STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	08/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 880 SS=L	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 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:	F 880		9/25/20

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

Electronically Signed | 09/25/2020

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F 880	Continued From page 1 (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 observations, interviews, and record review, the facility failed to follow the Center for Disease Control and Protection (CDC) guidelines for the use of face masks in a healthcare setting to prevent pathogen transmission in response to COVID-19 observed on two (2) of three (3) units, and also failed to communicate and report employee COVID-19 test results to positive employees in order to quarantine and prevent further COVID-19 exposure to other residents and staff throughout the building for 25 days, for	F 880	- Both team members identified by the Survey Agency as not wearing Personal Protective Equipment (PPE) appropriately were re-educated on 8/20/2020 by the Assistant Director of Nursing Services (ADNS). ADNS started education with all other team members on 8/20/2020 in the center regarding the expectations in regard to proper use of PPE at all times while in the facility, specific to wearing face masks and eye protection properly	

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F 880	Continued From page 2 two (2) of 27 employees positive for COVID-19, which potentially affected all residents and employees at the facility. On 08/26/2020, the State Agency (SA) identified the facility had a total of two (2) positive COVID-19 employees who were not informed of their positive test results due to the delay from the Administrator to obtain the test results from the Mississippi State Department of Health laboratory. These two (2) employees worked with symptoms never quarantined, and potentially exposed 135 team members and 105 residents who were not previously COVID-19 positive. The facility's failure to follow appropriate COVID-19 infection control guidelines for wearing Personal Protective Equipment (PPE) and the failure to notify staff of positive COVID-19 lab results, had caused, or likely to cause serious injury, harm, impairment or death to residents and staff. The SA identified an Immediate Jeopardy (IJ) on 08/26/2020, and determined the IJ existed on 07/29/2020, when the first positive COVID-19 employee was identified at the facility by the MSDH lab. The facility had a total of two (2) employees positive for COVID-19, who had not been informed of their positive test results due to the delay by the Administrator to obtain the lab results from the MSDH lab. These two (2) employees worked with symptoms and was never quarantined. The facility was notified of the Immediate Jeopardy (IJ) on 08/26/2020 at 11:13 AM, and an IJ template was provided to the interim Administrator.	F 880	and donning and doffing of all PPE. Team members were also educated beginning on 8/21/2020 by the Director of Clinical Operations (DCO), Director of Nursing Services (DNS) and ADNS on proper PPE requirements when working in areas of the COVID-19 positive residents, COVID-19 observation/monitoring area(s) and the non COVID-19 area of the facility. Facility signed up for the electronic facsimile (eFax) line from the Mississippi State Department of Health Epidemiology Laboratory on 8/20/2020 and received all results from COVID-19 testing conducted on 7/27/2020. All 7/27/2020 results were distributed to employees by the Human Resources representative beginning 8/21/2020 until all results were delivered to employees. All team members and residents were tested beginning 8/21/2020 and results were distributed to team members, residents and families as received. - All facility residents have the potential to be affected by this deficient practice. - Facility walking rounds will be completed daily by the Nursing Home Administrator (NHA) and/or Director of Nursing Services (DNS) and/or the Assistant Director of Nursing Services (ADNS) on all three nursing units in the facility (East, West and Rehab Units) to monitor for compliance with Infection Control safety practices outlined in guidance recommended by the Centers for Medicare and Medicaid Services	

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F 880	Continued From page 3 The IJ existed at: 42 CFR(s): 483.80(a)(1)(2)(4)(e)(f) - Infection Prevention and Control (F880) The SA validated the facility's Removal Plan and the IJ was determined to be removed on 08/28/2020 prior to exit. Therefore, the scope and severity for 42 CFR(s): 483.80(a)(1)(2)(4)(e)(f)-Infection Prevention and Control (F880) was lowered from a "L" to a scope and severity of a "F", while the facility develops and implements a plan of correction and monitors the effectiveness of systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Review of the facility's, "COVID-19 Education, Prevention, and Response Guide" policy, dated August 10, 2020, revealed: "Ensure all staff are using appropriate PPE (Personal Protective Equipment) when they are interacting with patients and residents. All long-term care facility personnel should wear a facemask and eye protection while they are in the facility. Cloth face coverings are not considered PPE because their capability to protect healthcare personnel is unknown. To ensure patient/resident safety and to comply with Center for Medicare and Medicaid Services (CMS) guidance, implement active screening of residents and staff for fever and respiratory symptoms. All individuals permitted entry to our centers are required to adhering to the preventions and precautions in place to ensure the safety and well-being of our patients, residents, and team members. Team members in	F 880	(CMS) and the Centers for Disease Control and Prevention during a COVID pandemic. Daily monitoring by the NHA and/or DNS and/or ADNS will be specific to guidance related to the appropriate wearing of face masks, eye protection and donning and doffing of all personal protective equipment (PPE) for all COVID designated areas in the facility. Facility continued COVID testing weekly as required by the Mississippi State Department of Health (MSDH), Division of Epidemiology using an outside lab to meet the testing guidelines for facility outbreaks until the facility was cleared of the outbreak on 9/3/2020. All team members notified of individual results, positive or negative, by the DNS or ADNS when test results were received from lab. All resident tests resulted negative. Weekly testing continued based upon regulatory changes with testing based upon county positivity rates, completed using outside lab for all staff testing through 9/11/2020, with all team members notified of individual results, positive or negative, by the DNS or ADNS when test results received from the lab. On 9/14/2020, center began in-house antigen testing of team members based upon regulatory changes with testing based upon county positivity rates, with results, positive or negative, shared with team members verbally upon reading of the results. - Administrator and/or Director of Nursing Services and/or Assistant Director of Nursing will document results of facility	

