STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255097	A. BUILDING _____ B. WING _____	07/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST ABERDEEN, MS 39730

(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	F 000		

A COVID-19 Focused Survey for Nursing Homes was initiated by the State Agency (SA) on 07/14/2020 and concluded on 07/17/2020. During the survey, the facility was found not in compliance with the requirements of participation in Medicare and Medicaid. The facility was not following Infection Control safety practices in guidance recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention during a COVID-19 pandemic.

The SA identified an Immediate Jeopardy (IJ) on 07/14/2020, and determined the IJ existed on 06/26/2020, when the first death of a resident, who had not left the building, occurred due to or as a consequence of COVID-19. The facility had a total of nine (9) COVID-19 related deaths in the facility with four (4) of those being residents who had not been out of the facility.

The facility's failure to follow appropriate COVID-19 Infection Control guidelines for social distancing, handwashing, and proper use of personal protective equipment (PPE), had caused, or likely to cause serious injury, harm, impairment or death to residents who tested positive for the COVID-19 virus while residing solely in the facility. This affected four (4) of 32 residents that tested positive for COVID-19, and who had not been out of the facility. Resident #1, #2, #3, and #4 expired due to or as consequence of COVID-19 as indicated on the certificates of death.

The facility's Administrator was notified of the Immediate Jeopardy (IJ) on 07/15/2020, and the

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

Electronically Signed | 08/27/2020

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F 000	Continued From page 1 IJ template was provided to the Administrator. The IJ existed at: 42 CFR(s): 483.80(a)(1)(2)(4)(e)(f) - Infection Prevention and Control (F880) The facility submitted an acceptable Removal Plan on 07/16/2020 in which the facility alleged all corrective actions were completed, and the IJ removed on 07/16/2020. The State Agency (SA) validated the facility's Removal Plan and the IJ was determined to be removed on 07/17/2020 prior to exit. Therefore, the scope and severity for 42 CFR(s): 483.80(a)(1)(2)(4)(e)(f) - Infection Prevention and Control (F880) was lowered from a "J" to a scope and severity of a "D," while the facility develops and implements a plan of correction and monitors the effectiveness of the systematic changes to ensure the facility sustains compliance with regulatory requirements. At the time of survey, the facility had a census of 87, and held a license for 120 beds.	F 000		
F 880 SS=J	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.	F 880		8/31/20

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F 880	Continued From page 2	F 880		

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;

§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

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F 880	Continued From page 3 (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. 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 follow the COVID -19 Infection Control Guidelines to prevent the spread of the COVID virus which likely led to the death of four (4) of 32 residents who had not been outside the facility, Resident #1, #2, #3, and #4; as evidenced by the facility's failure to change gloves and wash hands or use hand sanitizer between rooms, failure to practice social distancing, and failure to remove contaminated personal protective equipment (PPE) when exiting the dedicated COVID-19 unit. On 07/14/2020, the State Agency (SA) surveyor made observations of the facility staff not social distancing while eating lunch in the dining room, failing to perform hand hygiene between contact with residents, and failing to properly use personal protective equipment. Record review revealed the facility had a total of nine (9) COVID-19 related deaths in the facility with four (4) of those being residents who had not been out	F 880	#1- Certified Nursing Assistants (C.N.A.) #1, #2, #3, #4 and Licensed Practical Nurse (L.P.N) #1 were immediately in-serviced on July 14, 2020, at 12:30p.m., on policies for Infection Control latest revision 07/15, Hand Hygiene latest revision 10/17 and Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) latest revision 06/20 by the Director of Nursing (DON). On July 15, 2020, DON and Administrator initiated disciplinary action at 3:00 p.m. with C.N.A. #1,#2,#3,#4 and L.P.N. #1. #2- All residents have the potential to be affected by the same deficient practice. Registered Nurses and/or Licensed Practical Nurses will assess all residents every shift. If an elder exhibits signs and symptoms they will be placed in the COVID-19 Observation Zone and tested for COVID-19.	

