STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255102	A. BUILDING _____ B. WING _____	10/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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) on October 7, 2020. The facility was not in substantial compliance with 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 was cited deficient practice at F880. The facility census at the time of the survey was 105.	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: §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;	F 880		11/7/20

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

Electronically Signed | 11/03/2020

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F 880	Continued From page 1 §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 infection. §483.80(f) Annual review.	F 880		

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F 880	Continued From page 2 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 facility policy review, the facility failed to prevent the likelihood of the spread of COVID-19 as evidenced by lack of social distancing and wearing masks by five (5) of five (5) employees eating lunch in the Minimum Data Set (MDS) office. Findings Include: Review of the facility policy titled, "COVID-19 Education, Prevention and Response Guide", dated September 14, 2020, revealed "we need to be practicing social distancing at work. Team members should not congregate in break rooms, during smoke breaks, for meals, or at nurse stations". An observation on 10/07/2020 at 12:25 PM, revealed five (5) staff members eating lunch in the MDS office near the COVID-19 unit. Two (2) employees were sitting on each side of the table and one (1) employee was sitting at the end of a long narrow table with approximately 2 - 3 feet between each employee. The employees were not socially distanced or wearing masks. An interview with the Licensed Practical Nurse (LPN) #1 on 10/07/2020 at 12:30 PM, confirmed that she and other employees were not following guidelines to prevent the spread of COVID-19 by remaining socially distanced. The LPN confirmed the facility had in-serviced the staff on COVID-19 guidelines and she had attended these in-services.	F 880	F880 The plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth in the statement of deficiencies. 1. Corrective action for those employees found to have conducted the deficient practice was accomplished immediately on 10/7/20 by the employees separating and observing the 6 foot social distance requirement. Each of the five staff members who were eating lunch in the Minimum Data Set Coordinator's office near the COVID-19 unit on 10/07/2020 was provided one-on-one in-service education by either the Director Nursing Service or Infection Preventionist. This education included proper social distancing guidelines which require staff members to maintain a distance of at least six feet from one another. Completion date of 10/7/20. 2. All residents in the center have the potential to be affected by this deficient infection control practice. Immediately	

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F 880	Continued From page 3 An interview with the Registered Nurse (RN) #1 on 10/07/2020 at 2:00 PM, confirmed she and other employees were not observing social distancing during their lunch. She stated she had attended in-services in the facility related to COVID-19 and social distancing and should follow the recommended social distance of 6 feet to help prevent the spread of COVID-19. An interview with Registered Nurse (RN) #2 on 10/07/2020 at 2:10 PM, confirmed she and other employees were not observing social distancing during lunch. The RN confirmed she and other staff had been in-serviced on social distancing guidelines of 6 feet to prevent the spread of COVID-19. An interview with the Infection Control Preventionist (ICP) on 10/07/2020 at 2:30 PM, revealed in-services concerning COVID-19 social distancing guidelines have been given. The ICP stated they have discussed maintaining a distance of at least 6 feet, and the facility has been in-serviced on CDC guidelines. An interview with the Administrator on 10/07/2020 at 1:40 PM, confirmed the table the staff were eating lunch on measured 83.5 inches by 41.5 inches (approximately 7 foot long and 3.5 feet wide) . The Administrator confirmed the employees were not socially distanced at least 6 feet apart. The Administrator confirmed the risk of spreading COVID-19 to residents and staff increases by not following the recommended guidelines. The Administrator confirmed the staff should follow the guidelines for social distancing. An interview with the Director of Nursing (DON)	F 880	after the employees were noted to have been eating together and not following the social distancing requirement, the Administrator, Director Clinical Education, and Director Nursing Service made rounds to determine if any other staff were not following the social distance requirement. Completion date of 10/7/20. 3. The facility will ensure the deficient practice of not following social distance guidelines will not recur by conducting a Root Cause Analysis (RCA) with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement, and Governing Body by 11/3/20. Additionally, the Director Clinical Education and Administrator will assure that staff complete training on infection control practices regarding proper use of masks and social distancing from online infection prevention training courses offered by the Centers for Disease Control. These courses will be completed on 11/7/20. If for some reason an employee cannot complete the online course in this timeline the center will not allow the employee to work until completion has been achieved. Completion date of 11/7/20. 4. The facility plans to monitor its performance to make sure that the above solutions identified in bullet # 3 are sustained by requiring the center□s Infection Control Preventionist or Administrator to monitor for compliance	

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F 880	Continued From page 4 on 10/07/2020 at 1:50 PM, confirmed the staff were not socially distanced at least 6 feet apart. The DON confirmed the risk for exposure to COVID-19 for staff and residents was increased by not following the guidelines for social distancing. The DON confirmed the employees have received in-services related to COVID-19 recommendations, with social distancing included. Record review of In-Service Attendance Record confirmed RN #1, RN #2, and LPN #1 had attended the in-service on COVID-19 guidelines.	F 880	by making infection control rounds to ensure social distancing guidelines are being followed by staff daily times 2 weeks, 3 times week for 2 weeks, then weekly for 4 weeks. The facility has developed a monitoring tool to capture the infection control monitoring rounds to assure corrective action is evaluated and sustained. This plan of correction has been implemented and integrated into the Quality Assurance system as evidenced by addressing the deficient practice and improvement plan in the Quality Assurance and Performance Improvement meeting on 11/4/20. Any deficient practice noted during these infection control rounds will be immediately corrected through one-on-one in-servicing and/or the center□s progressive discipline policy and brought to Quality Assurance and Performance Improvement for review times 2 months. Completion 11/4/20.	