STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255160	A. BUILDING _____ B. WING _____	10/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANIEL HEALTH CARE INC DBA THE MEADOWS	1905 SOUTH ADAMS STREET FULTON, MS 38843

(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 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; §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:	F 880		

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

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 (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. This REQUIREMENT is not met as evidenced by: S/S D Based on observation, staff interview and facility policy review and record review, the facility failed to prevent the likelihood of the spread of the coronavirus- COVID-19, as evidenced by lack of social distancing during staff meal time for one (1) of one (1) dining room tour observed. Review of the facility policy,with an effective date of 3/23/20, titled, "COVID-19 Prevention Protocol"	F 880		

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F 880	Continued From page 2	F 880		

revealed the facility will follow guidelines set forth by the CDC and the Mississippi State Department of Health for prevention of COVID-19 and the spread of COVID-19.

Review of the "Infection Prevention and Control Program", undated, revealed this program will be utilized to prevent, identify, report, investigate, and control infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services.

Findings include:

During an observation of the dining room and patio, in the presence of the Administrator (ADM), on 10/6/20 at 12:30 PM, revealed the Maintenance Director and Maintenance staff #3 sitting at a table with masks off eating lunch and talking. They were not socially distanced. The Activities Staff #1 and the Activity Staff #2 were sitting at a dining room table together, not socially distanced. Outside on the patio, Licensed Practical Nurse (LPN) #1 and another staff person were sitting at a table talking and eating lunch. Housekeeping staff #2 and another staff were sitting at a table talking and eating lunch. They were not socially distanced while unmasked for mealtime.

During an interview, on 10/6/20 at 12:32 PM with Licensed Practical Nurse (LPN)#1, she stated that they should not be as close to each other as they are because it could spread the virus.

An interview, on 10/6/20 at 12:35 PM, with the ADM, revealed they would correct this. She

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F 880	Continued From page 3	F 880		

stated that employees should sit one at each table.

An interview, on 10/6/20 at 1:06 PM, with Maintenance staff #1, revealed he had attended in-service education on wearing masks, social distancing, hand sanitizing, and gloves. He stated social distancing means being six (6) feet apart. The Maintenance Staff #1 stated that, as far as he could remember, they were instructed that they could sit two to a table. He stated that the CDC requires social distancing to prevent the spread of the virus.

An interview, on 10/6/20 at 1:15 PM with Activity Staff #1 stated that she had been in-serviced on social distancing and masks. She stated that they had been instructed that could sit two (2) to a table and no more than 10 in the room. She stated that she felt like she was socially distanced but realized they were not six (6) feet apart. She stated that at one time they were to be three (3) feet apart and they just took it for granted and continued with two people at a table.

An interview on 10/6/20 at 1:25 PM with Housekeeping Staff #2, revealed that social distancing means being six (6) feet apart. She stated that they had been told they could sit two (2) to a table to eat, talk, and visit without masks. Housekeeping staff #2 stated that in her mind she thought they may have been six (6) feet apart but, didn't really know.

An observation on 10/6/20, at 1:30 PM with the Maintenance Staff #1 revealed, during actual measurement, the diameter of the dining room tables was 47.5 inches and the patio tables were 48 inches. He confirmed the staff would not be

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F 880	Continued From page 4 socially distanced sitting two (2) to a table. An interview, with the ADM on 10/6/20 at 2:20 PM, confirmed the staff had initially been instructed on three (3) feet for social distancing but it had been increased to six (6) feet. She stated that they didn't change policy/procedure. She stated that this could cause an increased risk for exposure, especially if someone is asymptomatic. Record review revealed a mandatory staff in-service was presented on August 6 and August 13,2020 which covered helping to prevent the spread of respiratory diseases like COVID -19. The in-service information included to stay six (6) feet (about 2 arms length) from other people. In-service sign in sheets revealed LPN #1, Housekeeping and Maintenance staff #1, #2, #3, and #4, and Activities staff #1 and #2 attended this in-service.	F 880		