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F 880	Continued From page 4 of the facility. The Immediate Jeopardy (IJ) was determined to exist on 06/26/2020, when the first death of a resident, who had not left the building, occurred due to, or as a consequence of COVID-19. The facility's failure to follow appropriate COVID-19 infection control guidelines for social distancing, handwashing, and proper use of personal protective equipment, had caused, or likely to cause serious injury, harm, impairment or death to residents who tested positive for the COVID -19 virus while residing solely in the facility. This affected four (4) of 32 Covid-19 positive residents who had not been out of the facility. Resident #1, #2, #3, and #4 expired due to, or as consequence of COVID-19 as indicated on the certificates of death. Findings include: Review of the facility's "Hand Hygiene" policy and procedure, with a revision date of 10/2017, revealed: Purpose is to cleanse hands to prevent transmission of infection and other conditions and to provide clean health environment for residents, staff, and visitors. The procedure for indications for handwashing included: hand hygiene should be performed between all contact with residents or when entering and exiting a resident's room, and before and after applying gloves. Wearing gloves does not replace the need to perform hand hygiene. Review of the facility's policy "Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)", revised 06/2020, revealed: "It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify	F 880	#3- On Thursday, August 20, 2020, the DON or Infection Preventionist began weekly in-services for four weeks and monthly for three months with staff to include the following departments: Dietary, Housekeeping, Laundry, Therapy, Maintenance, Administration and Nursing Department. The in-service will include the following topics: Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) latest revision 08/20, Donning Personal Protective Equipment (PPE) and Removing PPE latest revision N/A, Hand Hygiene latest revision 10/17, Social Distancing per State and CDC guidelines. The DON will administer pre and post test to monitor staff's ability to retain the educational material reviewed. The Administrator or DON will conduct rounds with observations and return demonstrations of hand hygiene, donning PPE/removing PPE and social distancing three times weekly for four weeks, one time weekly for one month and thereafter monthly until pandemic is resolved. The Administrator and/or DON will monitor staff for Social Distancing three times weekly for one month, one time weekly for one month and monthly thereafter until pandemic has resolved began Wednesday, July 15, 2020. In-service was conducted on Thursday, August 20, 2020, with the following departments: Dietary, Housekeeping, Laundry, Therapy, Maintenance, Administration and Nursing, to include the following topics: changing gloves, hand hygiene, use of hand sanitizer, social distancing per State and	

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F 880	Continued From page 5 residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to transmission based precautions, including the use of eye protection." The policy indicated, to prevent the spread of respiratory germs within your facility, ensure employees clean their hands according to Centers for Disease Control and Prevention (CDC) guidelines including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment. The policy further revealed, to identify dedicated employees to care for COVID-19 patients. An observation, on 07/14/2020 at 11:25 AM, revealed, staff members sitting together at tables in the dining room eating lunch. The staff members were not socially distanced from each other and were not wearing masks. The staff members were laughing and talking loudly. During the observation, one of the Certified Nursing Assistants (CNA) was helping another CNA take her gown off. Neither of them had a mask on. An observation and interview on 07/14/2020 at 11:35 AM, with the Administrator, confirmed the staff were not socially distancing. The Administrator stated the staff should not be sitting together at the dining room tables. She identified the staff at the tables as CNA #1, CNA #2, CNA #3 and Sunshine Aide #1. The Administrator stated that they knew better. She stated that this could lead to the spread of infection. An observation, on 07/14/2020 at 11:50 AM, revealed, CNA #1 walked out of the Social Services office wearing gloves. She closed the	F 880	CDC guidelines, donning/doffing PPE and transmission based precautions per CDC regulations. Mandatory In-service will be conducted on Friday, August 28, 2020, by clinician certified in infection control with Professional Health Services. The in-service will include the following departments: Dietary, Housekeeping, Laundry, Therapy, Maintenance, Administration and Nursing on Infection Control. #4- Quality Assurance Meeting will be held weekly for one month, monthly for three months and quarterly to review findings and evaluate corrective action plan for its effectiveness. The findings will be integrated into the Quality Assurance Program. #5- Corrective actions will be completed Monday, August 31, 2020.	

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door with her gloved hand and walked into Room 415 and adjusted the air conditioner. CNA #1 did not remove her gloves and wash her hands. CNA #1 then entered Room 413 and leaned on the foot board of the bed with her gloved hands.

On 07/14/2020 at 11:52 AM, an observation revealed, CNA #2 adjusted the mask for the resident in Room 413. CNA #2 left the room without washing her hands or removing her gloves. She entered Room 411without removing her gloves or washing her hands, picked the call light up from the floor, and placed it on the bed for the resident. CNA #2 then entered Room 410A with the same gloves on and did not wash her hands or use hand sanitizer.

