

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OR SUPPLIER CLINTON HEALTHCARE LLC - SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 1251 PINEHAVEN ROAD CLINTON, MS 39056		
(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 The State Agency (SA) conducted a COVID-19 Focused Survey at the facility on 08/03/2020. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations of participation and a deficiency was cited at F880.	F 000			
F 880 SS=D	At the time of the survey, the census was 105, and the facility held a license for 121 beds. 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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		8/19/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/20/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 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. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 880			

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a proper infection control program related to not wearing a face mask properly for one (1) of four (4) tours of the facility. Findings include: On 08/03/2020 at 11:20 AM, Housekeeping Staff #1 was observed to pull his face mask below his chin while talking with this surveyor in the hallway outside of Resident #1's room. During the interview, Housekeeping Staff #1 stated that he had been in-serviced on wearing a face mask and COVID-19. Housekeeping Staff #1 was observed to repeatedly pull his mask up and down at least three (3) more times while stating, "She tells me all the time to keep my mask on. I don't pull my mask down; it stays right here." During an interview, on 08/03/2020 at 11:15 AM, with Resident #1 at the doorway to his room, he stated that the staff sometimes pull their mask away from their faces while in the hallway. Resident #1 was sitting in his doorway while this surveyor was talking with Housekeeping Staff #1 and he stated, "that's what I mean." During an interview, with Registered Nurse #1 (RN #1), on 08/03/2020 at 11:25 AM, she revealed that all staff had been in-serviced on wearing face masks, were reminded frequently to wear them, and if they felt the need to take them off, they should go outside. On 08/03/2020 at 12:50 PM, in an interview with Licensed Practical Nurse (LPN) #1, he stated that	F 880	1. On 8/03/2020, Housekeeping Staff #1 was in-serviced one-on-one as to proper wearing of personal protective equipment, and the requirement of wearing personal protective equipment at all times while inside the facility. Additionally, Housekeeping Staff #1, was in-serviced one-on-one as to covid19 policies and procedures that follow the CDC guidelines and recommendations. On 8/03/2020, All Facility Staff were in-serviced as to proper wearing of personal protective equipment, and the requirement of wearing personal protective equipment at all times while inside the facility. Additionally, All Facility Staff were in-serviced as to covid19 policies and procedures that follow the CDC guidelines and recommendations. 2. All residents are potentially affected by this practice. 3. All Facility Staff will be in-serviced upon hire and as needed on the facility's Infection Prevention and Control Policy for Suspected or Confirmed Coronavirus (COVID-19) policy by the Director of Nursing, Staff Development Nurse or Infection Preventionist. 4. The Administrator, Director of Nursing, Staff Development Nurse or Infection Preventionist and RN Supervisor started rounds on 8/03/2020 to be conducted four		

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F 880	Continued From page 3 all staff had been in-serviced on face masks to include proper don/doff procedures, that the mask should always be worn and that it should cover the nose and mouth. He stated staff should keep their hands off their face as much as possible and if they do touch their mask, they should wash their hands immediately. LPN #1 stated, "We want to prevent droplets from becoming airborne to prevent the spread of infection to others. COVID-19 is easy to spread. If you touch your face and touch a doorknob or other high touch surface, then somebody else has it." During an interview, with Housekeeping Staff #2, on 08/03/2020 at 1:07 PM, she stated, "I have in-serviced all my staff on the Emergency Response Plan. I remind my staff constantly about wearing masks and handwashing. This COVID is nothing to play around with, it's serious." Record review of the facility's In-service titled, "COVID-19 Education", presented by Housekeeping Staff #2 on 04/24/2020, revealed Housekeeping Staff #1 was in attendance. Record review of the facility's In-service titled, "How to Properly Don A PPE Mask", presented by LPN #1 on 04/07/2020, revealed Housekeeping Staff #1 attended. A review of the facility's "Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)" policy, not dated, revealed: "It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and a Epidemiologic Risk for COVID-19 and	F 880	(4) times each day for four (4) weeks to ensure compliance. The Administrator or Director of Nursing will bring the findings of compliance rounds to the weekly QAPI committee meetings, and changes will be made as necessary to maintain compliance.		

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F 880	Continued From page 4 adhere to Federal and State/local recommendations (to include, for example, Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection). Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements ..."	F 880			