STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255215	A. BUILDING _____ B. WING _____	08/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

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F 000	INITIAL COMMENTS ***After Administrative review, this CMS 2567 was amended** The State Agency (SA) conducted an annual recertification survey along with a complaint CI MS #16069 at the facility from 8/13/2019 to 8/15/2019. CI MS #16069 was related to Quality of Care/Treatment. The SA did not substantiate CI MS #16069, and no deficiencies were cited related to the complaint. During the survey, the SA determined the facility was not in compliance with the requirements of participation for Medicare and Medicaid. The SA cited F-625 and F-880 during the survey. The census at the time of the survey entrance was 52 and the facility was certified for 60 beds.	F 000		
F 625 SS=E	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a	F 625		9/6/19

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

Electronically Signed | 09/06/2019

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 625	Continued From page 1 resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review, the facility failed to provide in writing the bed hold policy to the resident and/or the Resident Representative at the time of transfer to an acute care hospital for two (2) of four (4) resident's hospitalizations reviewed. Residents #3 and #38. Findings include: Review of the facility's policy titled, "Notice of Hospital Transfer/Therapeutic Leave", with the latest revision date of 2/2017, revealed: 2. When a resident is transferred to the hospital, or goes out on therapeutic leave, a copy of the completed form (notice) is sent with the resident, specifying the duration of the bed-hold according to the state plan, and the facility's policy regarding bed-hold periods. In case of emergency transfer, notice "at the time of transfer" means that the family or resident representative are provided with written notification within 24 hours of the transfer. The requirement is met if the resident's copy of the notice is sent with other papers accompanying the resident to the hospital. The staff member completing the transfer paperwork should	F 625	* Notice of Hospital Transfer/Therapeutic Leave was sent certified mail by Accounts Manager on 08/15/19 for Resident #3 and Resident #38. * All Residents have the potential to be affected. * In-service was provided for nursing staff 08/15/19 -09/05/19 by the Director of Nursing regarding the Notice of Hospital Transfer/Therapeutic Leave form. * All transfers will be reviewed bi-weekly starting 08/15/19 for four weeks then once a week for two weeks by Director of Nursing and/or Administrator. Areas of exception will be carried to Quality Assurance committee consisting of the Medical Director, Director of Nursing, Administrator, Staff Development Nurse, Maintenance, Social Services and Dietary Supervisor for corrective action plan, in-service or disciplinary action as needed.	

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F 625	Continued From page 2 complete the location, time, and date section of the form. A copy of the competed form should also be forwarded to the Accounts Manager. Resident #3 Review of the Face Sheet revealed Resident #3 was admitted by the facility on 1/10/18. Review of Resident #3's Departmental Notes, dated 7/9/18 at 7:09 AM, revealed the resident was sent out to the Emergency Room (ER) due to vomiting green emesis. Further review of the Department Notes revealed, on 7/11/19 at 11:49 AM, Resident #3 returned to the facility. Review of Resident #3's Departmental Notes, dated 7/1/19 at 3:21 PM, revealed the resident was transferred to (Name of Hospital's Initials) for observation, and vomiting dark brown emesis. Further review of the Departmental Notes revealed Resident #3 returned to the facility on 7/5/19 at 1:27 PM. The facility had no evidence Resident #3 or the Resident Representative was notified in writing of the bed hold policy/agreement. Resident #38 Review of the Face Sheet revealed Resident #38 was admitted by the facility, on 11/26/18. Review of Resident #36's Departmental Note, dated 6/15/19 at 4:51 PM, revealed the resident was transferred to (Name of Hospital) ER due to change in status and further evaluation. The facility had no evidence Resident #36 or the Resident Representative was notified in writing of the bed hold policy/agreement.	F 625		