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F 880	Continued From page 4 our center should wear facemask at all times. Notify all team members working in the center any time a single new COVID-19 case is confirmed among resident or staff or any time three or more residents or staff have new onset respiratory symptoms within a 72-hour period." Record review revealed, the National Guard conducted a facility wide COVID testing on 07/27/2020, for 100% of residents and 100% of the employees. During an observation and interview, at 10:10 AM on 08/20/2020, Licensed Practical Nurse (LPN) #2 was observed on the West Wing of the facility, in the hall, administering medications without a mask on. LPN #2's mask was observed her lying on her medication cart. An interview with LPN #2, confirmed that she wasn't wearing her mask. LPN #2 stated, "I have trouble wearing it because of my size but I'll get it on." LPN #2 confirmed she was aware that she should have her mask on at all times. She also confirmed that she had not received her COVID test results from the facility wide testing on 07/27/2020. An observation, on 08/20/2020 at 10:15 AM, revealed, LPN #1 was in the hallway by the nurses' desk with a cloth mask pulled down under his chin, not covering his mouth and nose, and he was talking within a foot of two other employees. LPN #1 was also observed, on 08/21/2020 at 1:30 PM, at the nurses' desk, on the East Hall, with his mask down around his neck. The State Agency (SA) asked him why he wasn't wearing his mask, and he stated, "They told us that we didn't have to wear our mask when we were at the nurses desk charting. An observation made of the East Hall nurses' desk, revealed it was an	F 880	walking rounds daily to ensure the guidance is being met for four weeks then three (3) days per week for an additional four weeks then weekly for two months to identify any deficiency in addressing respiratory conditions. Results of audits will be taken to the center Quality Assurance Performance Improvement committee meeting for four (4) months to ensure compliance. Any deficient practices identified will be addressed through education and potential disciplinary action with identified team members and will be discussed with additional plans for correction documented and implemented. Nursing Home Administrator will monitor that the Director of Nursing Services and Assistant Director of Nursing Services facilitate weekly testing for team members based upon regulatory guidelines, with testing based upon county positivity rates, with results, positive or negative, shared with team members. Nursing Home Administrator will compile results and submit testing results daily to the Mississippi State Department of Health, Division of Epidemiology as outlined by regulatory guidelines. Director of Clinical Services will monitor testing and result submission weekly for four weeks, bi-weekly for an additional four weeks and monthly for two months to ensure compliance. Any deficient practices identified will be taken to the Quality Assurance Performance Improvement committee where it will be discussed with plans for correction documented and	

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F 880	Continued From page 5 open desk area that has no windows or doors, and was in the open common area where staff and residents are in close proximity to this nurses' desk, with some less than six (6) feet away. Another staff member was also sitting at the nurses' desk within less than six (6) feet from this LPN. LPN #1 also confirmed that he was not wearing his mask properly on 08/20/2020 to cover his mouth and nose and that he wears it pulled down below his chin often while he is working. During an interview, at 10:00 AM on 08/20/2020, the Administrator confirmed the facility was COVID free, and that the facility didn't have any positive tests when the facility wide testing was completed on 07/27/2020. The Administrator stated he had some test results still pending from the National Guard testing that occurred on 07/27/2020, but he was not sure of the exact number of tests that the facility had pending. The Administrator stated, "It doesn't matter anyway, we are past our 14 days, so I'm not worried about it." An interview, on 08/20/2020 at 10:30 AM, with LPN #3, revealed, she stated that she had just found out her COVID results on 08/18/2020. She stated that she had to call the State lab office and obtain her COVID test results and she was negative. LPN #3 stated the staff had asked the Director of Nursing (DON) for their results, and she told them that the Administrator was handling all of the test results and she didn't have them. LPN #3 stated she asked the Administrator and he would always just say he had not got them yet. LPN #3 stated that Resident #1 had asked the Administrator several times for her results, but he has not told the residents their results yet either.	F 880	implemented. Directed Plan of Correction (DPOC) Summary outline of Training - Training will be conducted by Corporate Support Nurse and Assistant Director of Nursing Services. Both staff members have completed the Infection Prevention Training Modules and passed the required testing for the Infection Preventionist Certification. (Credentials to Follow) - Nursing Home Administrator (NHA)will complete training related to obtaining test results in a timely manner using the COCA Webinar Applying COVID-19 Infection Prevention and Control Strategies in Nursing Homes and Essentials of Infection Prevention for Nursing Homes provided by the CDC TRAIN course database. Additionally, NHA will complete training courses from CDC TRAIN including Personal Protective Equipment (PPE), The Basics of Hand Hygiene for Healthcare Settings, Module 6A Principles of Standard Precautions and Module 6B Principles of Transmission-Based Precautions under the direction of the Infection Preventionist(s). - Infection Preventionist(s) will conduct training with all staff using materials from the CDC TRAIN course database, including Personal Protective Equipment (PPE), The Basics of Hand Hygiene for Healthcare Settings, Module 6A Principles of Standard Precautions and Module 6B Principles of Transmission-Based Precautions.	