An observation, on 07/14/2020 at 12:00 PM, revealed, lunch meal trays were being served on the 400 Hall. CNA #1 delivered and set up trays in Rooms 418, 419, and 420 without washing her hands or using hand sanitizer between the rooms.

During an interview, on 7/14/2020 at 12:08 PM, Registered Nurse (RN) #2, confirmed staff should use hand sanitizers or wash their hands when they change their gloves and any time they go in and out of a room. She stated the facility's Infection Control Preventionist was out on medical leave, and she was covering that position. RN #2 stated they have put extra hand sanitizers on the halls for the staff to use. RN #2 stated it was her responsibility to monitor staff for wearing proper protective equipment and to make sure they were maintaining proper infection control practices. She stated that she had done an in-service on proper protective equipment (PPE), donning and doffing PPE and changing

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equipment with each resident. RN #2 stated she was also responsible for calling residents' families and updating them on resident conditions affected by COVID-19.

An interview with the Administrator (ADM) and Director of Nursing (DON), on 07/14/2020 at 12:40 PM, revealed their first COVID case was around the first of May. The DON stated she felt it was brought into the facility by a dialysis resident. The DON confirmed that residents going out of the facility wear masks and are screened when they come back in. The DON stated she felt they were doing everything they could to take care of their residents. The ADM stated she was aware they had problems, and they were going to work on it.

During an interview, on 07/14/2020 at 1:15 PM, Resident #5 revealed, staff put on gloves in the room and when they finish, they take their gloves off and go out.

An observation, on 07/14/2020 at 1:25 PM, revealed Licensed Practical Nurse (LPN) #1 exited the 200 Hall (COVID) doors fully dressed out in personal protective equipment (PPE). She walked to the nurse's desk and attempted to open the door to the lounge/bathroom area, bumping into another staff member who was coming out of the area. LPN #1 then turned around and removed her gloves and disposed of them in the garbage can under the nurse's desk. LPN #1 walked back to a garbage can, sitting outside the door to the COVID hall, removed her gown, and placed it in the garbage can. She then left the area without removing her shoe covers.

An interview with LPN #2, on 07/14/2020 at 1:35

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PM, revealed, she works the 7-3 shift giving medications. LPN #2 stated that she was working the 100 Hall today, but she has had to work the 200 Hall (COVID unit) and other floors giving medications during the same shift. LPN #2 stated that at times, the medication cart had been taken onto the COVID unit, but it was sprayed down when brought out.

An observation, on 07/14/2020 at 2:35 PM, revealed, CNA #4 exited the COVID unit and walked to the nurse's desk, and went into the lounge/bathroom without removing her PPE.

On 07/14/2020 at 2:55 PM, during an interview with CNA #1, revealed, she has had COVID in-services. CNA #1 confirmed she sat at the table with CNA #3 during lunch. CNA #1 confirmed they were not six (6) feet apart and did not have a mask on, because they were eating. She stated that social distancing meant that you are at least six (6) feet apart. She confirmed that the COVID-19 virus could be spread by not wearing a mask and social distancing. CNA #1 stated she was told to wear gloves. She stated she felt that she only had to change her gloves if she had contact with the residents. CNA #1 stated she knew that she was not supposed to wear gloves in the hall, but the staff was limited, and they were trying to get everything done. She stated that not changing her gloves could cross-contaminate everything.

During an interview, on 07/14/2020 at 3:15 PM, LPN #1 confirmed she exited the COVID unit without removing her PPE. She confirmed she came off the unit contaminated. LPN #1 stated she did not realize she had not taken her shoe covers off. She stated not removing her shoe

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covers could cause contamination to any other areas that you go to. LPN #1 stated she thought she was supposed to undress outside the doors. She stated that she did not notice the cans inside the door.

An interview with CNA #2, on 07/14/2020 at 3:17 PM, confirmed she ate lunch in the dining room with a Sunshine Aide #1. She stated she knew that they should be six (6) feet apart, but she just didn't think anything about it. CNA #2 confirmed she did not follow the facility's policy. She stated that she had been in-serviced on social distancing.

During an interview, on 07/14/2020 at 3:30 PM, with Sunshine Aide #1, she stated that she had been working at the facility since the end of May. Sunshine Aide #1 stated she had training during orientation about social distancing and about wearing a mask, gloves, face shield and shoe covers. She stated they (PPE equipment) should be removed when the resident's care was finished to prevent spreading germs to someone else.

