STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	08/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 08/10/2020. The facility was found to be not in compliance with infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The SA cited the regulatory deficiency F880. The census at the time of the survey was 70 and the facility was licensed for 99 beds.	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		9/10/20

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.	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 observation, staff interviews, record reviews and facility policy review, the facility failed to prevent the spread of infection by co-horting residents with COVID-19 with residents with only signs and symptoms of COVID-19 for four (4) out of sixty-seven (68) residents observed, Resident #1, Resident #5, Resident #7 and Resident #9. Findings Include: A review of the facility's, "Infection Prevention and Control Program, dated January 2020, revealed the infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection. The elements of the infection prevention and control program consist of coordinator/oversight, policies procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. A review of the facility's, "Emergency Plan for COVID-19 Pandemic Outbreak", dated of May 2020, revealed the facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of the virus. Identification of one (1) positive COVID-19 case will trigger the facility's emergency plan for handling the COVID-19 Pandemic outbreak Emergency plan. This plan noted the facility would place a resident	F 880	The facility established an observation area on September 10th, 2020 and residents #1, #5, #7, and #9 were immediately removed from the COVID-19 unit and placed in the observation area. Residents were monitored for additional signs and symptoms of COVID-19 and tested for COVID-19 after being placed in the observation area. All Residents have the potential to be affected. Residents #1, #5, #7, and #9 were monitored by the Infection Control Preventionist/Quality Assurance Nurse for additional signs and symptoms of COVID-19 and tested for COVID-19. All staff was in-serviced by the Infection Control Preventionist/Quality Assurance Nurse on August 10-11 from 10PM until 10AM on the facilities infection control procedures and facility policy and procedure on co-horting residents related to COVID-19. The Interdisciplinary Team will meet daily or as needed to review and discuss any residents that show signs or symptoms of COVID-19 and assign the resident to the facilities designated observation area. The findings will be reported by the Interdisciplinary Team to the Quality Assurance Nurse/Infection Control Nurse	

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F 880	Continued From page 3 in a private room, with a private bathroom and a closed door, if they have a suspicion or notification of a COVID-19 positive test result. On 8/10/20 at 2:55 PM during a tour of the facility, with the DON, revealed residents who are COVID-19 positive share a room with a resident that has signs and symptoms of COVID-19. The curtain separates the two (2) residents. Observed staff changing gowns between the roommates. Observed all staff on the COVID-19 Unit had on PPE. All the COVID-19 rooms had droplets precautions on the door. The last testing was done on 7/30/20. Six (6) residents are on the COVID-19 Unit with signs and symptoms. The residents with signs and symptoms were negative on 7/30/20. These residents have not been retested. The residents wear a face mask if they come out of their room. All residents eat in their room. Residents do face time with family. The resident in the room will not wear a mask. We have tried to get them to keep it on. A review of the census dated 8/10/20, revealed the COVID-19 positive residents are housed in the rooms with residents that have signs and symptoms on the COVID-19 Unit. Resident #1, with sign and symptoms of COVID-19 shares a room with Resident #2 who is positive for COVID-19. Resident # 5 has signs and symptoms of COVID-19 and shares a room with Resident #6, who is positive. Resident #7 has signs and symptoms of COVID-19 and shares a room with Resident #8, who is positive. Resident #9 has signs and symptoms of COVID-19 and shares a room with a Resident #10, who is positive. On 8/10/20 at 11:30 AM in an interview with	F 880	for review. Any resident that has been deemed to have signs or symptoms will be tested for COVID-19 once they are moved to the observation area. If the resident has a positive result the resident will be moved from the observation area to the COVID-19 unit. No residents that have signs or symptoms will be placed in a room with a resident that has a positive test for COVID-19. All findings will be reported and reviewed monthly at the Quality Assurance/Infection Control meeting for review and recommendations by the Quality Assurance Committee.	

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F 880	Continued From page 4	F 880		