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F 880	Continued From page 6 An interview, at 10:40 AM on 08/20/2020, with Resident #1, who had a Brief Interview for Mental Status (BIMS) score of 15, revealed, she stated she hadn't been told her results. She stated, "It bothers me that I've not been told something. I've asked the Administrator and he told me don't worry about it because it has been over 14 days, but I do worry about it, I want to know something." During an interview, at 10:50 AM on 08/20/2020, with Certified Nursing Assistant (CNA) #1, she stated, "He (Administrator) said don't worry about it that the test results weren't any of our business and that it had been past 14 days anyway." CNA #1 stated that she had children at home, and she wanted to know if she had it or was working with people that may have it, but he said it was none of their business. An interview, on 08/20/2020 at 11:15 AM, with CNA #2, revealed, she stated that she had not received her test results back from the 07/27/2020 facility wide testing. On 08/20/2020 at 11:25 AM, during an interview, with the Rehab Director, she confirmed that she had received her test results back on 08/05/2020. She stated, "I know some people are still waiting on their results." An interview, on 08/20/2020 at 11:45 AM, with the Infection Control Nurse/Assistant Director of Nursing (ADON), revealed, she stated that she was unable to confirm the numbers for the positive residents and positive employees in the building. She confirmed that she had not had access to the test results or the numbers of pending tests, because the Adm had been	F 880	Training material will include: o The use of the modules on computer o Printed materials from individual modules o Testing from each module specific to the training expectations including Hand Hygiene, Social Distancing, Transmission Precautions for COVID-19 and the proper use of Personal Protective Equipment (PPE). Tests will be developed and graded by the Infection Preventionist(s) and will be signed by the staff member and the Infection Preventionist with the date testing was completed for training verification purposes. - Implementation of the appropriate infection prevention and intervention plan will be concurrent with the accepted Plan of Correction for deficiency at F880 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)¿(f). Root Cause Analysis was completed with the assistance of the Infection Preventionist(s), Quality Assurance Performance Improvement (QAPI) committee and the Governing Body on 9/23/2020. An ad hoc QAPI meeting was held on 9/23/2020 to discuss the results of the Root Cause Analysis to ensure that the infection prevention and intervention plan is appropriate to the analysis. - The Infection Preventionist(s), Nursing Home Administrator and Director of Clinical Services reviewed and updated the LTC infection prevention and control assessment on 9/23/2020. An ad hoc QAPI meeting was held with the Medical Director to review the update and verify the assessment accurately reflects the	

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F 880	Continued From page 7 handling this outbreak. She stated this was the facility's second outbreak, and on the first outbreak, she, and the Director of Nursing (DON) completed all the facility wide testing and logged all the results. The ADON stated they knew how many residents and employees were positive, but on this second outbreak, they had not been given the information on the pending tests or the results. The DON confirmed this information and stated it had been very hard to keep up with because they were not given this information from the Administrator. The DON and ADON revealed they were told that they did not have any positive COVID residents or employees in the building. They stated that on 07/15/2020, they had Resident #2 return from Geri-psych, and she tested negative at the hospital prior to admission, but began to have symptoms and tested positive on 07/18/2020 at the facility. Resident #2 was discharged on 07/23/2020 to the hospital because of elevated temperature and change in level of consciousness. They revealed this was the only positive resident that the facility had. They stated that they assumed all the test results were negative because they had not heard anything from the lab. Review of Resident #2's closed medical record, revealed, the resident was admitted to the facility on 07/15/2020 from a Geri-psych facility, and had tested negative for COVID-19 prior to her discharge to the facility. Resident #2 was admitted by the facility, with diagnoses which included Chronic Obstructive Pulmonary Disorder (COPD) and Congestive Heart Failure (CHF). Resident #2 began to have difficulty breathing, had a low oxygen level, and a change in level of consciousness. Resident #2 was sent to the Emergency Department on 07/18/2020 at 7:44	F 880	nursing home. - All areas of this Directed Plan of Correction will be completed by the facility on 10/23/2020.	

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AM and was retested for COVID-19 at the hospital on 07/18/2020 at 8:37 AM. Resident #2 tested positive for COVID-19 via rapid test. The hospital admitted the resident and she died at the hospital on 07/23/2020.