An observation and interview, on 07/17/2020 at 11:43 AM, with the DON and the Maintenance Supervisor, revealed, during actual measuring, that the distance from the doors of the COVID unit to the nurse's desk was 20 feet. The DON confirmed staff leaving the COVID unit without removing their PPE, would be considered contaminated. The measurements taken in the dining by the Maintenance Supervisor, in the presence of the DON, revealed the dining room tables were 42 inches wide (3 feet and 6 inches). The Maintenance Director and the DON confirmed, with staff sitting together at the tables,

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they were not socially distanced as they should be and could be at risk to spread the COVID virus.

On 07/14/2020 at 3:32 PM, an interview with the Administrator (ADM), confirmed the facility had a dedicated COVID unit. She stated Nurses and CNAs are assigned to the unit. The ADM confirmed they are not dedicated staff. She stated the medication nurse should put all her of PPE on when she enters to administer the medications and should remove all her PPE before coming out through the door when finished.

An interview with CNA #3, on 07/14/2020 at 4:00 PM, revealed, she confirmed that she ate lunch in the dining room and sat at the table with CNA #1. CNA #3 stated that social distancing meant that you are 6 feet apart. She stated they have red X(s) on the floor to mark six (6) foot distancing. She confirmed they were not following that today. CNA #3 also confirmed she did not have a mask on when she assisted CNA #1 with removing her PPE. She stated she had been to in-services and knew that she should wear a mask and wash her hands between residents and when going from one room to another.

An interview, on 07/14/2020 at 4:39 PM, with CNA #4, revealed, she knew that she was supposed to take her PPE off when she left the unit. CNA #4 stated she guessed that she looked out the window and saw everybody else out there with gowns on and just went out. CNA #4 stated she knew that she was supposed to take her PPE off, because that is the correct way. She stated she made a mistake and that it would spread germs. CNA #4 confirmed she has had

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in-services concerning proper use of PPE.

During an interview, on 07/16/20 at 10:35 AM, with the ADM concerning staff failure to follow infection control protocols, she stated that obviously they have room for improvement. The ADM stated that staff were aware of the policies and procedures and what they were doing was not the right practice.

Record review revealed Licensed Practical Nurse (LPN) #1 attended in-service training that addressed COVID-19 and Infection Control on 03/5/2020, 03/12/2020, 04/23/2020, and 07/15/2020.

Record review revealed LPN #2 attended in-service training that addressed COVID-19 and Infection Control on 03/06/2020, 03/12/2020, 03/26/2020, 05/07/2020, 06/12/2020, 06/25/2020, 06/30/2020 and 07/15/2020.

Record review revealed CNA #1 attended in-service training that addressed COVID-19 and Infection Control on 03/05/2020, 03/12/2020, 03/16/2020, 06/12/2020, 07/14/2020, and 07/15/2020.

Record review revealed CNA #2 attended in-service training that addressed COVID-19 and Infection Control on 03/05/2020, 03/12/2020, 03/16/2020, 03/26/2020, 04/23/2020, 05/07/2020, 06/12/2020, 06/16/2020, 06/25/2020, 07/14/2020, and 07/15/2020.

Record review revealed CNA #3 attended in-service training that addressed COVID-19 and Infection Control on 03/05/20, 03/12/2020, 03/16/2020, 03/26/2020, 04/23/2020, 05/07/2020,

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06/12/2020, 06/30/2020, 07/14/2020, and 07/15/2020.

Record review revealed CNA #4 attended in-service training that addressed COVID-19 and Infection Control on 03/26/2020, 04/23/2020, 05/07/2020, 06/16/2020, 06/25/2020, 07/14/2020, and 07/15/2020.

On 07/17/2020 at 9:30 AM, during an interview with the DON, she stated that she did not feel they (staff) caused the outbreak. The DON stated they had not been "lax", and she felt like this virus was in the air. She stated that they had a drop in staff and were down seven (7) nurses at one time and didn't have a choice about medication administration. The DON stated the medication cart was sprayed down if used on the COVID hall, but sometimes people take things upon themselves.

An interview with the ADM, on 07/17/2020 at 9:45 AM, revealed, they had 21 residents on the COVID unit at this time, and now have dedicated staff consisting of one (1) nurse and two (2) CNAs each shift, and a medication cart dedicated to that unit. The ADM confirmed the outbreak was not isolated but was widespread with residents testing positive on each hall. She confirmed the facility had four (4) residents, who had not been out of the facility that tested positive for the corona virus and expired. She stated these residents were on the 100, 300, and 400 Halls when they tested positive. The ADM confirmed these residents were negative on the initial facility wide testing and later converted to positive.

