STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING _____ B. WING _____	09/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	133 PINE STREET HAZLEHURST, MS 39083

(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 Centers for Medicare & Medicaid Services (CMS) on September 22-24, 2020. The facility was not in substantial compliance with Medicare regulations at 42CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. The following deficiencies resulted in the facility's non-compliance for failure to follow the CMS and Centers for Disease Control and Prevention (CDC) recommended practices, during a COVID-19 pandemic. The census was 38.	F 000		
F 880 SS=F	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;	F 880		10/16/20

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

Electronically Signed | 10/14/2020

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 §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 infection.	F 880		

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F 880	Continued From page 2 §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 observations, record review, staff interviews, and review of the facility protocol entitled, "Coronavirus Screening Form," the facility failed to screen accordingly one (1) of one (1) visitor, who entered the facility and had access to 38 of 38 residents and facility staff. The failure occurred during a COVID-19 pandemic. The findings include: During a concurrent observation and interview on 09/22/2020 at 3:00 p.m., Screener #1 who was located in the main lobby gave the visitor a "coronavirus screening form" to be completed. Upon receipt of the completed screening form from the visitor, the screener allow visitor access pass the main lobby, into the resident care areas. Further review of the screening form revealed the screener allowed access without clarifying or addressing, "Have you been in contact with someone with or under investigation for COVID-19 - Yes?" On 09/23/2020 at 12:30 p.m., Screener #2 screened the same as aforementioned and allowed visitor access pass the main lobby, into resident care areas, without addressing, "Have you been in contact with someone with or under investigation for COVID-19 - Yes?" Both screeners were aware of the COVID-19 pandemic. During an interview on 09/23/2020 at 1:15 p.m., the Infection Control Nurse stated that she expected the screeners to adhere to the	F 880	1. On September 22, 2020, all residents of the facility were assessed by the Infection Control Nurse, Charge Nurse #1 and facility treatment nurse, to determine if any detrimental health effects resulted by a visitor's entrance to the residential area without in depth screening. The said visitor was escorted by the facility's business office manager to the facility conference room and was attired in a proper face mask. No ill effects were identified for any facility residents. 2. All residents residing at the facility during an ongoing pandemic or infection outbreak have the potential to be affected by the alleged deficient practice. 3. Screener #1 and screener #2 were in-serviced by the Infection Control Nurse on September 23, 2020, with regards to the facility's protocol of screening of visitors and interventions to be placed for affirmative responses. The employees assigned screening duties for the facility were in-serviced on October 8, 2020, by the Infection Control Nurse. This in-service included education on the facility protocol of the screening process. Each question of the screening instrument was reviewed and discussed. Staff were instructed that should any of the question on the instrument have an answer of "yes" the individual screened would be confined	

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F 880	Continued From page 3 COVID-19 screening protocol. Review of facility records provided by the facility, revealed, 27 residents tested positive for COVID-19, since the start of the coronavirus pandemic. Review of the facility's screening protocol, revised on 09/10/2020, revealed, several screening questions to assess one's whereabouts, to include the question that read, "Have you been in contact with someone with or under investigation for COVID-19 - Yes/No?"	F 880	to the lobby and not be allowed to enter the residential area. The screener will alert appropriate staff members for advanced screening and questioning. This includes the question regarding contact with an individual that is positive for Covid-19 and contact with someone that is suspect of Covid-19. 4. To ensure compliance with facility protocol each screen instrument will be reviewed by the screener upon completion of each screen. Should the screen questionnaire contain an affirmative response to any question the individual will not be allowed into the residential area. The screener will then inform appropriate staff to include the Infection Control Nurse, the Assistant Director of Nursing, or the Director of Nursing for additional and advanced screening and/or questioning. Following this, a determination will be made for allowance or denial of entry into the residential areas. Oncoming screeners will be responsible for reviewing the previous screener's instruments for compliance of facility protocol. This audit will be conducted daily by each screener and will be an ongoing practice for the facility. Discrepancies will be immediately reported to the Infection Control Nurse, Assistant Director of Nursing or the Director of Nursing on occurence. It will be the responsibility of the Director of Nursing to report negative findings to the facility's Quality Assurance Committee weekly. This practice was	

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F 880	Continued From page 4	F 880	initiated on October 8, 2020, and will continue as determined by the Quality Assurance Committee. It will be the responsibility of Quality Assurance Committee to make recommendations for corrections and further education as warranted. This will be an ongoing practice for the facility.	