On 08/20/2020 at 12:15 PM, during an interview, the Administrator stated they had not received all of the test results back from the facility wide testing on 07/27/2020. The Administrator confirmed that he had called multiple times to the lab, and they told him that the results were still pending. The Administrator stated, "I've called every day, mine is one of the tests that we are still waiting on, but I'm not worried about it now, we are past our 14 days, so it don't matter." The Administrator confirmed, the facility was waiting on 58 staff test results and 42 residents' test results. The Administrator stated that for both outbreaks, so far, the facility has had 21 positive residents, 25 positive employees and three (3) deaths. The Administrator stated this outbreak started with a resident admission from Geri-psych facility on 07/18/2020, and the resident went to the hospital and expired there, making the facility deaths at three (3). The State Agency (SA) informed the Administrator, DON and ADON that they had observed staff on the hallways not wearing mask. The Administrator stated, "That's unacceptable, tell me the names of the employees, and I'll go write them up right now." The Administrator was asked by the SA why he didn't have a mask on, and he stated, "I'm staying six (6) feet away." The Administrator was observed sitting less than six feet away from another employee and the SA surveyor, without a mask on.

During an interview, with the DON and ADON, on

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08/20/2020 at 12:20 PM, the DON stated, "We have in-serviced until we are blue in the face about the staff wearing their masks." The ADON and DON stated they could guess the two (2) employee names that were not wearing their masks. They stated it was LPN #1 and LPN #2 that the SA saw in the hallway not wearing a mask. They confirmed that they have had multiple discussions with these two employees regarding face coverings, and they still refuse to wear them. The SA asked if these employees had 1:1 in-services or disciplinary actions, and the DON stated that she wasn't sure, but she would have to check to see.

Review of the facility's in-services, indicated that the last in-service LPN #1 attended was a group in-service on 05/13/2020, titled "COVID-19 Update", which covered wearing a mask. The last in-service LPN #2 attended was a group in-service on 04/07/2020, titled "COVID-19" which covered staff wearing mask during their shift. The ADON, who also serves as the Education Nurse, confirmed, these were the last in-services these two (2) employees attended and stated, "I thought we had in-serviced them recently, but I couldn't find it."

During an interview, at 12:40 PM on 08/20/2020, the Administrator revealed to the SA, that he had just received a package of test results in the mail. The SA reviewed the envelope and observed it had a postmark date of 07/29/2020 on the package and was mailed from Mississippi State Department of Health (MSDH). The package contained employees' COVID test results that were negative. The SA asked the Administrator to contact the MSDH lab and check to see if the 100 pending COVID lab test results from 07/27/2020

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were completed.

An interview with the Receptionist, on 08/20/2020 at 1:00 PM, she stated the facility had received two (2) big manila envelopes and one (1) small white envelope package from the MSDH lab. She confirmed that she knew they were the test results because she saw the address and knew that they were from the lab. The Receptionist stated she had handed the packages to the Administrator right away. She confirmed the first big, yellow manila package came on 07/31/2020 and stated, "I remembered the date because the first week of August we started getting phone calls from families saying that they had gotten an automated call that we had positives in our building."

An interview with the ADON, on 08/20/2020 at 1:40 PM, revealed, she stated, "The facility has an automated alert system that notifies families if we have a positive COVID in the building, we email the alert system and it notifies them (families). The ADON stated that around July 2020 the Administrator began handling all the lab results from the COVID test and the notification of the residents and staff. The ADON stated the Administrator told her that he was handling it (lab results) because she was having to perform multiple roles right now because staff have been out sick or have quit. The ADON stated, "I am doing the schedule for all the nurses and CNAs, I am the Director of Clinical Education, the Infection Control Nurse and the ADON, so I was overloaded. I would ask him about the test results, and he would say he didn't have any."

During an interview, on 08/21/2020 at 8:15 AM, the SA spoke with the Administrator to see if he

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had made contact with the MSDH lab and to find out if the pending COVID test results from 07/27/2020 were received, and he stated, "No, I called but they couldn't tell me anything."

On 08/21/2020 at 8:35 AM, the SA contacted the MSDH lab via speaker phone with the facility's Administrator and two (2) Corporate Nurse Consultants present for the conference call and spoke with a Lab Call Center for COVID-19 Employee #1. Employee #1 stated that the facility's Administrator had contacted the Lab Call Center for COVID-19 on 08/20/2020 inquiring about the facility's COVID-19 lab results and she had informed him that he had failed to complete the "HIPAA Right to Fax," form that was emailed to the facility in March 2020 in order to receive his test results from the lab immediately after each lab test was processed. She stated the Lab Call Center Supervisor had also called the facility in an attempt to get the form completed and was unsuccessful. Employee #1 stated due to the fact that the Administrator never responded to their attempts, the test results were mailed to the facility on 07/29/2020. She stated the facility had two (2) COVID positive employees, nine (9) employees whose test were unsatisfactory and needed to be recollected, and that they had four (4) residents COVID test results that were unsatisfactory and needed to be retested. She stated all this information was mailed to the facility on 07/29/2020. Employee #1 also stated that the facility's Administrator did not complete the Health Insurance Portability and Accountability Act (HIPAA) form to have COVID test results faxed to the facility through the Information Technology (IT) department in March (2020). She stated the IT department sent an email to the Administrator in March (2020) and

