STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255288	A. BUILDING _____ B. WING _____	09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESIDE HEALTH AND REHABILITATION CENTER	191 HIGHWAY 511 EAST QUITMAN, MS 39355

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 09/08/2020 through 09/09/2020. The facility was not in substanial compliance with Infection Control guidelines. 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 and was cited the regulatory deficiency at F880. At the time of the survey, the facility had a census of 96, and held a license for 120 beds.	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		9/23/20

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

Electronically Signed | 09/23/2020

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F 880	Continued From page 1	F 880		

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

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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 observation, staff interview, and facility policy review, the facility failed to prevent the likelihood of the spread of Coronavirus (COVID-19) and other infectious diseases as evidenced by the lack of proper Personal Protective Equipment (PPE) use for one (1) of two (2) dietary tours and the lack of proper hand hygiene measures one (1) of two (2) facility tours. Findings include: Review of the facility's "Coronavirus (COVID-19) Precaution Plan" policy, revealed, the Center COVID-19 Response Team has been activated and will utilize this COVID-19 guidance to minimize/prevent an outbreak in the Center. Healthcare providers working in facilities located in areas with moderate to substantial community transmission: wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Review of the facility's policy titled, "Hand Hygiene", revealed, handwashing/hand hygiene shall be regarded by this Center as a means of preventing the spread of infections. An observation in the dietary department, on 09/08/2020 at 7:15 PM, revealed, Dietary Staff #1 cleaning dishes and placing them in the sink. She	F 880	1. On 9/9/20, CNA #1 was in-serviced by the Assistant Director of Nursing and the Infection Preventionist on proper linen handling and proper hand washing to prevent cross contamination while caring for residents. On 9/21/20, Dietary #1 and Dietary #2 was in-serviced by the Director of Culinary Services on the proper application of N95 mask & eye protection while inside of the facility. 2. On 9/14/20, all residents were reviewed for potential risk for infection by reviewing all residents for signs and symptoms of Coronavirus. All non-COVID residents were tested for COVID-19 on 9/14/20, 9/17/20, and 9/23/20. 3. On 9/21/20, the Director of Nursing began in-servicing all associates on infection control regarding the prevention and management of Coronavirus. On 9/21/20, the Director of Nursing, Staff Developer, Infection Preventionist, RN Supervisor, and Administrator began completing Hand Hygiene Competency checks and Personal Protective Equipment Competency Validation with all associates. No associate will be allowed to return to work until this in-service and competency demonstration is complete.	

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F 880	Continued From page 3 was not wearing face or eye protection. When Dietary Staff #1 noticed this surveyor observing her, she removed a surgical grade mask from her pocket and put it on. During an interview, on 09/08/2020 at 7:17 PM, Dietary Staff #1 removed her mask to speak to this surveyor and stated, that she was a big girl and has trouble breathing with a mask on. She stated that she had asthma when she was a child and used to use an inhaler. She stated, when working in the dietary department, she should be wearing a surgical mask and if she goes out on the floor, she should wear an N-95 mask. Dietary Staff #1 confirmed she should be wearing a mask all the time to prevent the spread of germs. An observation, on 09/08/2020 at 7:15 PM, revealed, Dietary Staff #2 at the sink in the dietary department washing dishes with no face or eye protection on. An observation, on 09/08/2020 at 7:18 PM, revealed, Dietary Staff #2 standing at an opened refrigerator, reaching in and moving items around. Dietary Staff #2 was not wearing any face or eye protection. An interview, on 09/08/2020 at 7:19 PM, with Dietary Staff #2, confirmed she should be wearing a mask. She stated that she has trouble breathing with it on. She stated she should go in the office and take it off for a break. She confirmed she was not in the office and stated, "My bad". Dietary #2 stated that not wearing mask could cause her or others to get infected. An observation, on 09/08/2020 at 7:25 PM, revealed, Certified Nursing Assistant (CNA) #1	F 880	4. Starting 9/22/20, the Director of Nursing, Staff Developer, Risk Manager, Food Service Director, and Environmental Services Manager will monitor the compliance of infection control practices of associates daily via an Infection Control Audit during random rounds. Associates requiring further training or counseling will be forwarded to their supervisor and/or Staff Developer for further training. The results of the audits will be reviewed weekly by the Administrator and monthly by the Quality Assurance Committee for any systemic changes needed.	

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push a wheelchair bound resident to Room #1. She then walked across the hallway to the doorway of Room #9 and put a glove on her right hand. CNA #1 then went to the soiled closet, got a linen and garbage container, and then got a pink pad from the clean linen and took it into Room #9. She exited Room #9 and placed gloves in the trash can. She then proceeded to get a clean gown and enter Room #2. CNA #1 placed the gown on the overbed table in Room #2 and assisted the resident, then picked up the gown and took it into Room # 9. CNA #1 did not wash her hands or use hand sanitizer at any time during this period of time.

An interview, on 09/08/2020 at 7:30 PM with CNA #1, confirmed she should have washed her hands or used hand sanitizer when leaving resident rooms and when removing gloves. She stated that she took the gown into Room 9. CNA #1 confirmed that taking things from one room to another could spread germs. She stated she usually uses hand sanitizer all the time but doesn't know why she didn't tonight.

An interview, on 09/08/2020 at 7:45 PM, with the Administrator (ADM), revealed, all staff should be wearing N-95 masks and goggles or face shield to protect themselves from each other and to protect the residents.

An interview, on 09/09/2020 at 9:20 AM, with Dietary Staff #3, the Director of Culinary Services, revealed, all dietary staff should be wearing a N-95 mask and goggles or a face shield at all times. She stated this was to protect the residents and the employees, and not spread the virus and cause illness. She stated her staff had attended meetings to be informed of Personal Protective

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Equipment (PPE) to wear and have been informed when changes were made.

An interview, on 09/09/2020 at 1:30 PM, with the Administrator (ADM), revealed, she felt the staff had no excuse for not wearing proper PPE and they knew to wash their hands or use hand sanitizer between each resident contact. She stated they had done so well but, felt the staff had gotten lax. She stated they were going to have to come up with a way to monitor them better.

Review of the facility's in-service records, revealed, CNA #1 had received education regarding COVID Update/ Infection Control on 08/20/2020. This education included handwashing instructions for before and after resident or resident belongings contact.

Review of the facility's in-service records, revealed, Dietary Staff #1 and #2 received education regarding proper PPE on 08/20/2020 and 08/27/2020.