STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255229	A. BUILDING _____ B. WING _____	01/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCARE CENTER	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 Infection Control Survey was conducted by the State Agency (SA) from 1/21/21 through 1/22/21. The facility was not in substantial compliance with 42CFR 483.80 Infection Control. The facility was not following infection control safety practices and guidance recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) during a COVID-19 pandemic and cited F-880. The facility census at the time of the survey was 98 and held a license for 120. The State Agency (SA) conducted complaint surveys, MS CI #17218, MS CI #17453, and MS CI #17237, at the facility from 1/21/21 through 1/22/21. During the survey, the SA did not substantiated the complaints related to quality of care and neglect. No deficiencies were cited related to the complaint investigations.	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:	F 880		2/11/21

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 interviews, and facility policy review, the facility failed to prevent the possible spread of COVID-19 as evidenced by improper mask use by three (3) of eight (8) dietary employees while working in the kitchen and for poor hand hygiene for four (4) of nine (9) employees delivering meal trays to residents. Findings include: Review of facility's "Infection Prevention and Control Program" policy, dated November 2020, revealed "an infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." Review of facility's "Coronavirus Disease 2019 (COVID-19)" policy, dated September 2020, revealed "Hand and respiratory hygiene as well as cough etiquette by residents, visitors, and employees is imperative... Everyone is encouraged to wash their hands and to use hand sanitizer frequently... Employees are educated	F 880	The creation and submission of this plan of correction does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies or any violation of regulations. Plan of correction to meet state and federal guidelines. 1. On 1/25/2021, three (3) dietary staff members were provided 1:1 in-service by the Dietary Manager regarding proper wearing of mask. On 1/22/2021, all staff were in-serviced on hand hygiene and proper wearing of face mask by facility Administrator. 2. On 1/22/2021, 95 of 95 resident's that receive meals or care were identified by the Administrator as having the potential to be affected by practice. 3. On 2/4/2021, all facility staff began completion of CMS online training through the Infection Preventionist Training Program on Transmission Based Precautions and Hand Hygiene. On	

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F 880	Continued From page 3 and reminded to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).. Increase transmission-based precautions through proper use of PPE." An interview with the Administrator on 1/21/2021 at 9:40 AM, revealed the facility's census was 98 and the facility currently had 62 COVID-19 positive residents. An observation on 1/21/2021 at 10:15 AM, of the dietary staff in the kitchen revealed two (2) of the four (4) kitchen employees present were not wearing their masks properly by having the masks below their mouths with their mouths and noses uncovered. An interview on 1/21/2021 at 10:20 AM, with Dietary Staff #1, revealed she was aware she should keep her mouth and nose covered with her mask to prevent the spread of infection. Stated she has a difficult time breathing in the mask. Stated she had been in-serviced by her supervisor (Dietary Staff #4). An interview on 1/21/2021 at 10:25 AM, with Dietary Staff #2, revealed she was aware she should keep her nose and her mouth covered to prevent the spread of infection. Stated she had been in-serviced on COVID-19 precautions. An observation on 1/22/2021 at 9:20 AM, revealed Dietary Staff #3 was in kitchen preparing tea glasses for residents' lunches with the mask below nose and mouth.	F 880	2/4/2021, a Root Cause Analysis was conducted by Administrator, Director of Nursing (DON), Assistant Director of Nursing/Infection Preventionist (ADON), Dietary Manager, and Medical Director. 4. Beginning 1/22/2021, Administrator of Assistant Director of Nursing (ADON) will perform observation audits on proper wearing of face mask and hand hygiene five (5) times a week for two (2) weeks, then three (3) times a week for two (2) weeks, then monthly for three (3) months. Administrator of DON will review audit results weekly. Administrator or DON will bring results of audits to Quality Assurance/Performance Improvement Committee meeting for review and recommendation monthly for four (4) months. Administrator is responsible for monitoring and compliance.	

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F 880	Continued From page 4 An interview on 1/22/2021 at 9:25 AM with Dietary Supervisor (Dietary Staff #4), revealed all Dietary Staff have been in-serviced on proper Personal Protective Equipment (PPE) use and COVID-19 guidelines to prevent transmission of the virus. Dietary Staff #4 stated that all new employees were in-serviced, and all have been in-serviced again recently due to the COVID-19 outbreak. An observation of meal service on 1/21/2021 at 11:30 AM, revealed four (4) Certified Nursing Assistants (CNA), CNA #1, CNA #2, CNA #3, CNA #4 delivered lunch trays to the residents and failed to use hand hygiene between each resident's tray delivery and set up. An interview on 1/21/2021 at 11:40 AM, with CNA #3, revealed she had been in-serviced by the facility on hand hygiene and also when she was a student. CNA #3 stated hand hygiene was needed to prevent infection. In an interview, on 1/22/2021 at 4:00 PM, the Administrator stated the staff had been in-serviced on COVID-19 and infection control guidelines. The Administrator confirmed the facility failed to ensure proper infection control practices to prevent the spread of COVID-19 and other infections. Review of in-service attendance record confirmed Dietary Staff #1, Dietary Staff #2, and Dietary Staff #3 were in-serviced on COVID-19 Precautions on 7/15/20. CNA #1, CNA #2, CNA #3, and CNA #4 attended an in-service on Proper DON (putting on)/DOFF (taking off) of PPE on 1/11/21.	F 880		