STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255104	A. BUILDING _____ B. WING _____	05/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	1950 GRANDVIEW DRIVE GRENADA, MS 38901

(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 The State Agency (SA) conducted an annual recertification survey at the facility from 04/29/2019 to 05/02/2019. During the survey, the SA determined the facility was not in compliance the Medicare and Medicaid requirements for participation. The SA cited the regulatory deficiency F880. At the time of survey, the census was 94, and the facility held a license for 110 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	F 880		5/22/19

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

Electronically Signed | 05/22/2019

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F 880	Continued From page 1 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. The facility will conduct an annual review of its	F 880		

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to prevent the potential spread of infection as evidenced by sharing of personal care items and using a single bag to transport resident care supplies from room to room for one (1) of four (4) halls observed. Findings include: Record review of the facility's "Infection Control" policy, revision date of 5/11, revealed the facility will maintain an Infection Control Program, designed to provide a safe, sanitary and comfortable environment where residents reside with minimal exposure to the development and transmission of disease and infection. On 05/01/19 at 8:35 AM, an observation revealed Certified Nursing Assistant (CNA) #1 coming out of Room D7 carrying a large canvas shoulder bag and then entering into room D6. On 05/01/19 at 8:58 AM. an interview with CNA #1 revealed the facility provided her with the large canvas bag to carry supplies (body wash, deodorant, diapers, cologne) to the resident's rooms to provide resident care. CNA #1 confirmed she did take the large bag carrying supplies out of room D7 and into room D6 without cleaning the bag. CNA #1 revealed the deodorant was the solid, rub on type and she does use it on more then one resident, she has one for the men and one for the women. CNA #1 confirmed that taking the bag in and out of the resident's room could cause a cross contamination. CNA #1 revealed she does take	F 880	* Personal bag was removed on 5/1/19 by Certified Nursing Assistant #(1). In service with Certified Nursing Assistant #(1) on policy titled Infection Control with revision date 5/11 by Director of Nursing and in service included not taking items from one room to another without proper disinfectant on 5/1/19. * Ten (10) of 98 residents were identified by the Director of Nursing to have the potential to be affected by this deficient practice on 5/2/19. Ten (10) of ten (10) residents were assessed by the Director of Nursing, Charge Nurses, and/or Staff Development Nurse for signs and symptoms of infection on 5/2/19 with no signs and symptoms identified. * An in-service was conducted on 5/6/2019 by the Director of Nursing and/or Staff Development Nurse on the policy/procedure titled Infection Control revised 5/11 with Licensed Practical Nurses,Registered Nurses,Certified Nursing Assistants,Housekeeping Staff, Maintenance Staff and Laundry Staff and continued until all staff in serviced. The Quality Assurance Committee, which includes the Administrator, Director of Nursing, Medical Director, and Department Heads, reviewed the policy on Infection Control with revision date of 5/11 on 5/6/2019 and did not recommend any changes.	

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	255104	A. BUILDING _____ B. WING _____	05/02/2019

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GRENADA LIVING CENTER	1950 GRANDVIEW DRIVE GRENADA, MS 38901

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F 880	Continued From page 3 the bag home sometimes, washes it down with Lysol and brings it back for another day. On 05/01/19 at 4:14 PM, an interview with the Administrator revealed he was made aware of the CNA #1 taking the bag in and out of resident's rooms with care supplies, including the deodorant that was used on more then one resident. The ADM confirmed the CNA #1 should not have carried the bag in and out of the resident's rooms due to the possible spread of infection. On 05/01/19 at 4:40 PM, an interview with the Director of Nursing (DON) confirmed she was made aware of CNA #1 taking the bag in and out of the residents' rooms. The DON confirmed by taking the bag in and out of different residents room could be a cross contamination, and could cause the spread of infection. The DON revealed the staff has had in services on infection control and CNA #1 had attended. On 05/01/19 at 4:50 PM, an interview with the DON, and reviewing the records of infections on the D Hall for the months of March and April 2019, revealed one (1) respiratory infection in the month of April and one eye infection one abscessed tooth in the month of March. Record review of the in - service, dated 3/25/19, revealed infection control issues were addressed, and CNA #1's signature was on the attendance log.	F 880	* Weekly rounds started May 2 2019 and will be conducted by Director of Nursing, Staff Development Nurse, and/or Administrator to ensure compliance related to adherence of infection control procedures for four weeks and monthly for two months and findings recorded on rounds flow record and maintained by the Administrator. The Quality Assurance Committee will address concerns identified from rounds and evaluate the monitoring completed by the Director of Nursing, Staff Development Nurse, and/or Administrator monthly for three months and make any recommendations or changes needed. * The corrective action will be completed 5/22/19.	

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	255104	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/30/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	**1950 GRANDVIEW DRIVE** **GRENADA, MS 38901**

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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		

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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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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 4/30/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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