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F 625	Continued From page 3 On 8/14/19 at 2:37 PM, an interview with the Accounts Manager revealed when she was asked about the residents being notified of the bed hold policy she replied, "the originals are signed on admission and not dated . When the resident goes out to the ER the form is completed by the nurse. The nurses fills out the location, time and date and a copy is sent to the Resident and or family representative. We are not keeping a copy when it is sent out." On 8/14/19 at 3:45 PM, an interview with the Administrator revealed the facility does not keep written documentation that the resident and or representative are notified at the time of transfer of the bed hold policy.	F 625		
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	F 880		9/6/19

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F 880	Continued From page 4 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 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens.	F 880		

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F 880	Continued From page 5 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, record review, facility policy review, and staff interview, the facility failed to prevent the possible spread of infection for one (1) of 52 Resident rooms observed. Resident #17's Room #206-A. Findings include: Review of the facility's policy titled, "General Infection Prevention and Control Nursing Policies," dated 6/2014, revealed it is the policy of this facility that all nursing activities will be performed in a manner to minimize the potential for infection in resident, staff, and visitors. During the initial tour of the facility, on 8/13/2019 at 9:20 AM, an observation revealed the door to Resident Room # 206-A was closed. After knocking, announcing, and gaining permission to enter, it was observed that after entering there was a soiled brief and soiled blue pad lying on the floor in the middle of Resident #17's room. It was observed that Certified Nursing Assistant (CNA) #1 was present in the room assisting Resident #17 to get dressed. Review of the facility's orientation document titled, "Infection Control Orientation Checklist," dated for 1/2019, revealed the person signing this checklist was acknowledging that they had received and	F 880	* Resident #17 was assessed by Director of Nursing 08/15/19 with no adverse findings. Certified Nurse Aide #1 was in-serviced by Staff Development Registered Nurse 08/15/19 regarding infection control procedures and to assure all supplies are gathered prior to entering residents room for proper infection control practices. *All residents have the potential to be affected. * All Certified Nurse Aides were in-serviced by Staff Development Registered Nurse and/or Administrator 08/15/19-09/05/19 regarding infection control procedures and to assure all supplies are gathered prior to entering residents room for proper infection control practices. * Rounds will be made by Director of Nursing and/or Administrator bi-weekly starting 08/19/19 times four weeks then weekly times two weeks. Areas of exception will be carried to Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Medical Records, Staff	

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F 880	Continued From page 6 understood the explanation of the infection process, Occupational Safety and Health Administration (OSHA) standards for blood borne diseases, epidemiology, and transmission/ prevention of infection. The checklist was signed by Certified Nursing Assistant (CNA) #1 on 7/30/2019. Review of the facility's document titled, "Inservice Training," dated 4/24/2019, revealed an in-service was provided for the CNA staff. The document revealed the content of the in-service included gloves, diapers (briefs), wipes, trash cans, trash bags, and dirty/soiled linens. The document stated that you must take trash bags into the room, and one of the bags was to be used to discard dirty linen. The document stated the in-service was provided by Registered Nurse (RN) #1/ Staff Development Nurse/ Infection Control Nurse. During an interview, on 8/13/2019 at 9:26 AM, Registered Nurse (RN) #1, Staff Development Nurse/ Infection Control Nurse, stated that CNA #1 should not have laid the soiled brief and pad on the floor. RN #1 stated doing that is considered is an infection control concern. During an interview, on 8/13/2019 at 9:30 AM, with Certified Nursing Assistant (CNA) #1, it was confirmed that she had put the soiled brief and pad on the floor. CNA #1 stated she did that because she did not have any bags to put it in. CNA stated, they are no supposed to put dirty briefs or any linen on the floor. CNA #1 stated there are garbage bags available, but she just didn't bring one with her to the room. During an interview, on 8/15/2019 at 8:16 AM,	F 880	Development Nurse, Maintenance, Social Services and Dietary Supervisor for corrective action plan, in-service,or disciplinary action as needed.	

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F 880	Continued From page 7 the Director of Nursing (DON), confirmed that soiled linen should not be placed on the floor. The DON stated that the staff is trained to put soiled linen in a trash bag and take it to a designated area. The DON stated, soiled linen should never be placed on the floor.	F 880		

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

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E 000	Initial Comments ********** Survey conducted on 08/15/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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