STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255185	A. BUILDING _____ B. WING _____	08/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANOLA REHABILITATION AND HEALTHCARE CENTER	401 HIGHWAY 82 WEST INDIANOLA, MS 38751

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F 000	INITIAL COMMENTS F 000 A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 8/11/20. 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 (CMS) and Centers for Disease Control and Prevention (CDC), during a COVID-19 pandemic. The SA cited the regulatory deficiencies at F880. The facility census at the time of the survey was 56.	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	F 880		9/11/20

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

Electronically Signed | 09/09/2020

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F 880	Continued From page 1 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 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	F 880		

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F 880	Continued From page 2 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 observations, staff interviews, record reviews, and facility policy reviews, the facility failed to ensure staff properly cleaned and sanitized their hands and disinfected reusable equipment for monitoring resident's vital signs and removing clothes hangers from a resident's room and placing in a clean laundry cart to prevent the possible spread of infection for seven (7) of seven (7) residents not located in the COVID-19 designated area. (Residents # 1, 2, 3, 4, 5, 6, and 7). Findings include: Review of the facility's policy titled, "Infection Control Policy-Coronavirus Disease 2019 (COVID-19)", revealed employees are educated and reminded to clean their hands according to Centers for Disease Control (CDC) guidelines , including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing Personal Protective Equipment. Staff to perform hand hygiene upon exiting patient rooms. Reusable equipment is not used for the care of more than one resident until it has been appropriately cleaned and reprocessed. An observation, on 8/11/20 at 9:45 AM, revealed Laundry Staff #1 pushed a covered laundry cart down the A wing hall. The laundry staff removed clothes on hangers from the cart and entered	F 880	Preparation and submission of this plan of correction by Indianola Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F880 1. Laundry Staff number one (1) was observed to be in violation of the facility's infection control procedures and was immediately in-serviced by Infection Preventionist and Director of Nursing on August 11, 2020, on hand washing and proper use of alcohol-based hand sanitizer (ABHR), and not moving items from inside the residents' room into the clean linen cart and performed return demonstration on hand washing/sanitizing between point of contact. Certified Nursing Assistant (CNA) number one (1) was observed to be in violation of the facility's infection control procedures and was immediately in-serviced by Infection Preventionist and Director of Nursing, on August 11, 2020, on hand washing and proper use of alcohol-based	

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F 880	Continued From page 3 Room A-20. She did not have gloves on. She touched the door to the room and the closet door before hanging the clothes in the closet. She then removed several clothes hangers from the closet and exited the room. She placed these hangers inside the cart. She did not use hand sanitizer or wash her hands at any time. She returned to the laundry where she left the cart and exited the laundry area. An interview, on 8/11/20 at 9:50 AM, with the Director of Nursing (DON) and the Housekeeping Director, revealed Laundry Staff #1 should have washed her hands or used hand sanitizer when she came out of the room and she should not have put the hangers in the clean laundry cart because they were considered dirty. The DON stated she should have cleaned them first. An interview, on 8/11/20 at 10:00 AM, with Laundry Staff #1, confirmed she did not wash her hands or use hand sanitizer before or after entering the resident's room and that she placed the hangers in the clean laundry cart with out cleaning them. She stated that not using hand sanitizer and putting the hangers in the cart spreads germs. She confirmed she has had in-services on infection control and COVID. An observation, on 8/11/20 at 10:30 AM, revealed Certified Nursing Assistant (CNA) #1 inside Room B-2. CNA #1 left the room and walked to the nurse's station, picked up a roll of clear trash bags and tore one (1) off and left the floor. She returned still holding the bag and also had a pillowcase in her hands and entered Room B-2. She exited the room and went to the nurse's station and charted vital signs.	F 880	hand sanitizer (ABHR). Return demonstration on hand washing/sanitizing between point of contact was completed by CNA #1 with the Infection Preventionist. Certified Nursing Assistant (CNA) number two (2) was observed to be in violation of the facility's infection control procedures and was immediately in-serviced by Infection Control Preventionist and Director of Nursing, on August 11, 2020 on cleaning/disinfecting reusable medical equipment between residents, hand washing and proper use of alcohol-based hand sanitizer (ABHR). Return demonstration was completed on August 11, 2020 by CNA #2 with the Infection Preventionist on obtaining vitals and cleaning equipment between use. 2. Each of the 56 residents residing in the facility on August 11,2020, had the potential to be affected. 3. In-services, with return demonstration, were started immediately on August 11, 2020, on hand washing/use of ABHR/infection control including cleaning reusable medical equipment between residents and not bringing items back into the clean areas, especially clothes hangers from closet brought to the clean linen cart, by Staff Development Nurse Coordinator and will be on-going until staff are in-serviced on hand washing/use of ABHR/infection control and able to perform return demonstration. Centers for Disease Control Infection Control Modules 11 A on Reprocessing Resident Care	

