STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255268	A. BUILDING _____ B. WING _____	C 12/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY HEALTH & REHAB CENTER	118 SOUTH GLENFIELD ROAD NEW ALBANY, MS 38652

(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 A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 12/21/20 through 12/22/20. The facility was not in substantial compliance with infection control. The facility was not following infection control safety practice and guidance recommended by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) during a COVID-19 pandemic and the SA cited F880 at a "D" level. The facility census at the time of the survey was 85 with a license for 120 bed capacity. The State Agency (SA) conducted a complaint survey investigating MS CI #17366 at the facility from 12/21/20 through 12/22/20. During the survey, the SA determined that the facility was in compliance with the requirements of participation in Medicare and Medicaid. The SA did not substantiate the complaint, but tag was cited at F609 related to reporting of the allegation. The facility had a census of 85 at the time of the complaint survey, with a license for 120 bed capacity.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events	F 609		2/26/21

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

Electronically Signed | 01/12/2021

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F 609	Continued From page 1 that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interviews, resident interviews, record review, and facility policy review, the facility failed to notify the State Agency (SA) of an allegation of abuse for one (1) of one (1) resident alleging abuse. Findings include: Review of facility policy titled, "Requirements for Reporting Abuse of Residents and Covered Individuals", dated November 28, 2017, revealed, "facilities shall ensure adherence to all Centers for Medicare and Medicaid Services (CMS) and State policies and procedures for reporting incidents and complaints". Review of facility policy titled, "Abuse and Neglect: Recognizing and Reporting", dated October 3, 2018, revealed, facility "shall protect	F 609	Resident #1 allegations were investigated by the Director of Nursing on 12/2/2020. A review of facility surveillance footage showed for the past 7 days that the resident had not been alone with the Director of Rehab at the facility. The Director of Rehab was interviewed by the Director of Nursing and stated that he does not have Resident #1 on his caseload. An investigation was conducted by the Mississippi Department of Health on 12/21 and 12/22/2020. All allegations were unsubstantiated. The facility has determined that all residents have the potential to be affected. An in-service on "Abuse Reporting	

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F 609	Continued From page 2 residents from real or perceived abuse, negligence or exploitation from anyone, including staff members, students, volunteers, other residents, visitors or family members. Healthcare workers, having reasonable cause to suspect abuse, exploitation or neglect, shall report to the appropriate regulatory agency". An interview with Resident #1 on 12/21/2020 at 1:00 PM, revealed Resident #1 with limited verbal communication ability. Resident appeared to understand questions, but was unable to answer specific questions. Speech was slurred and mumbled and not easily understood. Resident #1 stated "touched" and would point to his private area. Resident #1 pointed to wall behind him and stated "big", stated first name of Rehab Director, and placed his hand in air above his head. An interview on 12/21/2020 at 2:35 PM, with the facility's Rehab Director, revealed Resident #1 had never been on his caseload and he had never been alone with Resident #1. Rehab Director stated Resident #1 would visit the staff in the therapy room, but with remodeling of area and social distancing guidelines, the number of people allowed in the room was limited. The Rehab Director stated Resident #1 became angry and aggressive when he was not allowed in room. Rehab Director stated after that, Resident #1 claimed he was touched inappropriately by the Rehab Director. Rehab Director denies any inappropriate contact with Resident #1. An interview with the Director of Nursing (DON), on 12/21/2020 at 2:40 PM, revealed that due to remodeling of therapy room and social distancing guidelines, Resident #1 was unable to go into therapy area to visit with facility staff. DON stated	F 609	Requirements" and "Resident Abuse Prevention and Reporting" was conducted by Corporate Licensed Nursing Home Administrator Consultant on 1/12/2021. The in-service attendees were the Administrator, Director of Nursing, and RN/Infection Preventionist. All staff will be in-serviced by the Director of Nursing/ADON/RN Supervisor Abuse Reporting Requirements, in-service will begin 1/12/21. All incidents of abuse and/or neglect will be reviewed in morning standup meeting, this will become part of the daily standup meeting beginning 1/21/21. The Quality Assurance Committee will review all reports of abuse and/or neglect to ensure reporting guidelines are followed. All findings will be reviewed monthly for three months until substantial compliance is met.	