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also called the facility after the HIPAA form was not completed and due to the fact that this process was never completed the test results must be mailed. She revealed, if the facility would have completed the "HIPPA Right to Fax Process," then they would have received their test results immediately like all the other facilities in the state. The MSDH Lab Call Center Employee #1 reviewed the recorded call log back to July 01, 2020 and there were not any calls received from the facility inquiring about their COVID-19-19 test results. The Supervisor at the COVID Call Center confirmed the lab did not have any documentation on the call center log that this facility had notified them in an attempt to receive their COVID-19 lab results until 08/20/2020 at 2:30 PM. The COVID Lab Call Center works seven (7) days a week to report COVID test results to the facilities. They stated the lab results are sent out three (3) times a day, and the notification date was on the lab results. They confirmed that the facility's Social Worker (SW) and Human Resource (HR) Officer were both positive for COVID-19, and their positive COVID test results were sent to the facility by mail on 07/29/2020. The MSDH Lab Call Center Employee #1 confirmed there was only one phone number to call to obtain results, and he (Administrator) would have talked to her or other call center employee (common name). She stated they had not heard anything from the Administrator until he called yesterday. The Lab Call Center for COVID-19 obtained a fax number from the facility's Administrator, while on the conference call, and faxed the test results to the facility of the positive COVID employees that had previously been mailed to the facility.

Review of the MSDH Lab report, for the facility's

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Social Worker (SW), indicated the test was performed on 07/27/2020 and positive test results were received by the lab on 07/28/2020 at 9:38 AM. The results were mailed to the facility on 07/29/2020. The lab results for the Human Resource (HR) Officer, indicated the COVID test was performed on 07/27/2020, and the positive test results were received by the lab on 07/28/2020 at 9:35 AM. The results were mailed to the facility on 07/29/2020.

On 08/21/2020 at 9:20 AM, during an interview with the Human Resource (HR) Officer, she confirmed, the Administrator told her just a few minutes ago that she had tested positive on 07/27/2020 from the COVID-19 test three (3) weeks ago. The HR Officer stated that she had a migraine and sinus allergies for a couple of days, but she didn't think it was anything out of the normal. The HR Officer confirmed that she had her temperature checked every morning and used the sign and symptoms sheet to check in every morning. She revealed that she did not mark that she had a headache or runny nose. The HR Officer stated, "I didn't think anything of it. In the last three (3) weeks, I have went to residents' rooms and delivered items that family members had dropped off and I have also completed three (3) new hire orientations, and I have conducted two (2) interviews. The Administrator said it had been over 14 days when I asked if I needed to leave."

Review of the "Diversicare Team Member" daily sign-in sheet and "Diversicare Time and Expense" logs, revealed, on 07/28/2020, 07/29/2020, 07/30/2020, 07/31/2020, 08/03/2020, 08/04/2020, 08/05/2020, 08/06/2020, 08/07/2020, 08/10/2020, and 08/11/2020, the facility's Social

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Worker and Human Resources Officer were clocked in and working, had signed in for these days and had marked "No" on the section of the symptoms sheet that indicated, "At least two (2) of these symptoms: fever or chills, repeated shaking with chills, headache, new loss of taste or smell, diarrhea, congestion or runny nose, muscle or body aches, sore throat, nausea or vomiting and fatigue."

On 08/21/2020 at 10:00 AM, an observation of the Minimum Data Set (MDS) office, revealed, four (4) employees sitting in the MDS/SW office without masks on, with two (2) of the employees within two (2) feet of each other working daily. The employees were the facility's Social Worker and MDS Nurse #4.

During an interview, with the Social Worker, on 08/21/2020 at 10:05 AM, she confirmed that she had received her COVID-19 positive test results just a few minutes ago from the facility wide testing on 07/27/2020. She stated, "I didn't know anything until today. I assumed I was negative because I hadn't heard anything. I always have headaches and I have sinus stuff, but I didn't think I had COVID. We were told that we (the facility) were COVID recovered on 07/17/2020. I went into Resident #2's room, but they said she was negative. I go into the residents' rooms daily for their social needs, to let them Face Time family members and to complete my psychosocial assessments." The Social Worker confirmed that her desk and MDS Nurse #4's desk are very close and are within less than six feet of each other, and that they were not wearing mask while working in their offices.

On 08/21/2020 at 10:15 AM, during an interview,

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with MDS Nurse #4, she stated that she does not wear her mask when she is sitting at her desk. She confirmed that she works daily at a desk that is less than six feet from her co-worker, who just received her test results that she was COVID positive. The MDS Nurse #4 stated, she assumed that she was negative. She stated, "I have not received my test results from the facility wide testing on 07/27/2020. I have asked about them, but we were told that they haven't came in yet."

