STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255291	A. BUILDING _____ B. WING _____	09/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPIAH LIVING CENTER	806 WEST GEORGETOWN STREET CRYSTAL SPRINGS, MS 39059

(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 A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on September 23-24, 2020. The facility was not in substantial compliance with Medicare regulations at 42CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. The following deficiencies resulted in the facility's non-compliance for failure to follow the CMS and Centers for Disease Control and Prevention (CDC) recommended practices, during a COVID-19 pandemic. The census was 51.	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;	F 880		10/29/20

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

Electronically Signed | 10/29/2020

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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.	F 880		

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F 880	Continued From page 2 §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, record review, staff interviews, and review of the facility policy entitled, "Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)," the facility failed to ensure that staff did not touch their facemask at the outer nose/mouth area, and pull down their facemask, to expose their nose and mouth, when talking with others for one (1) of one (1) kitchen staff. The failures occurred during a COVID-19 pandemic. The findings include: During a concurrent kitchen observation and interview on 09/23/2020 at 5:03 p.m., accompanied by the Infection Control Nurse (ICN), kitchen staff (KS) #1 while talking with others touched her facemask at the mouth/nose area, then pulled the mask down while she talked. KS #1 did not wash her hands immediately after she touched the mask, and stated that she was getting ready to "Get the food out." KS #1 confirmed awareness on the coronaviruses pandemic. The ICN acknowledged that she expected the kitchen staff to refrain from touching their facemask in the areas observed, and talking in the presence of others, without their nose and mouth covered. Review of the facility records provided by the facility and interview upon entry with the Administrator, Director of Nursing and ICN, revealed, 26 residents and four (4) staff tested positive for COVID-19, since the start of the	F 880	1. On September 23, 2020, Kitchen Staff #1 was in-serviced by the facility Infection Control Nurse on not touching her facemask at the outer nose/mouth area of mask. It was also explained to her to never pull her facemask down, exposing her nose/mouth, when talking to others in the facility. Kitchen Staff #1 was in-serviced on washing hands at that time which included the length of time, the intervals for washing, and the need for washing hands when visibly soiled and before meal preparation. 2. 51 out of 52 residents had the potential to be affected by this deficient practice. 3. The facility Infection Control Nurse initiated an all staff in-service on September 24, 2020 for staff to keep facemask over nose/mouth at all times except for break/meals. Staff is never to touch front of facemask or pull mask down when speaking to others in the facility. A second in-service was initiated on September 24, 2020 by facility Dietary Manager for dietary employees regarding facemask, that are mandatory in the dietary department at all times. On September 25, 2020, the facility Infection Control Nurse initiated a second all staff in-service, to include all staff, consisting of:	

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F 880	Continued From page 3 coronavirus pandemic. Review of the facility policy, revised on "09/20," revealed, "...1. Facility personnel shall wear a facemask while they are in the facility. N95 or KN95 masks shall be preserved for those in patient facing roles. This recommendation applies to healthcare professionals working in patient care areas, even when they are not in a patient facing role ...6. Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment and after removing personal protective equipment (PPE)..."	F 880	- 20 Certified Nursing Assistants - Three Housekeeping Employees - One Maintenance Supervisor - 12 License Practical Nurses - Four Registered Nurses - Seven Kitchen Staff Employees - One Dietary Manager - Two Activity Staff Employees - One Social Worker Employee - Four Therapy Contract Employees - Four Laundry Employees - One Facility Administrator No staff will be allowed to work a shift until participation in in-services for infection control in-service with a revision on 7/2015, infection control policy with latest revision on 5/2011, donning PPE, removing PPE (with emphasis on not touching or pulling facemask down), infection control policy for general cleaning and maintenance of equipment, hand hygiene with latest revision on 10/2017 and interim policy for suspected/confirmed CoVid-19 with latest revision on 9/2020. A quality assurance meeting was held on September 24, 2020 at 3:30pm with committee consisting of facility medical director, nursing facility administrator, director of nursing, licensed practical assessment nurse, social services director, dietary manager and maintenance supervisor. the topics discussed: - staff touching and pulling down facemask - facility health screen - policy & procedures including infection	

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F 880	Continued From page 4	F 880	control with latest revision on 5/2011, interim policy for suspected/confirmed CoVid-19 with latest revision on 9/2020 and hand hygiene with latest revision on 10/2017 were reviewed, infection control policy revised on 10/2020, with the change of medical director, director of nursing and infection preventionist shall be available to answer infection control questions from staff related to infection control policies & procedures. 4. The facility Infection Control Nurse and/or Director of Nursing will observe five employees, to include direct care and dietary staff, for infection control practices using daily infection control monitoring sheet. The Daily Infection Control Monitoring Spreadsheet includes hand hygiene, cough etiquette, donning/doffing PPE, transmission precautions, and social distancing monitoring, five days a week for four weeks, once a week for four weeks and then monthly for four months. The Nursing Facility Administrator and Director of Nursing will report all results of the established monitoring to the Quality Assurance Committee for further evaluation and perform corrective action as needed.	