STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	08/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JAQUITH INN	3550 HIGHWAY 468 WEST- PO BOX207/BLDG 78 WHITFIELD, MS 39193

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on August 17, 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. The facility census at the time of the survey was 50.	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		9/8/20

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

Electronically Signed | 09/08/2020

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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 virus as evidenced by lack of proper hand hygiene, lack of wearing a mask, and contamination of meal trays and pantry items for three (3) of three (3) tours of the facility. Findings include: Review of the facility's, "Pandemic Coronavirus Disease (COVID-19) Infection Prevention Practices" policy, dated May 2020, revealed its purpose provides infection prevention guidelines to control/prevent pandemic Coronavirus disease (COVID-19) in patients, residents, employees, and visitors. The policy/plan revealed A. Basic infection prevention principles for preventing the spread of pandemic COVID-19 at (Name of)State Hospital (Initials of state hospital): (1) Minimize chance for exposure, e. All employees entering the (Initials for state hospital) campus are required to wear appropriate face masks at all times. Review of the facility's "Hand Hygiene" policy, dated April 2019, revealed it is the policy of (Initials for name of state hospital) that all employees will use proper hand hygiene techniques to prevent the spread of infectious diseases to include: H. After touching objects that may be contaminated with disease causing microorganisms and O. After contact with inanimate objects in the vicinity of the patient/resident.	F 880	Upon notification of the deficient practice on August 17, 2020 Direct Care Trainee (DCT) #1 was reeducated by the Director of Nursing(DON)on Hand Hygiene, Infection Control Policy (IP POL) 162-66 with emphasis on using proper hand hygiene practices to prevent the spread of infectious disease and Glove Use and Disposal, IP POL 162-124 emphasizing the appropriate use and disposal of gloves. DCT #2 was reeducated by the DON on the Isolation Guidelines,IP POL 162-076 with emphasis on the correct handling of dietary trays and the Meals for Isolated Residents/Patients policy, IP POL 162-62, emphasizing procedures for the service and disposal of meals to residents requiring isolation. Additionally, on August 17, 2020, Dietary Staff #1 was reeducated by the Pantry Coordinator on wearing a mask at all times while on the unit and the storage of personal items outside the food service area of the pantry. The residents were monitored by the nurses on August 17, 2020 and continue to be monitored and found to have no negative outcomes related to the deficient practice.	

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F 880	Continued From page 3 Review of the facility's "Personal Items" policy, not dated, revealed personal items should be stored outside the food service area of the pantry. An observation, on 8/17/20 at 11:28 AM, revealed a single glove hanging on the handrail on the south side hallway near the exit door. Direct Care Trainee (DCT) #1 picked the glove up with her bare hand and put the glove in the garbage can in room 128. She did not wash her hands or use hand sanitizer. She then stood in the hallway touching her clothes and putting her hands inside her pockets and then entered Rooms 126 and 123 touching the doorknob and door facing. An interview, on 8/17/20 at 11:35 AM, with DCT #1, revealed she should have disposed of the glove in the red garbage can and she should have put on a glove to pick it up. She confirmed she did not wash her hands or use hand sanitizer after she threw the glove away. She stated that she just wasn't thinking. She stated that what she did spreads germs. The DCT #1 stated she has hand sanitizer in her pocket and always uses it, but confirmed she did not use it after she disposed of the glove. An interview, on 8/17/20 at 12:15 PM, with the Director of Nursing (DON), revealed DCT #1 should have put a glove on to get the glove off the hand rail because it could have been dirty, and it should have been put in a red bag container and not in a resident's trash can. An observation, on 8/17/20 at 12:37 PM, with the Director of Nursing, during the lunch meal tray delivery revealed Certified Nursing Assistant (CNA) #2 dressed in full Personal Protective	F 880	On August 18, 2020, the DON and Minimum Data Set (MDS) Nurse reviewed Jaquith Inn□s census and found that 43 of the 43 residents have the potential to be affected. Beginning on August 17, 2020, the practice of using plastic trays on the metal rack to deliver food and beverages in disposable ware to the resident□s room was discontinued. Staff will only take the food and beverage in the disposable ware into the resident's room. On August 27, 2020, the DON began in-servicing staff on Hand Hygiene, IP POL 162-66 and Glove Use and Disposal, IP POL 162-124 and the importance of wearing a mask at all times while on the unit. These in-services were completed on September 08, 2020. The Pantry Coordinator in-serviced Pantry/Dietary staff on August 31, 2020 on the Isolation Meals, Food Storage and Service, POL J560-05, Employee Personal Hygiene Habits-Food Service, POL J500-01 and Personal Items. Beginning September 2, 2020, the DON began in-servicing staff on Isolation Guidelines, IP POL 162-076, and Meals for Isolated Residents/Patients, IP POL 162-62. These in-services were completed on September 08, 2020. On September 3, 2020, the DON began conducting visual observations of nursing staff performing hand hygiene to ensure proper techniques are utilized to prevent	

