STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255072	A. BUILDING _____ B. WING _____	12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON COUNTY NURSING HOME	17560 EAST MAIN STREET LOUISVILLE, MS 39339

(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 12/9/20. The facility was not found to be in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and cited F-880. At the time of the survey, the facility had a census of 98.	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 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		2/9/21

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

Electronically Signed | 12/31/2020

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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, and facility policy review, the facility failed to prevent the possible spread of COVID-19 as evidenced by failure to wear appropriate personal protective equipment and properly utilize the use of proper hand hygiene for 7 (seven) of 11 staff observed during the facility tour. Findings include: Review of the facility policy titled, "COVID-19 Pandemic Prevention and Response", dated 3/11/2020 and revised 3/23/20, revealed that this facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of the virus. Review of the facility policy, titled "Hand Hygiene", undated, revealed its policy is that staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Hand hygiene is a general term that applies to either hand washing or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). An observation, on 12/9/20 at 9:45 AM, revealed Certified Nursing Assistant (CNA) #1, was wearing a surgical grade mask and did not have on a N 95 mask. An observation, on 12/9/20 at 11:20 PM, revealed CNA #2 served a resident lunch tray and did not use hand sanitizer when she exited the room.	F 880	1.Certified Nursing Assistant #1 was Educated on the proper use of N95 in Covid-19 positive areas and evaluation completed during rounds to ensure proper infection control practices were being conducted. Certified Nursing Assistant #2 was educated on the use of hand sanitizer before and after entering and exiting residents□ rooms and evaluation completed during rounds to ensure proper infection control practices were being conducted.. Certified Nursing Assistant #3 was educated the use of hand sanitizer before and after entering and exiting residents□ rooms, appropriate technique of donning and doffing PPE, and disinfecting process of face shields between resident care and evaluation completed during rounds to ensure proper infection control practices were being conducted. Certified Nursing Assistant #4 was educated on appropriate technique of donning and doffing PPE to include shoe covers and face shield, and disposing of PPE and evaluation completed during rounds to ensure proper infection control practices were being conducted. Certified Nursing Assistant # 5 educated appropriate technique of donning and doffing PPE when caring for Covid-19 + resident and evaluation completed during rounds to ensure proper infection control practices were being conducted.Certified Nursing Assistant #6 was educated on appropriate use of masks and the use of hand sanitizer before and after entering and exiting residents□ rooms and	

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F 880	Continued From page 3 CNA #2 then pushed the meal cart to the next hall and removed and served and set up trays in the next three (3) resident rooms without using hand sanitizer or washing her hands. An observation, on 12/9/20 at 11:40 AM, revealed CNA #3 served trays in two (2) rooms and did not use hand sanitizer between rooms. She then donned personal protective equipment (PPE) and entered a COVID-19 positive room to deliver a tray. When she exited the room, she failed to remove shoe covers and face shield. She then delivered meal trays to the next three (3) rooms. An observation, on 12/9/20 at 11:45 AM, revealed CNA #4 take a tray into a COVID-19 positive room. She donned proper PPE except for shoe covers and a face shield. Upon exiting the room, she removed her PPE outside in the hallway and placed it in a red bag garbage can beside the door. The can was full after she disposed of her PPE, and the lid did not close completely. An observation, on 12/9/20 at 11:50 AM, revealed CNA #5 served a lunch tray in a COVID positive room. She did not wear a face shield or shoe covers upon entry to the room and her KN 95 mask was not covered by a surgical mask. When she exited the room, she did not remove her contaminated KN 95 mask and went down the hall into other rooms. An observation, on 12/9/20 at 12:07 PM in the Elm cottage, revealed CNA #6 walking through the cottage with her mask below her nose. She was observed entering two (2) resident rooms and failed to use hand sanitizer when she exited the rooms.	F 880	evaluation completed during rounds to ensure proper infection control practices were being conducted.Certified Nursing Assistant #7 was educated on the proper use of N95 in Covid-19 positive areas and evaluation completed during rounds to ensure proper infection control practices were being conducted. Certified Nursing Assistant #1,2,3,4,5,6, and 7 were all educated on 12/09/2020 by Infection Preventionist, Quality Assurance Performance Improvement Nurse, and Registered Nurse Supervisor. 2.All residents of Winston County Nursing Home had the potential to be effected by deficient practice. 3.All staff educated on 01/05/21 by Infection Preventionist and Interim Director Of Nursing. Center of Disease Control Covid -19 Prevention Messages for Frontline Long Term Care Staff-Clean Hands-Combat Covid-19, Center of Disease Control Covid-19 Prevention Messages for Front Line Long Term Care Staff Protective Personal Equipment-Lessons, and Quality Safety and Education Portal training. Training facilitated by Interim Director of Nursing, Interim Quality Assurance Performance Improvement Nurse, and Infection Preventionist. Quality Assurance Performance Improvement Nurse will maintain documentation of all training completed. Root Cause Analysis completed by Infection Preventionist and Quality Assurance Performance Improvement Nurse on 12/31/20 that	

