STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255260	A. BUILDING _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP MANOR HEALTH AND REHABILITATION CENTER	101 KIRKLAND STREET UNION, MS 39365

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 10/06/21. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and was cited F880. Census was 52 and a license was held for 60 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 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,	F 880		11/5/21

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

Electronically Signed | 10/23/2021

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 880	Continued From page 1	F 880		

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 infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to prevent the possible spread of infection for (1) one of (3) three hallways observed, north hallway. Review of the facility policy titled, "Infection Prevention and Control Program," dated October 2018, stated, "Established and maintained to provide a safe, sanitary ans comfortable enviroment and to help prevent the development and transmission of communicable diseases and infections." Review of the facility policy titled, "COVID-19 Pandemic Plan," dated 07/28/21, stated, "Isolate symptomatic residents in a private room with the door closed or chort symptomatic residents together in one area of the facility. Closing units where symptomatic residents reside. Limit movement of staff through-out the building to decrease exposure to other areas." An interview with the Administrator on 10/06/21 at 9:20 am stated that Resident #1 room is the only Covid positive room in the building and stated that the covid positive resident and her roommate were already exposed to each other, so they left both residents in the room to isolate in place due to no availability to move residents to other rooms and that they keep the door shut to provide a quarantined, isolated environment. On 10/06/21 at 9:40am and observation was made of Resident #1's room with the door open and both residents were in the room laying in their beds. Resident #1 was tested positive for covid on 10/04/21 and the resident in A bed is currently negative for covid. An observation was made of a	F 880	On 10/6/2021 a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) and identified that housekeeping staff placed a fan approximately 15 feet from a room housing a COVID positive resident. On 10/6/21 at approximately 10:10 AM Housekeeper #1 had 1:1 in-service with the Executive Director(ED, housekeeping staff present were immediately educated on the components of the regulation with an emphasis on not placing fan near a COVID positive room. Residents in room 120,121,122,123,124,125,126,127,128, and 129 were assessed with no negative outcomes related to fan blowing near room. All residents of the facility have the potential to be affected by this issue. On 10/6/21 a quality review was completed by the Director of Nurses (DON) to ensure that a fan is not in use for rooms that are COVID positive. Housekeeping staff educated on 10/6/2021 by Executive Director(ED)and completed 10/7/21 with emphasis on not using fans on COVID unit. Fans will no longer be allowed on any hall with COVID positive residents. Newly hired employees will receive education in orientation on infection control practices. The ED/DON to conduct a weekly quality	

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F 880	Continued From page 3 blower floor fan in the hallway that was less than 15 feet from the open doorway of the covid positive room and the blower floor fan was directed and blowing air directly towards the open door and down the hallway. Interview on 10/06/21 at 9:45am with Certified Nursing Aid (CNA) #1 who is assigned to Resident #1 and stated that normally the door is closed but I guess they just cleaned the room and left the door open. Interview with the Registered Nurse (RN) #1 Charge Nurse on 10/06/21 at 10:00am stated that the door should be closed to the covid positive room, and we should not be utilizing the floor fan with the covid positive room door open like that. The RN #1 charge nurse immediately unplugged the floor fan and removed it from the hallway and closed the door to the covid positive room, (Resident #1). Interview with Housekeeper #1 on 10/06/21 at 10:05am stated that she had just mopped the floor and was trying to get it to dry quicker and that she had placed the floor fan in the hallway and did not realize that the door was open to the covid positive room and stated, "I didn't know I couldn't do that. I was trying to make sure the floor was dry." Interview with the Administrator on 10/06/21 at 10:15am confirmed that the floor fan should not be utilized outside the doorway of an open door of a covid positive resident and stated "Covid is defiantly airborne, and we shouldn't be doing that. I will go in-service them right now." The Administrator confirmed that the Housekeeping Supervisor was off today and that he would talk to	F 880	monitoring of housekeeping practices to ensure fans are not utilized on COVID unit beginning on 10/6/21, three times weekly for four weeks, then 2 times weekly for four weeks, then weekly for 6 months and as needed as indicated to ensure staff practices are consistent with the current infection control principles and practices. The ED will report findings of these quality monitoring to the QAPI Committee monthly. Findings for first month to be reported on 11/5/2021 at next QAPI meeting. Quality monitoring schedule modified based on findings with quarterly monitoring by the Regional Director of Clinical Services.	

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F 880	Continued From page 4 the employees right away and would follow up with their supervisor when she returned to work. Interview with the Infection Prevention Nurse/Director of Nursing (DON) on 10/06/21 at 10:30am confirmed that they conduct daily rounds to make observations and ensure that infection control measures are adhered to and that she will discuss this with the Housekeeping Supervisor. The Infection Prevention Nurse stated that the employee has only been employed 3 days and verified that she had been in-serviced on Infection Control measures. The DON confirmed that these practices of leaving the doorway open and utilizing a fan blower pointed directly towards the open doorway could spread the covid 19 virus. Record review of in-services dated 09/29/21 revealed that Housekeeper #1 had attended and signed an in-service for "Infection Prevention and Control."	F 880		