| 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 _____ | 09/14/2020 |

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

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted a COVID 19 Focus Survey from 9/14/20 to 9/14/20. The SA determined the facility was not in compliance with requirements of participation in Medicare and Medicaid and cited the regularory deficiency F880. Census was 72 | F 000 | | |
| F 880 SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or | F 880 | | 11/19/20 |

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

Electronically Signed | 11/19/2020

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 880 | Continued From page 1<br>infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interviews, facility policy review and in-service record review, the | F 880 | 1. Certified Nursing Assistant(CNA) # 1 and Dietary Cook (DC)# 1 were relieved | |

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| F 880 | Continued From page 2<br>facility failed to maintain an infection control program related to not wearing a face mask properly during serving food on resident's lunch trays for one (1) of five (5) dietary staff and not performing hand hygiene while passing resident's lunch trays for one (1) of three (3) Certified Nursing Assistants observed potentially affecting four (4) residents.<br><br>Findings include:<br><br>Observation 1<br><br>Record review of the facility policy titled "Hand Hygiene" with revision date of 10/17, revealed the purpose is to cleanse hands to prevent transmission of infection or other conditions is to provide clean, healthy environment for residents, staff and visitors. Indications for hand washing and/or alcohol-based hand rub revealed to perform between all contact with residents or when entering and exiting a resident's rooms.<br><br>During an observation on 9/14/20 at 12:10 PM Certified Nursing Assistant (CNA) #1 was passing lunch trays on B-unit residents. CNA #1 was observed removing a tray from the tray cart, entered room B-1 and walked to the middle bed, moved the over bed table near the resident, which contaminated her hands, set up the tray by opening and placing items for the resident, exited the room and did not wash her hands or use a hand sanitizer. CNA #1 removed a tray from the cart, entered room B-1 and walked to the bed near the window, moved the resident's water pitcher from the over bed table to the bed side table which contaminated her hands, opened and set up the items on the tray for the resident, exited the room and did not wash her hands or | F 880 | of duties on September 14, 2020 pending in-service. On September 14, 2020 CNA #1 was in-serviced by Director of Nursing on the facility policy titled Hand Hygiene. On September 14, 2020 DC #1 was in-serviced by Director of Nursing on facility policy titled Donning Personal Protective Equipment (PPE)<br><br>2. 24 out of 24 residents on B unit had the potential to be effected by the deficient practice of CNA #1. 71 out of 72 residents had the potential to be effected by deficient practice by DC #1.<br><br>3. The Infection Control Nurse initiated an all staff in-service on 9/14/2020 that N95 mask should be worn at all times covering mouth and nose and hand hygiene be performed as per policy and guidance from Centers for Disease Control (CDC). The Director of Nursing completed a second one on one educational in-service on 9/15/2020 with DC#1 on proper wearing of masks educating to (1) secure ties or elastic band at middle of head and neck or behind both ears if a loop mask (2) fit flexible band to nose bridge (3) fit snug to face and below chin (4) ensure mask covers the nose and mouth at all times per donning Personal Protective Equipment of the Infection Prevention and Control manual with an original date 6/14. The Dietary Manager completed an in-service with ten out of ten dietary staff on 9/15/20-9/16/20 to wear mask while serving food, practice social distancing in the kitchen, wear mask while preparing, cooking, and serving food, and keep | |