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Resident #1 became angry and pushed and hit staff. DON stated Resident #1 was angry and on 12/2/2020 around 2:00 PM, Resident #1 alleged the Rehab Director touched him inappropriately in his private area. DON stated the facility interviewed staff and Resident #1 and reviewed seven (7) days of surveillance videos and did not find any time resident and Rehab Director were alone. DON stated the facility continued their investigation and contacted the police department on 12/3/2020 to speak with Resident #1 concerning his aggressive behavior. Stated Resident #1 then admitted to not telling the truth the previous day.

An interview with the Administrator on 12/21/2020 at 3:15 PM, revealed Resident #1 became angry and aggressive when he was not allowed to go into the therapy room due to remodeling and social distancing. Stated he shoved and hit staff members. Administrator stated on 12/2/2020, Resident #1 alleged Rehab Director "touched" his private area. Administrator stated on 12/3/2020, she obtained consent from family to have the police speak to Resident #1. Administrator stated the police came to facility and spoke with Resident #1 and Resident #1 stated he did not tell the truth about the inappropriate touching. The Administrator stated there was no police report written, but she would contact and have report sent.

An interview by phone on 12/22/2020 at 8:15 AM, with Licensed Social Worker (LSW) from Geriatric Psychiatric facility, revealed during Resident #1's admission assessment on 12/4/2020, and during group therapy sessions, Resident #1 alleged he was touched inappropriately by an employee of the nursing

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home. LSW stated a complaint was submitted to the State Agency for investigation.

An interview with Resident #1 on 12/22/2020 at 11:30 AM, revealed the resident was calm, but still only able to speak with limited words. Resident #1 referred to Rehab Director as "friend" and "nice". Resident #1 did not appear frustrated or attempting to say any additional comments.

An interview on 12/22/2020 at 3:40 PM, with the DON, revealed she was responsible for reporting alleged violations of abuse to the state officials. DON stated on the day after the allegation of abuse, Resident #1 informed police he was not telling the truth and that completed the facility's investigation. DON stated the allegation was not reported to the State Agency. DON confirmed the facility failed to notify the state office of the allegation of abuse within two (2) hours.

An interview on 12/22/2020 at 4:00 PM, with the Administrator, revealed the facility investigated the 12/2/2020 allegation of abuse and no report was filed with the State Agency. The Administrator stated the facility investigated the allegation and interviewed Resident #1, Rehab Director, other employees, and 7 days of video footage was reviewed. The Administrator stated on 12/3/2020, Resident #1 admitted to police he had not told the truth about the abuse. Administrator stated the police report was part of the facility's investigation. The Administrator confirmed the facility failed to report the alleged abuse to the State Agency within 2 hours of the allegation being made.

Record review of police "Information Report" dated and timed 12/3/2020 at 15:30

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(approximately 25 hours after allegation). Report as follows: "On 12/3/2020, I, Officer responded to facility concerning a combative resident. Upon arrival, I spoke with Administrator who informed me that Resident #1 had assaulted a nurse and made claims that he was sexually assaulted. Administrator informed me that Resident #1 had made multiple accusations about being assaulted and they were all false and that this was a tactic used by Resident #1 to try to get whatever he wanted. The nurse that was assaulted did not want to press any charges due to Resident #1's mental state and a report was taken for future purposes." No notation noted in report of Resident #1 admitting he had lied about allegation.

Record review of Incident Report revealed on 12/2/2020, Resident #1 stated Rehab Director had "touched him" and Resident #1 was agitated and hard to redirect. Facility staff interviewed Rehab Director and Resident #1 and 7 days of video footage was reviewed. Incident report revealed Resident #1 spoke with police officer on 12/3/2020. Incident report revealed the police department was involved in the investigation. Report revealed the investigation determined the accusations were not substantiated.

Record review of Rehab Director's employee record reveals a clear background check with no violations that prevent him from working with patients, residents or clients being served by a licensed hospital, nursing home, personal care home, home health agency or hospice. Record review revealed Rehab Director completed his annual compliance training for Elder Abuse Awareness and Prevention Training on 8/14/2020.

