STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. BUILDING _____ B. WING _____	02/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	1005 CITY AVENUE NORTH RIPLEY, MS 38663

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 02/08/2021. The facility was not found to be in compliance with 42 CFR 483.80 infection control regulations instituted by the Centers for Medicare and Medicaid (CMS) and the Center for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The facility failed to adhere to proper hand hygiene measures and mask use during meal tray service for one (1) of one (1) meal service observed. The census at the time of the survey was 26 and the facility held a license for 40 beds. .	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	F 880		3/17/21

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

Electronically Signed | 03/05/2021

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F 880	Continued From page 1	F 880		

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:
(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

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F 880	Continued From page 2 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, and record review the facility failed to adhere to proper hand hygiene measures during meal tray service as evidenced by failure to change gloves and use hand sanitizer or wash hands between resident rooms and failure to wear a mask properly for one (1) of one (1) meal service observed. Findings include: Review the facility's "COVID-19 Prevention and Control" policy, dated 3/12/2020 and updated 3/26/20, revealed this facility follows current guidelines and recommendations for the prevention and control of COVID-19. This facility will follow the CDC recommendations to assist in prevention of respiratory germs into the facility in relation to COVID-19. The facility will ensure employees clean their hands according to the facility policies and procedures including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE). Gloves will be removed after contact followed by hand hygiene. An update, on 3/26/20, revealed the facility implemented the staff to wear N95 face masks when in the hallways, dining areas, nurses' station, resident rooms, etc. anywhere, except private offices. Staff will not take the mask off and on throughout the day, this causes contamination.	F 880	1. CNA #1, CNA#2, and CNA#3 were all counseled by Infection Prevention Nurse (IPN) and Administrator on February 8, 2021 and were provided with 1:1 education regarding the facility'□s Policy and Procedure on the proper use of a facemask, hand hygiene, and proper use of PPE, specifically gloves. CNA#1 was specifically counseled on proper use of facemask and proper use of PPE, specifically gloves. CNA#2 was specifically counseled on proper use of PPE, specifically gloves and hand hygiene. CNA#3 was specifically counseled on hand hygiene. 2. All residents at the facility may be potentially affected by the cited deficiencies. All residents are monitored for signs and symptoms of infections on a daily basis. Based on the most recent screening performed on residents, no residents have signs and symptoms of infection. The most recent COVID-19 surveillance testing of all residents completed on March 3, 2021 revealed all with negative results. 3. An in-person in-service was conducted by IPN and Administrator on February 9, 2021 with nursing staff regarding the facility□s Policy and	

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F 880	Continued From page 3 An observation, on 2/8/21 at 11:32 AM, revealed Certified Nursing Assistant (CNA) #2 come out of Room 212 wearing a pair of gloves. CNA #2 removed the gloves as she walked down the hall. She rolled them upholding them in her hand and entered Room 213 without using hand sanitizer or washing her hands. She came out of Room 213 putting on another pair of gloves and went to the meal cart. An observation on 2/8/21 at 11:33 AM, revealed CNA #3 delivered the lunch tray to Room 213. She came out of Room 213 and did not wash her hands or use hand sanitizer. An observation, on 2/8/21 at 11:40 AM, revealed CNA#1 walking in the hallway with her face shield and her mask on, but her mask was not covering her nose. She was also wearing disposable gloves in the hallway. She entered room 226, then came out and closed the door with her gloved hands. She walked up the hall to the lunch cart obtained a lunch tray and took it into Room 212 and assisted the resident with her meal. She did not change her gloves or wash her hands between rooms. An observation on 2/8/21 at 2:00 PM revealed CNA #1 was seated at the desk with her mask below her nose talking with other staff. An interview on 2/8/21 at 2:10 AM with Certified Nursing Assistant (CNA) #1 confirmed she had her mask below her nose during our interview. She stated she had trouble breathing sometimes and pulls it down because she has a face shield on. She confirmed that the face shield was for eye protection. She stated that she was supposed to wear her mask and eye shield at all times in	F 880	Procedure on proper use of facemask, proper hand hygiene, and proper use of PPE, specifically gloves. Online in-services through SNF Clinc were started for all staff on February 10, 2021. The final in-service was completed on March 5, 2021. The topics of these in-services were N95 Mask Fitting, COVID-19 Toolkit for LTC, Donning and Doffing PPE, Hand Hygiene, and PPE and Isolation Precautions. All newly hired employees will be required to complete the in-service through SNF Clinic and will receive a copy of facility□s Policy and Procedure on proper use of facemask, proper hand hygiene, and proper use of PPE, specifically gloves. 4. The IPN and Administrator will perform observation audits and surveillance to ensure compliance starting on February 22, 2021. The audit and surveillance will specifically monitor the following: " Proper use of facemasks " Proper hand hygiene " Proper use of PPE, specifically glove The Administrator will also perform Quality audits to monitor for compliance of facility staff following facility□s Policy and Procedure for proper use of facemasks, proper hand hygiene, and proper use of PPE, specifically gloves. These audits will be monitored monthly for 3 months, then quarterly for one year. If compliance needs to be extended, Administrator will extend at that time. All results will be reported to Quality Council for one year, as long as compliance is met. It will begin	

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F 880	Continued From page 4	F 880		

the facility. She stated that she thought it would be okay to pull her mask down if she had her face shield on, but by not wearing her mask right, she could catch or give the virus to someone. CNA #1 confirmed she should not have worn gloves in the hallway and that they were contaminated when she touched the door. She stated that by not changing gloves and washing hands she could contaminate the lunch trays or the resident.

An interview, on 2/8/21, at 2:20 PM, with CNA #2 revealed that she realized that she should not have taken her contaminated gloves down the hall and into another room. She stated they had been told by the administrator to wear gloves when they put trays out. CNA #2 stated that she realized she should change gloves between each room and wash her hands. She stated that this could give the residents more germs. She confirmed that she had in-serviced pertaining to hand hygiene.

An interview, on 2/8/21, at 2:30 PM, with CNA #3 confirmed that she did not wash her hands or use hand sanitizer when she exited the resident's room. She stated that she was not sure about wearing gloves. CNA #3 stated that not using hand sanitizer or washing your hands between residents could spread germs or cross contaminate. She stated that she had in-service education on hand hygiene.

An interview, on 2/8/21, at 2:55 PM, with the Infection Preventionist revealed the staff should never come out of a room into the hallway with gloves on. She stated that she did not know why they decided to wear gloves to put out trays.

An interview, on 2/8/21, at 3:00 PM, with the

to be reported on March 16, 2021.

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F 880	Continued From page 5 Administrator revealed the staff should not be wearing gloves when putting out trays. She stated that she may have said something that led them to do that, but that they should take them off and wash their hands or use hand sanitizer when they remove the gloves. She also stated that all staff should always make sure their mask covers their nose and mouth properly. Record review revealed CNA #1 attended an in-service titled, "Hand Hygiene" on 3/8/20. CNA #1 also completed "CMS Targeted COVID-19 Training for Frontline Nursing Home Staff" on 10/7/20.	F 880		