STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255320	A. BUILDING _____ B. WING _____	11/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK NURSING AND REHAB CENTER	100 LAUREN DRIVE BOONEVILLE, MS 38829

(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 Survey Agency (SA) conducted an annual recertification survey from 11/24/19 through 11/26/19. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited deficiencies at F880. At the time of the survey, the census was 106, and the facility held a license for 120 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		12/24/19

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

Electronically Signed | 12/24/2019

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F 880	Continued From page 1 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.	F 880		

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	255320	A. BUILDING _____ B. WING _____	11/26/2019

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to prevent the possible spread of infection as evidenced by failure to utilize a barrier during medication administration, failure to clean/sanitize a pulse oximeter before use, and storing the pulse oximeter in a uniform pocket, prior to use, for one (1) of three (3) medication observations. Findings include: Review of the facility's "Infection Prevention Program" policy, revised 11/28/2019, revealed the charge of the Infection Prevention Committee shall be to establish an Infection Prevention Program that protects residents, visitors, staff, and volunteers from facility associated, community-acquired and workplace-related infections. During an observation of the medication pass, on 11/25/19 at 8:50 AM, Licensed Practical Nurse (LPN) #1 took a Symbicort Inhaler and an Incruse Inhaler into the resident's room for administration. LPN #1 placed the inhalers on the the resident's overbed table, without the use of a barrier. Following administration of the inhalers, LPN #1 placed the inhalers back in the medication cart. LPN #1 removed a pulse oximeter from her pocket and placed it on the resident's finger. After completing the oxygen saturation monitoring, she removed the pulse oximeter and placed it back into her pocket. The pulse oximeter was not cleaned and/or sanitized prior/after use. During an interview, on 11/25/19 at 2:10 PM, LPN #1 revealed they have plate barriers to use when	F 880	F880 1. The personal pulse oximeter was removed from the hall per the Director of Nursing. A new pulse oximeter was placed on the medication cart on 11/25/2019. Everything in the drawer with the inhaler was cleaned and wiped down on 11/25/2019. Infection Control Nurse ensured that plates used for barriers were located on all three medication carts and that no other personal equipment was being used. 2. All residents that have an order for a pulse oximeter reading or inhalers have the potential to be affected. 3. The following measures were put in place to ensure that the deficient practice did not occur again. A one on one in-service was held with Licensed Practical Nurse(LPN)(#1)on 11/26/2019 in relation to safe infection control practices of cleaning equipment. On 11/26/2019, an in-service was initiated per the Staff Development Nurse with all licensed nurses addressing the proper cleaning of equipment and use of barriers with medication as well as the significance of it being cleaned and stored in a way to prevent the possible spread of infection. In-service was completed on 11/28/2019. Cleaning of equipment check off was implemented by Staff Development Nurse with med pass observations, nurses were observed during medication pass on	

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F 880	Continued From page 3 giving medications, but she just didn't think about it. She confirmed she should not have placed the inhalers on the resident's table, because it was dirty. She stated she carried germs back to the medication cart, when she did not use a barrier, and did not wipe the inhalers before putting them back into the cart. She stated the pulse oximeter was in her pocket, because it was her personal oximeter she brought from home. She confirmed the pulse oximeter should not be in her pocket, because of germs. LPN #1 stated the pulse oximeter should be cleaned before use, and before placement in the medication cart. During an interview, on 11/25/19 at 3:40 PM, the Director of Nursing (DON) revealed LPN #1 knew she should use a barrier or clean the table, prior to putting anything on the table. She confirmed putting the inhalers back in the medication cart, without cleaning them, took germs into the cart. The DON also stated LPN #1 should not use her personal equipment. She stated no equipment should be placed in the nurses' pocket, and the pulse oximeter should be cleaned like the glucometer, before and after use. In an interview, on 11/25/19 at 4:10 PM, the Administrator stated LPN #1 had recently been in-serviced on medication administration the first of the month, and performed a medication administration competency in June 2019. The Administrator stated LPN #1 knew better. Record review revealed LPN #1 attended an in-service on 11/6/19, which included infection control instructions to not carry items in your pocket into the room, example: eye drops, test strips, lancets etc..	F 880	12/16/2019, and observations were ongoing to check off cleaning of equipment and use of barriers. This was completed on 12/18/2019. A mandatory directed in-service on safe infection control practices was held on 12/23/2019 per the critical care unit Registered Nurse from a local hospital with all nurses. 4. Performance Improvement Project was initiated per the Quality Assurance(QA) Coordinator, and the QA Committee met with the Medical Director on 12/20/2019 to discuss the annual survey results and corrective actions that have been put into place. The cleaning of equipment check off sheets will be included in the orientation packet for all new nurses during med pass observations effective 12/16/2019. The Infection Preventionist started on 12/18/2019 doing weekly observations with an medication nurse on each wing to observe the use of barriers with med pass as well as the cleaning and transportation of equipment in and out the residents□ rooms to ensure safe infection control practices are maintained for six consecutive weeks. Then, bi-weekly observations for the duration of four weeks with all findings being documented and brought to the QA Committee weekly. Any abnormal findings will be brought to the QA Coordinator immediately for corrective action. The Quality Assurance Coordinator will review the weekly findings from infection	

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F 880	Continued From page 4	F 880	control and address any problems noted. The Quality Assurance Coordinator will review new hire packets weekly to ensure that the check off sheet was implemented and no deficient practice is noted. All findings will be addressed in the weekly QA meeting. The Quality Assurance Coordinator will document the compliance of equipment being cleaned and barriers being used in a manner to prevent the possibility of infections. QA findings will be reviewed by the Quality Assurance Committee beginning on 12/20/2019 and continue on a monthly basis until such time compliance has been achieved. The QA Committee will make recommendations and/or changes as needed.	

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	255320	A. BUILDING **01 - LANDMARK NURSING AND REHAB CTR** B. WING _____	**12/03/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK NURSING AND REHAB CENTER	**100 LAUREN DRIVE** **BOONEVILLE, MS 38829**

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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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E 000	Initial Comments ********** Survey conducted on 12/03/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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