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F 880	Continued From page 4 An observation, on 12/9/20 at 12:45 PM, revealed CNA #7 working in the Elm cottage wearing only a surgical mask. An interview, on 12/9/20 at 12:46 PM, with CNA #7, revealed she was aware that she should be wearing a N 95 mask. She stated her N 95 mask was in her pocket because she had had trouble breathing when wearing it. She confirmed that she had not notified administration that she was having a problem. She confirmed that she should be wearing the proper mask to keep from catching the virus. An interview, on 12/9/20 at 1:00 PM with CNA #6, confirmed she did not have her mask on properly. She confirmed it was not covering her nose. She stated that this could cause the spread of COVID-19. CNA #6 confirmed that she had hand sanitizer in her pocket and there was hand sanitizer on the wall but she did not use it every time. An interview, on 12/9/20 at 2:09 PM, with CNA #1 confirmed that she should have a KN 95 mask on at all times, instead of a surgical mask. She stated that she could be putting herself and residents at risk for COVID-19. She confirmed that she had had in service education on the use of proper PPE in the facility. An interview, on 12/9/20 at 2:11 PM, with CNA #2, confirmed she did not use hand sanitizer as she was supposed to. She stated that this could carry germs to other patients and could cause sickness. An interview on 12/09/20 at 2:15 PM with CNA #3, confirmed that she did not use hand sanitizer	F 880	identified Staff Exhaustion as root cause. Interventions implemented were closing of a 24 bed unit of Nursing home, contract agency contract, and utilizing parent facility staff pool to supplement staffing. 4.Beginning 01/05/21,Ongoing evaluations of all frontline staff will be completed by immediate supervisors and Quality Assurance Performance Improvement Nurse will maintain documentation of these evaluations. Evaluations will be completed daily for one week, bi-weekly times two weeks, and then weekly. Results of ongoing evaluations will be reported by Infection Preventionist to the Quality Assurance committee monthly for review and recommendation of changes if indicated.	

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F 880	Continued From page 5	F 880		

as she was supposed to after she left each resident's room and confirmed that she had been in-serviced.

An interview, on 12/9/20 at 2:20 PM with CNA #4, revealed that she had had in services on the proper use of PPE. She confirmed that she did not wear a face shield or goggles and shoe covers when she entered the COVID-19 positive room. She stated that she thought her glasses were OK instead of a shield. Upon exiting the COVID-19 positive room, she removed her PPE in the hallway just outside the door and placed it in a red biohazard can beside the doorway. CNA #4 confirmed that she did not have a surgical mask over her N 95 while in the room.

An interview, on 12/9/20 at 1:50 PM with the Nurse Educator, revealed the staff had been in serviced on proper PPE and its use. She stated the staff should always wear an KN 95 mask, and they can cover their KN95 with a surgical grade mask. She stated that they should always wear shoe covers when they are in a COVID-19 positive room.

An interview, on 12/9/20 at 2:40 PM, with the Director of Nursing, revealed that she and the Administrator make rounds to monitor the staff. She stated the CNA supervisor also monitors. She stated she guessed they had just gotten "lax". She stated the staff should be removing their PPE inside the room and placing it in a red bag garbage. She stated that they have two or three plexiglass 3 sided shields that they place outside the COVID-19 positive doors so that the staff can don and doff their PPE behind this barrier in the hallway. She stated that they do not have enough plexiglass barriers for every

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F 880	Continued From page 6 COVID-19 positive room. She stated that the staff should know if the garbage can gets full they should tie up the bag and take it out. She stated that she guessed they were going to have to have more in service and they would need to work out a new plan for monitoring the staff. She confirmed that these issues could be a source of spread of the virus. Record review revealed that CNA #1, #2, #3, #4, #5, #6, and #7 had all attended in service education training on proper use of PPE and hand washing. Record review revealed an in-service education program titled, "PPE and Hand Washing" was presented by the Staff Educator on 7/14/20, which revealed a mask must be worn appropriately, covering the nose and mouth at all times, while on the facility campus. While wearing your N 95 mask, you are to wear your cloth mask over the N 95. If going into a positive room, wear your N 95 and the medical mask over the top of it.	F 880		