Review of a typed statement on the facility's letterhead, unsigned and undated, revealed,

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facility wide resident testing was conducted on 04/30/2020 and 07/09/2020.

Resident #1
Record review of the facility's Face Sheet for Resident #1, revealed, Resident #1 was admitted by the facility on 05/21/2007, with an admission diagnosis of Alzheimer's Disease, Unspecified. Resident #1 resided on the 400 Hall in the facility.

A review of the laboratory results for Resident #1, revealed, a nasal swab was performed to test for Coronavirus on 04/30/2020, with results that indicated Negative results for the Coronavirus COVID-19. Resident #1 was retested on 07/08/2020 and had converted to a positive result.

Review of Resident #1's Certificate of Death, revealed, the resident's date of death documented as 07/11/2020. The immediate cause of his death was listed as Acute Respiratory Distress Syndrome with the underlying cause that initiated and resulted in his death, was due to, or a consequence of COVID-19.

Resident #2
Record review Resident #2's Face Sheet, revealed, Resident #2 was admitted by the facility on 08/23/2019, with an admission diagnosis of Non-Pressure Chronic Ulcer Right Foot with Unspecified Severity. Resident #2 resided on the 100 Hall in the facility.

A review of laboratory results, revealed, a nasal swab for Coronavirus COVID-19 was collected on 04/30/2020 for Resident #2, which indicated Negative results. Resident #2 was retested on

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06/26/2020 and had converted to a positive result for Coronavirus COVID-19.

Review of Resident #2's Certificate of Death, revealed, Resident #2's date of death was 07/01/2020. The immediate cause of his death was Acute Respiratory Distress Syndrome with the underlying cause that initiated and resulted in his death as being COVID-19.

Resident #3
Review of the facility's Face Sheet for Resident #3, revealed, Resident #3 was admitted by the facility on 05/21/2014, with an admission diagnosis of Alzheimer's Disease, Unspecified. Resident #3 resided on the 300 Hall in the facility.

Review of Resident #3's laboratory results, revealed, a nasal swab for for the Coronavirus COVID-19 was collected on 04/30/2020 and indicated Negative results. Resident #3 was retested on 07/02/2020 and had converted to a positive result.

A review of Resident #3's Certificate of Death, revealed, his date of death to be 07/06/2020. The immediate cause of his death was listed as Acute Respiratory Distress Syndrome, with the disease or injury that initiated the events resulting in his death as being COVID-19.

Resident #4
Record review of Resident #4's Face Sheet, revealed, the facility admitted Resident #4 on 07/29/2011, with an admission diagnosis of Hemiplegia following Cerebral Infarction affecting Right Dominant Side. Resident #4 resided on the 300 Hall in the facility.

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Review of Resident #4's laboratory results for a nasal swab collected for the Coronavirus COVID-19 test, on 04/30/2020, revealed, Negative results. Resident #4 was retested on 06/30/2020 and had converted to a positive result.

Review of Resident #4's Certificate of Death, revealed, the resident's date of death was 07/07/2020. The immediate cause of Resident #4's death was listed as Acute Respiratory Distress Syndrome, with the underlying cause that initiated events which resulted in his death, as being COVID-19.

During an interview, on 07/17/2020 at 2:05 PM, the ADM confirmed Resident #1, Resident #2, Resident #3, and Resident #4 had not been outside of the facility since their initial negative Coronavirus COVID-19 test on 04/30/2020. The facility submitted an acceptable Removal Plan on 7/16/20 for the Immediate Jeopardy.

Review of the facility's Removal Plan revealed the facility took the following actions to remove the Immediate Jeopardy:

1. On July 14, 2020, during four observations on the day shift, Certified Nursing Assistant (CNA) #1 and CNA #2 failed to perform proper hand hygiene between entering residents rooms and one Licensed Practical Nurse (LPN) #1 and CNA #4 were observed exiting the COVID unit without removing their PPE prior to exit. Director of Nursing (DON) and Nursing Facility Administrator (NFA) were notified on July 14, 2020, at approximately 12:30PM, of observations related to Infection Prevention and Control noncompliance.