Registered Nurse (RN) Infection Control Nurse revealed 68 Residents on the census. Two residents are in the hospital. One of residents in the hospital is Covid-19 positive the other one has signs and symptoms of Covid-19. The first facility wide testing was 5/18/20. All residents were negative on 5/18/20 and two staff were positive for Covid-19. The second testing was 7/30/20 at that time twenty-one residents were positive. The staff was not tested on 7/30/20. On the 7/16, 7/17, 7/20 one (1) staff was positive. On 7/23/20 one (1) staff was positive, on 7/27/20 two (2) staff was positive, one (1) staff was positive 7/28/20 and three (3) staff was positive on 7/29/20. On 7/31/20, one (1) staff was positive. On 8/1/20, there was three (3) staff positive. On 8/3/20, two (2) staff was positive, 8/5/20, two (2) staff was positive and 8/7/20, two (2) staff was positive. The COVID-19 Unit was created on 8/4/20. There are 26 residents on the COVID-19 Unit as of today. Twenty-one positive residents and five (5) residents with signs and symptoms are in the COVID-19 Unit. An in-service was completed on 8/4/20 for handwashing and donning Personal Protective Equipment (PPE). In-services have been completed two (2) times each month prior to the first resident testing positive. An in-service was completed on 7/16/20 due to a staff member being positive. There was an in-service on 8/4/20 in reference to opening of the COVID-19 Unit. The in-service was for the use of barriers, proper handwashing and the use of PPE. The residents with mild to moderate illness, who are not severely immune compromised, are kept on the COVID-19 Unit for 10 days. They are returned to their regular rooms after 24 hours of being afebrile. The residents that are severe to critical illness and severely immune compromised are kept on the COVID-19 Unit for 20 days. They are

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F 880	Continued From page 5	F 880		

returned to their rooms after 24 hours of being afebrile. The staff with mild to moderate COVID-19 and not severely immune compromised must stay home for 10 days and are afebrile for 24 hours then they can return to work. Staff with severe to critical COVID-19 illness and who are severely immune compromise must isolate for 20 days and then they can return to work when they afebrile for 24 hours and no signs and symptoms. The staff temperature is done once daily prior to clock in and a health questionnaire. The resident's full vital signs and respiratory evaluation is done on every shift by Medication Cart Nurse.

On 8/10/20 at 11:55 AM in an interview with the Administrator, revealed the COVID-19 Unit has a barrier that separates it from the main facility. The Administrator stated the facility has made changes in biohazard, medication cart, and oxygen since opening the COVID-19 Unit. The Administrator stated dietary brings the food to the plastic barrier and the COVID-19 staff takes it in the unit and we use disposable dishes for the COVID-19 Unit. The Administrator stated the laundry from the COVID-19 Unit is put in separate closet area and the closet area contains a bin with a lid and the Certified Nursing Assistant (CNA) puts the linen in closet at the end of their shift. The Administrator stated then the laundry staff picks it up and takes it to the laundry area and the laundry staff has PPE on when doing this. The Administrator confirmed the COVID-19 staff has their own dining area, so they don't have to leave the building and the COVID-19 staff enters and exits out of one (1) door. The COVID-19 staff uses a sign-in sheet in the unit. They do not come in the building to clock in. The COVID-19 team consists of two (2) CNA's and one (1) nurse. The

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CNAs and nurses work 8-hour shifts. The Administrator stated the facility cohorts all positive resident together on the COVID-19 Unit. Residents with signs and symptoms are put on the COVID-19 Unit. The COVID-19 areas have their own PPE supply area. The Administrator stated the facility had a Quality Assurance and Assessment (QAA) meeting was held monthly prior to the COVID pandemic but now we have QAA meetings weekly and for adverse events. During the meetings we discuss COVID-19 interventions.

On 8/10/20 at 3:30 PM in an interview with the Director of Nursing (DON) revealed a positive COVID-19 resident can spread COVID-19 to their roommate who has signs and symptoms only. The DON stated she has no rational for rooming a resident with signs and symptoms only with COVID-19 positive residents. The DON confirmed there is a chance that a resident with signs and symptoms of COVID-19 can convert to a positive COVID-19. The DON confirmed the staff should change PPE from one (1) Resident to another Resident.

On 8/11/20 at 3:44 PM in an interview with RN #1/Infection Control Nurse stated we should not have put them in the same room together. RN#1 confirmed it would increase the resident's chance of getting COVID-19. RN#1 stated the Interdisciplinary Team met and made the decision to put residents with signs and symptoms of COVID-19 together with residents that are positive for COVID-19. RN#1 stated the team consisted of the Administrator, DON, Social Service and me. RN#1 stated, this was not thought thru right, we should have shifted and put residents with signs and symptoms together.

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F 880	Continued From page 7 RN#1 stated, Resident #5 and Resident #10 was moved this past weekend in the room together and Resident #8 was moved 8/7/20. On 8/11/20 at 3:52 PM in an interview with Licensed Practical Nurse (LPN) #1 revealed he works 300, 400 and 200 halls. LPN #1 confirmed a positive COVID-19 resident can cause a negative COVID-19 resident on the unit to become positive. On the 8/11/20 at 4:02 PM in an interview with the Administrator, revealed the residents with signs and symptoms of COVID-19 could become positive. The Administrator stated the interdisciplinary team decides where we are going to move residents. The Administrator stated the residents with signs and symptoms of COVID-19 now have not been tested since 7/30/20 and they were negative at that time.	F 880		