During an interview, with the Corporate Nurse Consultant, on 08/21/2020 at 10:25 AM, stated that they were going to conduct another facility wide testing of residents and employees today due to the Administrator's delay in obtaining the COVID test results and that they have completed the "HIPPA Right to Fax" with the MSDH so that they can obtain the test results immediately when they have another National Guard facility wide testing event or when their test results go to the MSDH COVID Lab.

An interview with the Lab Call Center for COVID-19 Employee #1, on 08/21/2020 at 11:00 AM, she confirmed, that since the facility did not complete the proper information to have the test results faxed to the facility, they were mailed from the lab department in manila folders to the facility. Employee #1 stated, "He (Administrator) called yesterday for the first time and wanted the facility's lab results and I told him that they were mailed because he had not completed the proper information for the test results to be faxed to him. I asked him if he wanted to complete the process now and he said no." The SA informed Employee #1 that the Administrator stated that he had called daily since 07/29/2020 for the COVID test results. Employee #1 stated, "It's just me and another

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lady (Employee #2) here and we work this line every day, seven (7) days a week. I have reviewed the call logs and he has not called here until yesterday (08/20/2020) at 2:30 PM to ask for the facility's COVID test results." The SA spoke with the Lab Call Center for COVID-19 Employee #2, on 08/21/2020 at 11:25 AM, and she confirmed what Employee #1 stated regarding there had not been any calls from the facility until 08/20/2020 to request COVID lab results.

On 08/21/2020 at 12:30 PM, during an interview, with the Corporate Nurse Consultant, she stated the Administrator had been suspended and was sent home pending an investigation into this incident. She stated the facility had requested 220 COVID test swabs and would begin testing 100% of the employees and residents today (08/21/2020).

An interview with the ADON, on 08/21/2020 at 1:30 PM, she stated, "During our May outbreak, I tested all the employees and residents. When the lab posted them on-line, we (ADON and DON) would check it daily and notify and isolate the residents and the staff. Then, when this outbreak occurred on 07/18/2020, the Administrator said that he would handle all the testing and the Infection Control log because I was doing so many jobs. The National Guard came on 07/27/2020 and tested everybody and I never saw any results. Me and the DON would ask him (Administrator) and he would say he didn't have any results. Everybody was asking about their results and the residents were wanting to know as well."

During an interview, with the DON, on 08/26/2020 at 10:15 AM, she stated LPN # 1 and LPN #2 had

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received a verbal correction for not wearing their mask, but that she could not find the documentation for it. The DON stated, "We have had to stay on those two (LPN #1, LPN #2) constantly about wearing their mask. We allowed them to wear their own cloth mask, but they were responsible for cleaning their cloth masks and the employees who chose to wear the cloth mask took them home with them each night." The DON confirmed the facility did not mandate that the staff wore N95 or surgical masks. The DON confirmed that the facility's policy stated cloth face coverings were not considered Personal Protective Equipment (PPE) because their capability to protect the healthcare worker is unknown.

An interview with the Corporate Nurse Consultant, on 08/26/2020 at 10:30 AM, revealed, she stated, "We would have weekly calls and he (Administrator) would tell us that they (COVID lab test) were still pending and he said that he had called and checked on them. We had told him to do weekly testing on the residents and staff and he had not told us that he had not tested again like we had asked him to do."

The SA held a meeting with the facility's DON, the Corporate Nurse Consultant, and the Interim Administrator, on 08/26/2020 at 11:13 AM, and notified the facility of an Immediate Jeopardy (IJ) due to the facility's delay of obtaining COVID test results in a timely manner, which allowed two COVID-19 positive employees to work during this time and exposed other employees and residents to COVID-19. The facility also failed to wear face masks appropriately and social distance at least six (6) feet apart.

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Review of the facility's Removal Plan revealed the facility took the following actions to remove the Immediate Jeopardy:

On 8/20/2020, Mississippi State Health Department Surveyor entered at Diversicare of Southaven for a COVID Infection Control Survey and a Complaint Investigation (CI). During observations by the surveyor on the hallways with residents present it was noted that team members working on the unit were not wearing masks and were not wearing masks appropriately. It was also noted that team members in offices were not six (6) feet apart and were not wearing masks. The center was delayed in obtaining COVID test results from facility wide testing on 7/27/2020 and did not obtain the test results until 8/21/2020. Upon receipt of the COVID tests it was discovered that the center had two (2) additional positive team members that had worked with symptoms and had not isolated or taken time off because the facility had not made them aware that they had tested positive until 8/21/2020, which was 25 days after the COVID test was administered.