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F 880	Continued From page 16 2. DON immediately initiated in-services on July 14, 2020, at 12:30PM, on policies for "Infection Control" latest revision 07/15, "Hand Hygiene" latest revision 10/17 and "Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)" latest revision 06/20. In-services were initiated on July 15, 2020, at 2:00PM, by Registered Nurse #1 (RN) to include all staff consisting of Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants, Dietary, Housekeeping, Laundry, Therapy, Maintenance, Administration and contract staff. No staff will be allowed to work until participation of the in-services for Infection Control latest revision 07/15, Hand Hygiene latest revision 10/17, Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) latest revision 06/20, and Donning PPE and Removing PPE latest revision N/A. 3. DON began visual inspections every two hours on July 14. 2020, at 1:00PM, to end on July 15, 2020, at 1:00 PM, to prevent noncompliance related to Infection Prevention and Control. Proper hand hygiene and safe donning and removal of PPE was monitored by unit nurses on each shift by observations and return demonstrations on July 15, 2020. DON and unit nurses began visual inspections every 2 hours on July 14, 2020, at 1:00 PM, to end on July 15, 2020, monitoring housekeeping for appropriate cleaning of environment, resident restrooms, nurse stations and community restrooms. No Negative findings were identified during the observation and return demonstrations. 4. On July 14, 2020, at approximately 5:30 PM, all residents were reassessed for signs and symptoms related to COVID-19 by RN #1, #2, Infection Preventionist, RN #3 and DON. Assessments were completed with no new	F 880		

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F 880	Continued From page 17 identified signs or symptoms of COVID-19. 5. DON initiated disciplinary action and education on July 15, 2020, at 3:00 PM, to CNA #1, CNA #2, CNA #4 and LPN #1. 6. Facility Quality Assurance Committee Meeting was held on Tuesday, July 14, 2020, at 7:00 PM, with the committee consisting of facility DON, NFA, Medical Director, #2 Infection Preventionist, RN #3, Housekeeping/Laundry Supervisor, Medical Director, Activity Director. Topics discussed increase in COVID positive cases, assessing residents for signs and symptoms related to COVID-19, educating staff on Interim COVID-19 Policy and Infection Control latest revision 06/20, tracking and trending infection, dedicated staff and supplies for COVID-19 hall and admissions. Facility Quality Assurance Committee Meeting was held on Wednesday, July 15, 2020, at approximately 1:30 PM, with the committee consisting of facility DON, NFA, Medical Director, #2 Infection Preventionist, RN #3, and Activity Director. Topics discussed, results of survey, increase in COVID positive cases, assessing residents for signs and symptoms related to COVID-19, educating all staff to include the following departments, dietary, Housekeeping, Laundry, therapy, maintenance, administration, direct care on interim COVID-19 policy and Infection Control, tracking and trending infection, dedicated staff and supplies for COVID-19 hall and admissions. 7. Facility wide retesting of residents and staff has been scheduled with the local hospital. 8. Facility alleges that all corrective actions have been completed on July 15, 2020. 9. No staff will be allowed to work until in-serviced. The Survey Team validated the facility's	F 880		

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F 880	Continued From page 18 Corrective Actions through observation, interview, record review, and review of sign-in sheets. 1. The SA validated through observations that no further issues noted with staff not performing hand hygiene measures and removal of PPE when exiting the COVID-19 unit on the 200 Hall. 2. The SA validated through interviews and review of in-service sign-in sheets that in-service education was provided by the facility in the form of lectures and films. 3. The SA validated through interviews and review of monitoring tools utilized to perform visual inspections of nursing staff for proper hand hygiene and PPE use, and housekeeping for cleaning of the environment. 4. The SA validated through record review that all residents in the facility were assessed for signs and symptoms of COVID-19. 5. The SA validated through interview and record review that disciplinary actions and education was provided to CNA #1, #2, #4 and LPN #1. 6. The SA validated a Quality Assessment and Assurance Committee meeting was held on Tuesday, July 14, 2020 and Wednesday July 15, 2020 by interview and review of the sign-in sheet. 7. The SA validated facility wide testing for staff and resident through observation and review of correspondence via e-mail with the Chief Executive Officer of the local hospital. 8. The SA validated that all corrective actions listed were accomplished by 7/16/20. 9. The SA validated through interviews and record review that staff were not allowed to work until in-serviced. The SA validated that all corrective actions were completed as of 7/16/2020, and the IJ was	F 880		

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F 880	Continued From page 19 removed prior to exit on 07/17/2020.	F 880		