STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255262	A. BUILDING _____ B. WING _____	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD COMMUNITY LIVING CENTER	1036 WEST DRIVE LAUREL, MS 39440

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey and three (3) Complaint Investigations, CI MS #16785, CI MS #17395 and CI MS #17151 was conducted by the State Agency (SA) on 1/06/21 thru 1/07/21. The facility was found not to be in compliance with infection control regulations and had not implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and cited F880 at an "E" level. The facility failed to maintain Infection Control Practices and did not wash hands in between resident care. The staff also failed to wear isolation gowns while providing care on the Observation Unit. CI MS #16785 was not substantiated for Neglect. CI MS #17151 was not substantiated for Quality of Care, and CI MS #17395 was not substantiated for Admission, Transfer and Discharge. The census was 48 and the facility has a license for 60 beds.	F 000		
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:	F 880		3/31/21

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

Electronically Signed | 02/12/2021

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F 880	Continued From page 1 §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: (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	F 880		

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F 880	Continued From page 2 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, record review and facility policy review, the facility failed to follow the COVID-19 Infection Control Guidelines to prevent the possible spread of the COVID-19 virus as evidenced by the facility's failure to wear full Personal Protective Equipment (PPE), failure to wash hands, or use hand sanitizer between rooms in resident's rooms on the COVID-19 Observation Hall for seven (7) of (17) sampled residents. Resident #7, #9, #11, #12, #14, #15, and #17. Findings include: Review of the facility's, "Isolation Protective or Reverse", policy and procedure, dated 10/16/2018, revealed the purpose for handwashing is to cleanse hands to prevent the transmission of infection and other conditions and to provide a clean health environment for residents, staff, and visitors. This policy noted hand hygiene should be performed between all contact with residents, when entering and exiting a resident's room, and before and after applying gloves. This policy stated wearing gloves does not replace the need to perform hand hygiene.	F 880	1. On January 8, 2021 the Director of Nursing directed Direct Care Staff to resident's #7, #9, #11, #12, #14, #15, #17, and included all other residents on Isolation Precautions on the necessary and immediate correction for the infection control process as pertains to COVID-19 Infection Control Guidelines. Isolation signs where changed to update precaution status. Employees where immediately gathered with correcting them on the incorrect deficient process that was identified. Direct Care staff where provided new Personal Protective Equipment with instruction on how to utilize and use properly. For all residents listed as having isolation precaution's. Observations were immediately made following the employees to each of the seventeen residents with isolation precautions to identify the instructions for each resident by the Director of Nursing and Administrator. Director of Nursing demonstrated the proper usage of gowns, masks, gloves,	

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F 880	Continued From page 3 The policy also states staff should wear face mask, gown or apron, and non-sterile gloves for Protective or Reverse Isolation. Review of the facility's policy titled, "Policy for Suspected or Confirmed Coronavirus (COVID-19)", revised 12/10/20, revealed, "It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to transmission-based precautions, including the use of eye protection." The policy indicated, to prevent the spread of respiratory germs within your facility, ensure employees clean their hands according to Centers for Disease Control and Prevention (CDC) guidelines including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment. The policy further revealed, to identify dedicated employees to care for COVID-19 patients. Review of the facility's, "Policy for Infection Control Program", dated 02/01/2008, revealed it is the policy of this facility to establish and maintain an infection control program focused on preventing the transmission of infectious disease in the long-term care setting. The purpose is to decrease the risk of infection for residents and staff, monitor for the reoccurrence of infections and implement control measures, identify and correct improper infection control practices, and ensure compliance with federal and state infection control guidelines. On 1/6/21 at 11:30 AM, the State Agency (SA) surveyor made observations of the facility staff	F 880	washing hands between residents, how to properly remove Personal Protective Equipment and properly donning and doffing of Personal Protective Equipment. On, January 8, 2021 an in-service was conducted by the Administrator and Director of Nursing for all staff for Infection Control, including properly wearing personal protective equipment in-service was conducted by the Administrator and the Director of Nursing on Infection Control that included the different precaution: airborne, droplets, contacts an expanded for Clostridium Difficile. No employees were allowed to work until they received this in-service. 2) It is recognized that all residents have the potential to be affected by this deficient practice. 3) An all departments including employees from Housekeeping, Maintenance/Environmental, Dietary, Direct Care Staff, Life Enrichment staff, Social Services and Administrative staff were in-serviced on January 21, 2021 at 11:30A.M. Conducted by the Administrator and Director of Nursing, on wearing the proper Personal Protective Equipment and how to wear it correctly, inclusive of the different types of isolation and levels of Personal Protective Equipment. Direct Observations was and will be made daily by the Administrator, Director of Nursing and the Infection Preventionist, starting on January 21, 2021 Including	