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F 880	Continued From page 4 Equipment (PPE) came out of a resident's room with a meal tray in her hand. She set the tray on top of metal table, opened the draw and picked up a roll of plastic trash bags and then placed them back in the drawer and then removed her PPE. She stated she was going to put the tray on the bottom of the meal cart. An interview, on 8/17/20 at 12:39 PM, with CNA #1, confirmed the meal tray was contaminated after being brought out of an isolation room. An observation, at 12:41 PM on 8/17/20, with the DON, revealed the remaining lunch trays on the cart. The food and beverages were in disposable ware and the eating utensils were disposable, but were being taken into all the resident rooms on a metal tray. An interview, on 8/17/20 at 12:42 PM, with the DON, revealed the staff pick up the metal trays at the end of the meal and put them on the cart and take them back to the pantry. She stated that when the trays come out of the rooms, they are contaminated and are going through the building back to the pantry. The DON stated that they had not thought about that. An observation, on 8/17/20 at 2:15 PM, revealed Dietary Staff #1 was sitting in the pantry in the food prep area without a mask on. When questioned, he donned a surgical grade mask. On the cabinet beside him was an open box of plastic wrap that he confirmed he would be using to wrap resident food in. Beside the box of plastic wrap was a cell phone and charger and a dirty cloth mask. An interview, on 8/17/20 at 2:17 PM, with Dietary	F 880	the likelihood of the spread of Coronavirus Disease 2019 (COVID-19) virus and other infectious disease. The findings of the visual observations were documented by the DON on the Hand Hygiene Competency Criterion Checklist and are maintained in the DON□s office. The visual observations were completed on September 08, 2020. Additionally, on September 3, 2020, staff began watching the Personal Protective Equipment (PPE) Demonstration video on the correct procedure for donning and doffing PPEs. The Infection Preventionist Nurse (IPN) began conducting visual observations of staff donning and doffing PPEs on September 4, 2020. The findings of the visual observation were documented by the IPN on the Donning and Doffing PPE Competency Checklist. These visual observations were completed on September 08, 2020. The in-services, training video and visual observations were conducted to ensure proper techniques are used and when techniques are to be used to prevent the likelihood of the spread of COVID-19 and other infectious diseases and to ensure that staff is following infection control safety practices and guidance as recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) during the COVID-19 pandemic. Newly hired staff will be in-serviced during	

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F 880	Continued From page 5 Staff #1, revealed the cell phone, charger, and mask were his personal items. He confirmed the personal items should not be in the pantry because of contamination. He stated that they should be in his personal drawer. Dietary staff #1 confirmed that facility policy was for staff to wear masks at all times and that he should have his mask on. An interview, on 8/17/20 at 2:25 PM, with Dietary Staff #2, revealed she had not noticed that dietary Staff #1 did not have on his mask. Dietary staff #2 stated that Dietary Staff #1's personal things should not have been on the counter with kitchen supplies and he should have had his mask on. She stated that he was not being sanitary. An interview on 8/17/20, with the Administrator, at 2:30 PM, revealed Dietary Staff #1 should have known not to put his personal things on the counter and he should not have been sitting over supplies used for the residents. The Administrator stated that he had contaminated the plastic wrap. The Administrator stated that Dietary Staff #1 knew it was the facility policy for staff to wear a mask at all times and he should have had one on. Review of Staff Education/Continuing Education sign-in sheets revealed DCT #1 received training to prevent the spread of infection on 5/22/20. Review of Staff Education/Continuing Education sign-in sheets revealed CNA #2 received training on safety measures/training for COVID-19 on 3/25/20. Review of Staff Education/Continuing Education sign-in sheets revealed Dietary Staff #1 received	F 880	building orientation on the following policies by the DON or IPN: Hand Hygiene, IP POL 162-66, Glove use and Disposal, IP POL 162-124, Isolation Guidelines, IP POL 162-076 and Meals for Isolated Residents/Patients, IP POL 162-62. Additionally, newly hired staff will watch the PPE Demonstration video. The DON or the IPN will complete Validation Checklist once a week for two weeks and then monthly thereafter on the timing and proper hand hygiene practices, donning and doffing of PPEs and the placement of personal items in accordance with the facility□'s policies and procedures. Any re-education or corrective action needed will be initiated at that time. The DON will provide a weekly report of the competency findings for two weeks and monthly thereafter. The Nursing Home Administrator (NHA) will report the progress of the corrective actions to the Quality Assurance Performance Improvement (QAPI) Committee. Should the changes not be effective, the QAPI committee will investigate and determine further corrective actions to be taken.	

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F 880	Continued From page 6 training to educate on the requirement and importance of wearing a mask to prevent the spread of COVID-19 on 7/23/20. Review of Staff Education/Continuing Education sign-in sheets revealed Dietary Staff #1 received training to educate on the requirement and importance of wearing a mask to prevent the spread of COVID-19 on 7/23/20.	F 880		