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F 880	Continued From page 4 An interview, on 8/11/20 at 10:45 AM, with CNA #1, confirmed she had hand sanitizer in her pocket but, did not use hand sanitizer or wash her hands when she exited the resident's room. She stated that this spreads germs. She stated she has attended in-services on infection control and COVID. An observation, on 8/11/20 at 10:57 AM, revealed CNA #2 exited Room A-14 with an infrared thermometer, pulse oximeter, and a blood pressure cuff. She did not clean or sanitize the equipment when she exited the room. She entered Room A-17 and checked vital signs on the residents in the room. CNA #2 did not sanitize the equipment between rooms or between use on each resident. While in Room A-17, she placed the infrared thermometer on a dresser in the room without using a barrier. When she exited Room A-17 she took the equipment to the nurse's desk without cleaning or disinfecting it. An interview, on 8/11/20 at 11:05 AM, with CNA #2 confirmed she did not sanitize the vital sign equipment between rooms or residents or when she put it up. She stated that this was cross-contamination. An interview, on 8/11/20 at 11:07 AM, with Registered Nurse (RN) #1, the A-wing Supervisor confirmed the blood pressure cuff, thermometer, and pulse oximeter should have been cleaned between patient contact and after use. He stated this was an infection control problem and if a resident had any infection, COVID or not, it could be easily transmitted. An interview, on 8/11/20 at 12:05 PM, with RN #2	F 880	Equipment and Module 7 on Hand Washing were initiated on September 3, 2020 and will be on going until staff complete both modules and obtain their certificate of completion. Facility Quality Assurance Performance Improvement committee completed the Root Cause Analysis on September 3, 2020 and completed the Long Term Care Facility-Infection Control self-assessment on September 4, 2020. On September 4, 2020 Quality Assurance Performance Improvement committee meeting was held to review Root Cause Analysis and Facility Infection Control self-assessment findings. The committee was attended by the Medical Director, the Director of Nursing, the Infection Preventionist, Assistant Director of Nursing, and the Administrator. A plan for facility monitoring of compliance with infection control prevention and surveillance was created and implemented on September 4, 2020. 4. Beginning the week of September 11, 2020, the Director of Nursing or the Infection Preventionist Officer will monitor staff's use of alcohol-based hand sanitizer and hand washing, cleaning of reusable equipment between residents, and not moving items from residents' room into clean areas like clean linen carts, by observing five (5) facility staff performing routine resident care services, twice a week for four (4) weeks, then weekly for four (4) weeks, then monthly thereafter. A report will be submitted to the Quality Assurance Performance Improvement Committee monthly by the Infection	

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F 880	Continued From page 5 confirmed that she provided staff in-service education on COVID-19 and infection control. An interview, on 8/11/20 at 12:37 PM, with the Director of Nursing (DON), revealed that these are infection control issues but stated that she felt like they had done something right because they had kept it out of the facility for five (5) months. An interview, on 8/11/20 at 12:45 PM, with the Administrator, revealed they need to "step up" and monitor the staff better. She stated they need to work on some areas and educate staff on points of contact. Record review of facility's in-service attendance forms revealed CNA #1 and #2 had attended in-service education on COVID-19, handwashing/hand sanitizing, and cleaning of medical equipment on 3/16/20, 6/26/20, and 7/30/20.	F 880	Preventionist officer for further recommendations. The Infection Preventionist Officer is responsible for on-going monitoring and compliance. Any changes or revisions deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement committee. 5. Date of completion: 9/11/2020	