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F 609	Continued From page 6 Record review revealed Resident #1 was admitted to facility on 3/12/18, with diagnoses of: Profound Intellectual Disabilities, Anxiety Disorder, and Developmental Disorders of Speech and Language. Record review of Minimum Data Set (MDS) Section C - Cognitive Patterns, dated 11/10/2020, revealed resident with a Brief Interview for Mental Status (BIMS) score of 8, indicating some cognitive limitations. Record review of Minimum Data Set (MDS) Section B- Hearing, Speech, Vision, dated 11/10/2020, revealed: Unclear speech - slurred or mumbled words; Sometimes understood - ability is limited to making concrete requests.	F 609		
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	F 880		2/26/21

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F 880	Continued From page 7	F 880		

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 transport linens so as to prevent the spread of

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F 880	Continued From page 8 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, and facility policy review, the facility failed to prevent the likelihood of the spread of COVID-19 as evidenced by poor hand hygiene and improper mask use by one (1) of five (5) employees delivering lunch trays to residents. Findings include: Review of facility policy titled, "Coronavirus Prevention and Control", dated March 5, 2020, revealed "it is the policy to protect residents, visitors, staff, and volunteers from facility associated, community-acquired and workplace-related infections. To that end, facilities will adhere to Centers of Disease Control (CDC) guidelines for prevention and control of Coronavirus Disease." An interview with the Administrator on 12/21/2020, at 9:00 AM, revealed the facility's census is 85. Stated facility has forty-four (44) COVID-19 positive residents in the facility and three (3) COVID-19 positive residents in the hospital for a total of forty-seven (47) COVID-19 positive residents. An observation of lunch trays being delivered to resident's rooms on 12/21/2020, at 11:30 AM, revealed Certified Nurse Assistant (CNA) #1, wearing gloves, delivered a tray to a resident's room. CNA #1 set up the tray for the resident,	F 880	The Certified Nursing Assistant identified was immediately in-serviced on 12/21/20 by the Director of Nursing on the proper procedures for hand hygiene and donning and doffing of PPE. The Director of Nursing and Infection Preventionist made facility rounds on 12/21/20 to ensure that staff were wearing PPE properly. The facility has determined that all residents have the potential to be affected. All staff will be in-serviced by Infection Preventionist/RN Supervisor/RN QA Nurse on the proper procedures for hand hygiene and proper use of PPE. In-services will begin on 1/12/21 with a completion date of 1/29/21. Unit managers have been assigned to do weekly infection control checkoffs for twelve weeks with floor staff to ensure proper PPE use and hand hygiene protocol. The Director of Nursing will review checkoff sheets weekly for 12 weeks to ensure staff are using PPE properly and following hand hygiene protocols. Quality Assurance Committee will review checkoff sheets monthly for three months to ensure compliance with PPE use and hand	

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picked up garbage off the floor, went to the tray cart to get another tray, and delivered and set up the next tray for another resident. No glove change or handwashing was performed. CNA #1's mask was observed being worn below the nose during the tray deliveries to the residents.

An interview on 12/21/2020, at 11:35 AM, with CNA #1, revealed she realized she should have washed her hands between each resident's tray delivery and after picking up trash from the floor. CNA #1 stated she should not pick up trash from the floor and continue to wear the same gloves without washing hands. CNA #1 stated her mask slips down below her nose, but she is aware her mask should completely cover her mouth and nose. CNA #1 stated she has received in-services on hand washing, glove use, and proper use of masks and knows these are important for infection control in the facility.

An interview on 12/21/2020, at 2:40 PM, with the Director of Nursing (DON), revealed improper use of masks and poor hand hygiene can increase the risk of infection. DON confirmed the facility failed to ensure proper infection control practices.

An interview with the Administrator on 12/21/2020, at 3:15 PM, revealed proper mask use and hand hygiene should be used in the facility and with resident care. The Administrator confirmed the facility failed to ensure proper infection control practices.

An interview on 12/22/2020, at 11:50 AM, with the Infection Preventionist (IP), revealed she has witnessed staff letting their masks fall below their noses. IP stated the staff has received multiple in-services on mask use, hand hygiene, and

hygiene protocols.

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F 880	Continued From page 10 glove use. She confirmed the facility failed to ensure proper infection control practices of staff. An interview on 12/22/2020, at 2:00 PM, with the Nurse Educator, revealed the staff have been in-serviced on proper mask use, hand hygiene, and preventing the spread of COVID-19. Confirmed the facility failed to ensure proper infection control practices of staff. Record review of in-service attendance record confirmed CNA #1 attended the in-service on COVID-19 and Infection Control guidelines.	F 880		