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F 880	Continued From page 4 failure to wear full Personal Protective Equipment (PPE) and sanitizing hands before and after providing care for residents on the facility's Observation Hall. Those residents were new admissions, hospital returns and dialysis residents that had been outside of the facility. An observation on 1/6/21 at 11:30 AM, revealed Certified Nursing Assistant (CNA) #1 failed to wear full Personal Protective Equipment (PPE) while passing lunch trays in and out of resident's rooms on the Observation Unit. CNA #1 went into rooms #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, and #43 without wearing an isolation gown and did not sanitize her hands in between residents. In an observation on 1/7/21, at 10:00 AM, revealed CNA #1 and CNA #2 provided care to Resident #7, #9 and #14 without wearing an isolation gown. On 1/7/21 at 10:10 AM, during a tour of the observation unit, there were plastic storage bins with gowns, mask, shoe covers, gloves and face shields located outside of each resident's room. The residents on the Observation Unit also had stop signs on the doors to notify the staff that this resident was on observation. On 1/7/21, at 2:00 PM, CNA #3 was observed going into Resident #15's room without wearing full PPE. CNA #3 did not put on an isolation gown. Resident #15 was a new admission from the local hospital on 12/31/20 and was on observation. During an interview on 1/7/21, at 2:30 PM, CNA #2 confirmed she assisted CNA #1 with providing	F 880	Saturday and Sunday, on the seven to three shift, three to eleven shift and eleven to seven shift beginning on January 21, 2021 through January 28 for seven days to access proper Personal Protective Equipment is being utilized properly and the COVID-19 and Infection Control Policy is being followed accurately. Immediate correction of deficient practice will be implemented upon identifying employees not following procedure. The observations will be continued five times a week including Saturday and Sundays and alternating various shifts beginning January 28, 2021 through February 11, 2021. A new observation schedule will be utilized for three times a week through July 31, 2021. All deficient practice will be identified and corrected at time of observations. The Director of Nursing and Administrator will educate new hires on the COVID-19 and Infection Control Policy upon hire and they will copy of the COVID-19 policy to sign and place in the employee handbook. 4) Direct Observations was and will be made daily by the Administrator, Director of Nursing and the Infection Preventionist, starting on January 21, 2021 Including Saturday and Sunday, on the seven to three shift, three to eleven shift and eleven to seven shift beginning on January 21, 2021 through January 28 for seven days to access proper Personal Protective Equipment was being utilized properly and the COVID-19 and Infection Control Policy is being followed	

