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 _____	R-C 11/13/2020

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 000}	INITIAL COMMENTS A COVID-19 Focused Emergency Preparedness Survey, along with Complaint Investigation (CI) MS #16968 and CI MS #17013, was conducted by the State Agency (SA) on 08/20/2020 through 08/28/2020. The facility was found to not be in compliance with the requirements of participation in Medicare and Medicaid. The facility was not following Infection Control safety practices in guidance recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention during a COVID pandemic. The SA did not substantiate CI MS #16968 related to Quality of Care. The facility substantiated CI MS #17013 related to Infection Control and cited F880. The SA identified an Immediate Jeopardy (IJ) on 08/26/2020 and determined the IJ existed on 07/29/2020 when the first notification of a positive COVID employee was identified at the facility by the Mississippi State Department of Health (MSDH) lab. The facility had a total of two (2) positive COVID-19 employees who had not been informed of their positive test results due to the delay from the Administrator to obtain the test results from the MSDH lab. These two employees worked with symptoms, never quarantined, and potentially exposed 135 team members and 105 residents who were not previously COVID-19 positive. The SA also observed two (2) employees not following infection control guidelines, as evidenced by, not wearing face masks appropriately and not social distancing at least six feet apart. The facility was notified of the Immediate Jeopardy (IJ) on 08/26/2020 at 11:13 AM and an	{F 000}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 IJ template was provided to the interim Administrator. The IJ existed at: 42 CFR(s): 483.80(a)(1)(2)(4)(e)(f) - Infection Control Prevention and Control (F880) The facility submitted an acceptable Removal Plan on 08/26/2020, in which the facility alleged all corrective actions were completed, and the IJ removed on 08/27/2020. The State Agency (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 Control 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 the systematic changes to ensure the facility sustains compliance with regulatory requirements. At the time of the survey, the facility had a census of 124 and held a license for 140 beds.	{F 000}		