Measures taken to prevent further spread of COVID-19 in the center and to be in compliance with Infection control measures are:

1. Quality Assurance meeting completed on 8/26/2020 at 1135 with plan of correction reviewed including: Identification of team members not wearing PPE appropriately. Team members were provided with 1:1 education regarding expectation of proper use of PPE at all times while in facility specific to mask and donning and doffing. Team members were educated on proper PPE that should be donned

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and doffed when working in areas of the COVID positive area, COVID observation/monitoring area and the non COVID area of the facility. It was also identified that COVID test results were not received timely. Results were received and notifications were completed. Actions taken because of the identified issues were: Rounds will be completed on all three nursing units in the facility (East, West, and Rehab Unit) to monitor for compliance with donning and doffing. Rounds will be completed by the Interim Administrator, Director or Nursing or the Assistant Director of Nursing and on weekdays and on the weekends. COVID testing will be completed weekly for all team members and residents/patients (not already COVID positive) for a minimum of 28 days or until cleared by the Mississippi Stated Department of Health. Monitoring for team members and residents/patients will continue daily. If any residents/patients develop symptoms of COVID they will be moved to the observation area.

2. This meeting was held via telephone conference and included: Medical Director, Regional Vice President- Diversicare, Director of Nursing Services, and Assistant Director of Nursing Services, Director of Nursing Management Services, and Director of Clinical Operations.

3. Administrator was placed on administrative leave on 8/20/2020 at approximately 1500 related to delay in obtaining COVID test results. Administrator remains on suspension at this time pending investigation of failure to follow up on pending C tests and to complete additional required COVID testing.

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4. COVID 19 testing immediately initiated on 8/20/2020 at 1400 for current residents and team members and testing was ongoing until complete by the Nursing Management team. All residents COVID tests were completed on 08/20/2020. Team members who work sporadically will not work until testing is completed.

5. Communication regarding positive and negative COVID results will be communicated to Department Managers daily in the Daily Connect meeting by the Administrator or Director of Nursing Services. Responsible Representatives of residents/patients will be notified within 24 hours of the facility receiving positive COVID test results. This notification will be completed by Diversicare's automated calling system. And the facility Administration or Director of Nursing Services will notify all team members of their COVID tests results within 24 hours of receipt - including positive and negative results.

6. At present time the center has a total of 135 Diversicare team members, and an additional 25 Health Care Services team members. The center has received 66 COVID test results for team members that were all negative. And 105 residents/patients have been tested with 75 resulted negative. COVID testing will continue weekly until 28 days have passed with no positive results.

7. Team member #1 identified to not be wearing face mask PPE properly were immediately re-educated verbally by Assistant Director of Nursing on 8/20/2020 at approximately 1230 regarding the expectation of compliance with use of proper PPE when working in any care area at all times. All team members were educated on

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wearing face mask and PPE properly and no employees will be allowed to start an assigned shift after 8/26/2020 until education has been completed.

8. Team member #2 identified to not be wearing face mask PPE properly were immediately re-educated by Assistant Director of Nursing on 8/20/2020 at approximately 1230 regarding the expectation of compliance with use of proper PPE when working in any care area at all times.

9. Team member #3 and #4, #5, #6 identified to be working in an office with another employee without wearing mask and not properly 6 feet apart was re-educated educated by Director of Clinical Operations on 8/26/20 at 1135 regarding the expectation of compliance with use of proper PPE when working in any area at all times and proper social distancing of 6 feet apart.

10. Director of Nursing Services or Assistant Director of Nursing Services will monitor daily staff compliance with use of PPE when in care areas and in office areas use of PPE and proper social distancing and will report weekly on findings of audits to the Director of Clinical Operations. The Director of Nursing, Assistant Director or Nursing or the Charge Nurse will complete these audits on the weekends. Education will be provided to the Director of Nursing Services and the Assistant Director of Nursing Services by the Director or Clinical Operations regarding daily monitoring expectations on 08/25/2020 at 1700.

11. Director of Nursing Services or Assistant Director of Nursing Services will monitor lab portal daily for test results each week until all

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pending results are received and address results accordingly and will report findings of audits daily to the Director of Clinical Operations. Education will be provided to the Director of Nursing Services and the Assistant Director of Nursing Services by the Director of Clinical Operations regarding daily monitoring of lab portal to check for COVID test results on 08/25/2020 at 1700.

12. Weekly conference calls will be held with the facility Administrative Staff by the Regional Vice President and the Director of Clinical Operations to address the plan of correction until the facility is deemed by the State Department of Health as recovered.

13. Audit information will become a part of monthly Quality Assurance for review, monitoring and evaluation and any negative findings will be reported to the Regional Vice President and the Director of Clinical Operation and will be discussed in the quality assurance meetings monthly.

14. The facility's corrective actions were initiated on 08/21/2020. All activities to remove the Immediate Jeopardy were initiated on 08/21/2020 and completed on 08/26/2020. The facility alleged immediate jeopardy removed as on 08/27/2020.

The State Agency (SA) validated the facility's corrective actions through observation, interview, and record review.

