COVID-19 is in the air. She stated that she has had several in-services on COVID-19, and they have been told to keep their masks on at all times.

On 3/3/21, at 2:48 PM, an interview with the Director of Nursing (DON) revealed that all the staff know they are supposed to wear masks, goggles, or face shields properly when on the floor because they are trying to protect residents from getting COVID-19.

On 3/2/21, at 4:00 PM, the Laundry Supervisor did not have a mask on during an interview with this surveyor. She did put a mask on during the interview. The Laundry Supervisor stated that she should wear a mask at all times in the laundry and a mask and goggles when she goes on the floor. She stated that she takes her mask off when she is in the laundry by herself. The Laundry Supervisor stated that according to

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F 880	Continued From page 6 facility policy and education, she should have a mask on all the time. Record review of a staff posting revealed all staff must wear facemasks at all times while at work. KN95 or N95 masks are to be worn on second and third floors at all times. Record review revealed that LPN #2, the Dietary Manager and Dietary Staff #1 and #3, and the Laundry Supervisor had attended in-service education classes related to face masks in November 2020. Dietary Staff #2's signature did not appear on any in-service sheets reviewed for proper PPE use.	F 880		
F 908 SS=D	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility policy review, the facility failed to prevent the potential of injury to a resident, as evidenced by the absence of a wheelchair arm rest exposing a protruding screw for one (1) of 18 residents reviewed. Resident #1 Findings Include: Record review of the facility policy titled "Equipment" undated, revealed wheelchairs, walkers, crutches, and canes will be provided to the residents and are maintained as the property of the facility.	F 908	1. This facility will maintain residents wheelchairs in safe working condition. The wheelchair for Resident #1 was repaired on March 3, 2021. 2. Residents that use a wheelchair have the potential to be affected. 3. Wheelchairs in use by Residents of the facility were inspected on March 3, 2021 by Maintenance Director or Maintenance Assistant to ensure wheelchair arms were not damaged. Nurses, Certified Nursing Assistants,	3/29/21

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F 908	Continued From page 7 An observation on 03/01/21, at 02:53 PM, revealed the left arm rest missing on Resident #1's wheelchair. Further observation revealed a screw that was sticking upward approximately 1/2 inch out of the metal piece where armrest should be. An interview on 03/01/21, at 02:54 PM, with Resident #1, confirmed that he does get up in the wheelchair at times. An observation on 03/03/21, at 11:14 AM, revealed Resident #1 up in his wheelchair with no arm rest on the left side. The screw was sticking upwards from metal bar. Resident #1 had on a long sleeve shirt. An observation and interview on 03/03/21, at 11:25 AM, with Licensed Practical Nurse (LPN) #1 confirmed the wheelchair did not have an arm rest on the left side. She confirmed the screw was sticking up and could cause a skin tear and possible infection. LPN #1 pulled Resident #1's sleeve up. There was no injury to his arm. An interview on 03/04/21, at 11:30 AM, with the Director of Nursing (DON) revealed that whoever notices equipment needs repair should report it. The DON stated the wheelchair arm should have been fixed, because getting the resident up in the wheelchair without the arm rest on and the screw sticking up could have caused an injury to the resident.	F 908	Maintenance, Housekeeping, Laundry, Dietary and Administrative Department was in-serviced on March 8, 2021 by the Staff Development Nurse on identifying wheelchairs repair orders, wearing masks properly, labeling and dating items in dietary, and clutter in hallways on covid unit. Maintenance Director or Maintenance Assistant began the maintenance weekly wheelchair safety repair assessment on March 8, 2021. 4. The Maintenance Director or Maintenance Assistant will complete the maintenance weekly wheelchair safety repair assessment on each hall one day a week for 4 weeks, (Second Floor A Wing, Second Floor B Wing, Second Floor Covid Hall, Third Floor A Wing and Third Floor B Wing), then one hallway weekly for 4 weeks, then one hallway monthly for 5 months to ensure they are in safe operating conditions. The results of these assessments will be referred to the QA/QAPI committee and it will be determined if continued compliance has been achieved.	