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| F 880 | Continued From page 3<br>use the hand sanitizer. CNA #1 moved a wet floor sign in the hall near the tray cart, removed a tray from the cart with contaminated hands entered room B-1, walked to the bed near the door, moved the over bed table near the resident, opened and moved items on the tray for the resident, and exited the room without washing her hands or using hand sanitizer. CNA #1 removed a tray from the cart, entered room B-4, walked to the bed near the window, set up the tray by opening and moving items on the tray, exited room and did not wash hands or use hand sanitizer.<br><br>Interview with CNA #1 on 9/14/20 at 12:25 PM confirmed she did not wash her hands or use a hand sanitizer between delivering lunch trays to three (3) residents in room B-1 and to one resident in B-4. CNA #1 revealed she had some sanitizer in her pocket but did not use it. She stated she knows she should use the sanitizer or wash her hands, but she forgot. CNA #1 revealed she has attended training's on hand hygiene and realizes by not cleaning her hands between the residents she could spread an infection.<br><br>Observation 2<br><br>Record review of the facility policy titled "Donning PPE" dated 6/14 revealed instructions for a mask included to secure ties or elastic band at middle of head and neck, fit flexible band to nose bridge, and fit snug to face and below chin.<br><br>During an observation on 9/14/20 at 12:35 PM, Dietary Cook (DC) #1 was seen standing at the steam table serving food onto the residents' trays with her face mask placed below her chin, not | F 880 | hands washed and sanitized. The Infection Control Nurse and the Dietary Manager initiated two separate in-services to ten out of ten dietary staff on 10/19/2020 on proper wearing of N95 mask at all times during work shift unless eating and wearing mask at all times while in the kitchen and facility and make sure nose is covered. All staff mandated to watch the online Covid-19 infection control video provided by Provider Professional Services talent LMS website sponsored by the Centers for Disease Control 3/20 that covers hand hygiene by 12/01/2020 which will be monitored by the Infection Control Nurse and /or Director of Nursing.<br><br>4. The Infection Control Nurse and/or the Director of Nursing will observe three employees for infection control practices to include hand hygiene, cough etiquette, donning/doffing Personal Protective Equipment and Transmission Based Precautions for five days a week for three weeks, two days a week for two weeks and one day a week for four weeks and as needed for further evaluation and perform corrective action as needed. The Dietary Manager will in-service dietary staff on proper wearing of masks monthly for four months, then quarterly or as needed for further evaluation and corrective action. The Quality Assurance and Performance Improvement Committee met 9/14/2020 for discussion of latest update and revision of Covid-19 Interim Policy for Suspected/Confirmed Coronavirus (9/20), Covid-19 Core Principles of Infection Control Information | |

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| F 880 | Continued From page 4<br>covering her nose or mouth. DC #1 was talking to other staff members while standing over the food on the steam table and serving the lunch trays.<br><br>Interview with DC #1 during the above observation revealed she believed she was more than six (6) feet away from other staff, and because she has Asthma, it is difficult for her to breath when wearing a mask. DC #1 confirmed she was not wearing the face mask in the manner she was trained. The DC revealed she was trained to wear a face mask that covers her nose and mouth to prevent the spread of infection.<br><br>An interview with the Dietary Manager (DM) confirmed DC #1 was not wearing the face mask in a manner that covers her nose or mouth and could possibly cause the spread of an infection.<br><br>An interview with the Infection Control Registered Nurse (ICRN) on 9/14/20 at 12:55 PM revealed the nursing staff should always either wash their hands or use hand sanitizer before and after entering a resident's room. The ICRN revealed the facility has provided training on hand hygiene because by not disinfecting their hands between resident care they could spread the virus. The ICRN revealed all staff including the dietary staff should always wear their masks covering their nose and mouth. The virus (COVID-19) is spread through the air and the mask will prevent the spread of the virus.<br><br>On 9/14/20 at 1:00 PM an interview with the Director of Nursing (DON) revealed the facility has provided training for all staff on the proper use of wearing masks and they should always be worn over their nose and mouth. DON revealed | F 880 | Sheet that details screening of all who enter the facility, hand hygiene, face covering or mask (covering mouth and nose), social distancing at least six feet, cleaning and disinfecting, appropriate staff use of Personal Protective Equipment(9/20), and Infection Control Dietary Department Guidelines (6/14) with recommendations to include new updates, hand hygiene, and Personal Protective Equipment into scheduled bi-monthly in-services for all staff. The Nursing Facility Administrator and Director of Nursing will bring results of established monitoring to the Quality Assurance Committee for further evaluation and perform corrective action as needed. | |

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| F 880 | Continued From page 5<br>the virus travels in the air, and you have to cover your mouth and nose. The DON revealed the nursing staff have attended training related to the importance of performing hand hygiene before and after entering and exiting a resident's room. The DON revealed hand hygiene is very important in preventing the spread of infection to the residents.<br><br>Record review of an In-Service Training, dated 7/16/20 and presented by the ICRN, revealed the subject included hand hygiene and proper use of face masks. The signatures of DC #1 and CNA #1 were noted on the sign in sheet. | F 880 | | |