STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255272	A. BUILDING _____ B. WING _____	09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MYRTLES NURSING CENTER, LLC	1018 ALBERTA AVENUE COLUMBIA, MS 39429

(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 Infection Control Survey on 9/21/20. The facility was found not to be in compliance with infection control regulations and has implemented the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and cited F880 at a "E" level. The facility failed to maintain Infection Control Practices when housekeeping staff did not wear gloves or disposable gowns in the hallway during cleaning on the COVID-19 Unit around one (1) of fifteen residents, Resident #1, on the COVID-19 Unit. The census at the time of survey was 66 with a license for 98 beds.	F 000		
F 880 SS=E	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	F 880		11/25/20

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

Electronically Signed | 11/20/2020

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F 880	Continued From page 1	F 880		

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
(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

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F 880	Continued From page 2 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 interviews, facility policy reviews and record reviews, the facility failed to prevent the spread of infection, as evidenced by, the Housekeeping staff wearing gloves in the hallway and not wearing disposable gowns on the COVID-19 Observation Unit, for one (1) of fifteen (15) residents, Resident # 1. Finding Include: A review of the facility's, "Housekeeping Infection Control", revision date 11/18, revealed, step one (1), wash hands with soap and water and put on Personal Protective Equipment (PPE) prior to entering a room. Step two (2), remove PPE and place in trash bag prior to leaving the room. Wash your hands with soap and water. On 9/21/2020 at 1:35 PM an observation, of the Observation Unit, with the Director of Nursing (DON) revealed housekeeping in the hallway with gloves on and no disposable gown on. Observation revealed that housekeeping came to the cart to get a cleaning item off the housekeeping cart and went into Resident # 1 room to continue cleaning wearing the same gloves. On 9/21/2020 at 2:15 PM in an interview with Housekeeping # 1, stated I started working here two (2) weeks ago, and I watched videos and had	F 880	* Housekeeper #1 was removed from the floor on 09/21/2020 for immediate in-service, Administrator in-serviced Housekeeper #1 on proper handwashing techniques and the proper use of Personal Protective Equipment. Housekeeper #1 was also in-serviced on proper personal equipment disposal at that time. * Fifteen of 66 residents had the potential to be effected by this deficient practice due to the facility layout and workload of Housekeeper #1. * Administrator conducted an in-service with Housekeepers on 09/21/2020. The in-service was on proper handwashing techniques and the proper use of Personal Protective Equipment, including what to wear and when to remove. Director of Nurses and Administrator conducted an in-service with staff on 09/22/2020 and on 10/07/2020 with content covering Infection Control, Proper Hand Washing, review of signage throughout facility in regard to hand washing, donning and doffing of Personal Protective Equipment. Review of protocols for Covid Unit and Observation Area with respect to wearing of Personal	

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F 880	Continued From page 3 in -services on Infection Control before I started. We are not supposed to wear gloves in the hall. We are supposed to take them off before we enter the hall. Usually, I take gloves off. I was nervous today. I don't know what I was thinking. I have been told not to wear gloves in the hall. That was also on the videos I watched. Wearing gloves in the hallway can cause contamination and spread infection. I forgot to put a gown on. I use a gown to not spread infection in observation unit. I should have put a gown on before entering the resident's room, but I forgot to put the gown on. On 9/21/2020 at 11:00 AM in an interview with the Director of Nursing (DON) she stated the observation unit, is for residents who have completed 14 days in the COVID-19-unit, new admissions, residents discharged from the hospital, residents that leave the facility for medical appointments, dialysis residents and residents that are seen in the emergency room. There are fifteen (15) residents on observation unit. If a resident in the facility develops signs and symptoms of COVID-19 we notify Nurse Practitioner (NP) and move resident to the observation unit. PPE is available on the observation unit, as well as entrance of the unit. On 9/21/2020 at 2:26 PM in an interview with DON she stated she had noticed Housekeeping #1 did not have a gown on. DON stated housekeeping wearing gloves in the hallway and not having on a gown on the observation unit, can cause cross contamination and can cause infection to spread. The DON stated that Housekeeping #1 had watched videos on Infection Control.	F 880	Protective Equipment. Facility Infection Control Nurse initiated an all staff in-service on proper handwashing techniques and the proper use and disposal techniques of personal protective equipment on 11/13/2020 to assure deficient practice does not recur. All future new hires will be in-serviced during orientation on proper handwashing techniques and proper use of and disposal of personal protective equipment. * Administrator, Director of Nursing and/or Infection Control Nurse will monitor staff on proper handwashing techniques and use of personal protective equipment along with proper techniques on disposal of personal protective equipment five days a week for four (4) weeks, weekly for four (4) weeks and monthly for three (3) months. Any deficient practices will be brought to the Quality Assurance Committee to be evaluated for any additional corrective measures deemed necessary. Facility staff responsible for the deficient practice will be subject to appropriate disciplinary action.	

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F 880	Continued From page 4 On 9/21/2020 at 2:35 PM in an interview with DON stated Resident #1 was positive for COVID-19 on 8/28/2020. Resident #1 was moved to the observation unit on 9/18/2020 due to the Resident #1 going out of the facility to Dialysis three (3) days a week. A review of Housekeeping #1 orientation checklist revealed orientation video on Infection Control was signed by Housekeeping #1 on 9/7/2020. A review of the in-services revealed the last in-service was done on 9/4/20 on Infection Control Proper use of mask and PPE. A review of the sign in sheets from in-service revealed they are done monthly. A review of Resident #1 face sheet revealed a diagnosis of End Stage Renal Disease (ESRD).	F 880		