1. The SA validated through record review and interviews that the Quality Assurance meeting was completed on 8/26/2020 at 1135 with plan of

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correction reviewed including: Identification of team members not wearing PPE appropriately. Team members were provided with 1:1 education regarding expectation of proper use of PPE at all times while in facility specific to mask and donning and doffing. Team members were educated on proper PPE that should be donned and doffed when working in areas of the COVID positive area, COVID observation/monitoring area and the non COVID area of the facility. It was also identified that COVID test results were not received timely. Results were received and notifications were completed. Actions taken because of the identified issues were: Rounds will be completed on all three nursing units in the facility (East, West, and Rehab Unit) to monitor for compliance with donning and doffing. Rounds will be completed by the Interim Administrator, Director or Nursing or the Assistant Director of Nursing and on weekdays and on the weekends. COVID testing will be completed weekly for all team members and residents/patients (not already COVID positive) for a minimum of 28 days or until cleared by the Mississippi Stated Department of Health. Monitoring for team members and residents/patients will continue daily. If any residents/patients develop symptoms of COVID they will be moved to the observation area.

2. The SA validated through record review and interviews that this meeting was held via telephone conference and included: Medical Director, Regional Vice President- Diversicare, Director of Nursing Services, and Assistant Director of Nursing Services, Director of Nursing Management Services, and Director of Clinical Operations.

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	255109	A. BUILDING _____ B. WING _____	08/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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3. The SA validated through record review that the Administrator was placed on administrative leave on 8/20/20 at approximately 1500 related to delay in obtaining COVID test results. Administrator remains on suspension at this time pending investigation of failure to follow up on pending COVID tests and to complete additional required COVID testing.

4. The SA validated through record review and interviews that COVID 19 testing immediately initiated on 8/20/2020 at 1400 for current residents and team members and testing was ongoing until complete by the Nursing Management team. All residents COVID tests were completed on 08/20/2020. Team members who work sporadically will not work until testing is completed.

5. The SA validated through record review and interviews that communication regarding positive and negative COVID results will be communicated to Department Managers daily in the Daily Connect meeting by the Administrator or Director of Nursing Services. Responsible Representatives of residents/patients will be notified within 24 hours of the facility receiving positive COVID test results. This notification will be completed by Diversicare's automated calling system. And the facility Administration or Director of Nursing Services will notify all team members of their COVID tests results within 24 hours of receipt - including positive and negative results.

6. The SA validated through record review that at the present time the center has a total of 135 Diversicare team members, and an additional 25 Health Care Services team members. The center has received 66 COVID test results for

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team members that were all negative. And 105 residents/patients have been tested with 75 resulted negative. COVID testing will continue weekly until 28 days have passed with no positive results.

7. The SA validated through interview and observations that team member LPN #1 identified to not be wearing face mask PPE properly were immediately re-educated verbally by Assistant Director of Nursing on 8/20/2020 at approximately 1230 regarding the expectation of compliance with use of proper PPE when working in any care area at all times. All team members were educated on wearing face mask and PPE properly and no employees will be allowed to start an assigned shift after 8/26/2020 until education has been completed.

8. The SA validated through observation and interview that team member LPN #2 identified to not be wearing face mask PPE properly were immediately re-educated by Assistant Director of Nursing on 8/20/2020 at approximately 1230 regarding the expectation of compliance with use of proper PPE when working in any care area at all times.

9. The SA validated through observations and interviews with team member SW #3 and MDS RN#4, MDS#5, MDS#6 identified to be working in an office with another employee without wearing mask and not properly 6 feet apart was re-educated educated by Director of Clinical Operations on 8/26/20 at 1135 regarding the expectation of compliance with use of proper PPE when working in any area at all times and proper social distancing of 6 feet apart.

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10. The SA validated through interviews and record review that the Director of Nursing Services or Assistant Director of Nursing Services will monitor daily staff compliance with use of PPE when in care areas and in office areas use of PPE and proper social distancing and will report weekly on findings of audits to the Director of Clinical Operations. The Director of Nursing, Assistant Director or Nursing or the Charge Nurse will complete these audits on the weekends. Education will be provided to the Director of Nursing Services and the Assistant Director of Nursing Services by the Director or Clinical Operations regarding daily monitoring expectations on 08/25/2020 at 1700.

11. The SA validated through record review and interviews that the Director of Nursing Services or Assistant Director of Nursing Services will monitor lab portal daily for test results each week until all pending results are received and address results accordingly and will report findings of audits daily to the Director of Clinical Operations. Education will be provided to the Director of Nursing Services and the Assistant Director of Nursing Services by the Director of Clinical Operations regarding daily monitoring of lab portal to check for COVID test results on 08/25/2020 at 1700.

12. The SA validated through interviews that weekly conference calls will be held with the facility Administrative Staff by the Regional Vice President and the Director of Clinical Operations to address the plan of correction until the facility is deemed by the State Department of Health as recovered.

13. The SA validated through record review that audit information will become a part of monthly

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F 880	Continued From page 27 Quality Assurance for review, monitoring and evaluation and any negative findings will be reported to the Regional Vice President and the Director of Clinical Operation and will be discussed in the quality assurance meetings monthly. 14. The SA validated through observations, record review and interviews that the facility's corrective actions were initiated on 08/21/2020. All activities to remove the Immediate Jeopardy were initiated on 08/21/2020 and completed on 08/26/2020. The SA alleged that the immediate jeopardy removed as on 08/27/2020 through the SA's on-site validation on 08/28/2020.	F 880		