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F 880	Continued From page 5 care for the residents on the Observation Hall. CNA #2 confirmed she did not wear full PPE while entering the resident's rooms. CNA #2 stated she was not told to wear the PPE on this hall because the residents were not positive (for COVID-19). CNA #2 said she did not know why the plastic bins were outside of the rooms. CNA #2 said she normally gave showers and had been placed on the hall because someone called in. In an interview on 1/7/21 at 2:45 PM, CNA #3 confirmed she failed to wear an isolation gown prior to entering Resident #15's room to answer the call light. CNA #3 stated she forgot to put the gown on because she had been busy and was not thinking. CNA #3 stated she knew the residents on this hall were here for observation. CNA #3 confirmed the Director of Nursing (DON) gave a verbal in-service that the staff should wear full PPE when entering the resident's rooms on the Observation Hall. In an interview on 1/7/21, at 3:00 PM, with CNA #1, she confirmed that she failed to put on an isolation gown and sanitize her hands while going in and out of the resident's rooms when she was passing out lunch trays on the Observation Hall. CNA #1 said she was busy and forgot and she knew the residents on this hall were on the Observation Hall. She further stated the DON verbally in-serviced the staff that they should wear full PPE when going in and out of the resident's rooms on the Observation Hall. CNA #1 also confirmed, by not wearing appropriate PPE, this could possibly cause the spread of the virus (COVID-19), and also confirmed she failed to wear an isolation gown while providing care to residents on the Observation Hall on 1/6/21 and 1/7/21.	F 880	accurately. Immediate correction of deficient practice will be implemented upon identifying employees not following procedure. The observations will be continued five times a week including Saturday and Sundays and alternating various shifts beginning January 28, 2021 through February 11, 2021. A new observation schedule will be utilized for four times a week through July 31, 2021. All deficient practice will be identified and corrected at time of observations Findings will be brought to the Quality Assurance committee for monthly review and revision of the plan beginning the January 2021 QAPI meeting Administrator and Infection Control Preventionist will observe staff to ensure proper use of Personal Protective equipment daily five times a week for three weeks and three times a week for the next three months and on-going, any negative findings will be corrected immediately. This will be placed on the QAPI Agenda monthly with ending date of July 31, 2021.	

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F 880	Continued From page 6	F 880		

In an interview with the Director of Nursing (DON) on 1/7/21, at 3:30 PM, she confirmed the staff failed to follow the facility's policy by not wearing isolation gowns and sanitizing their hands while providing care for the residents on the Observation Hall. The DON said she gave verbal in-services with the staff to wear full PPE on the Observation Hall but she did not write the in-services down. The DON also confirmed the staff should sanitize their hands prior to and after providing care. The DON also stated the staff should wear the isolation gowns to prevent the possible spread of the (COVID-19) virus. The DON confirmed the Annex Hall is the designated hall for the residents that have been out of the facility. The DON stated the staff monitors residents for 14 days that have left the facility, such as dialysis, hospital returns, and new admissions. The DON also confirmed the staff failed to follow infection control protocols, she stated that obviously they have room for improvement. The DON stated that staff were aware of the policies and procedures and what they were doing was not the right practice.

In an interview with the Administrator (ADM) on 01/7/2021, at 4:00 PM, revealed the facility does not have any COVID-19 positive residents or staff at this time. The ADM stated she was aware they had problems, and they were going to work on it.

Resident #7
Record review of the Admission Record revealed the facility admitted Resident #7 on 7/9/20 with the Diagnosis of End Stage Renal Disease with Dialysis. Resident #7 was on the Observation Unit because Resident #7 was in and out of the facility to go to dialysis.

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F 880	Continued From page 7	F 880		

Resident #9
Record review of the Admission Record revealed the facility admitted Resident #9 on 12/23/20, and was placed on the Observation Unit because Resident #9 was a new admit.

Resident #11
Record review of the Admission Record revealed the facility admitted Resident #11 on 10/30/20 with the Diagnosis of End Stage Renal Disease with Dialysis. Resident #11 was on the Observation Unit because Resident #11 was in and out of the facility to go to dialysis.

Resident #12
Record review of the Admission Record revealed the facility admitted Resident #12 on 12/31/20 and was placed on the Observation Unit because Resident #12 was a new admit.

Resident #14
Record review of the Admission Record revealed the facility admitted Resident #14 on 12/31/20 and was placed on the Observation Unit because Resident #14 was a new admit.

Resident #15
Record review of the Admission Record revealed the facility admitted Resident #15 on12/31/20 and was placed on the Observation Unit because Resident #15 was a new admit.

Resident #17
Record review of the Admission Record revealed the facility admitted Resident #17 on 1/1/21 and was placed on the Observation Hall because Resident #17 was a new admit.