STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255148	A. BUILDING _____ B. WING _____	C 02/12/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE CENTER	102 WOODCHASE PARK DRIVE CLINTON, MS 39056

(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 MS CI #14390 The State Agency (SA) conducted an abbreviated complaint survey from 2/11/17 through 2/12/17. The SA substantiated complaint MS 14390 and non-related deficiencies were cited at F441. The facility had a census of 130 residents.	F 000		
F 441 SS=E	INFECTION CONTROL, PREVENT SPREAD, LINENS CFR(s): 483.80(a)(1)(2)(4)(e)(f) (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: (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 (facility assessment implementation is Phase 2); (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;	F 441		3/20/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 03/22/2017

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F 441	Continued From page 1 (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. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F 441		

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F 441	Continued From page 2 This REQUIREMENT is not met as evidenced by: CI MS #14390 Based on observation, staff interview, record review, policy review, and manufacturer's instructions, the facility failed to maintain infection control measures as evidence by failure to clean or change lift slings after contact with resident skin/body fluids and before use for other residents. This affected Resident #1, Resident #2 and Unsampled Resident #A and Unsampled #B; four (4) of eight (8) individuals transferred with a mechanical. lift. Findings include: Review of the facility policy entitled, "Standard Precautions: Resident-Care Equipment", dated 5/15/13, revealed, "In order to minimize the residents' exposure to communicable diseased, the following guidelines will be followed for containing, transporting, and handling equipment and instruments/devices that may be contaminated with blood or body fluids. 5. Ensure that reusable equipment is not used for the care of another resident until it been appropriately cleaned and reprocessed and single used items are properly discarded." Review of manufacturer's instructions "Stand-Up Lift", dated 2013, revealed, "The sling should be washed regularly in water temperature not exceeding 180 degrees Fahrenheit (F), (82 degrees C), and biological solution".	F 441		

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F 441	Continued From page 3	F 441		

Unsampled Resident #B:
Observation on 2/12/17 at 6:40 PM, revealed Certified Nursing Assistants (CNA) #1 and CNA #2 entered into Unsampled Resident #B's room with the stand-up lift from the hallway and a sling that was on top of the lift. The CNAs provided incontinent care for Unsampled Resident #B. The resident's clothes were wet. The sling came in contact with the resident's bare skin and the wetness/wet clothes during the incontinent care. After the care, the CNAs returned the lift with the sling, which came in contact with the wet clothes and resident's skin, back in the hallway on the 200 Hall without cleaning or disinfection the sling. CNA #1 confirmed the sling was already on the stand-up lift during shift change.

Resident #1 and Unsampled Resident #A:
On 2/12/17 at 6:56 PM, CNA #3 and CNA #4 were observed entering Resident #1 and Unsampled Resident A's room with the same stand-up lift and sling from the 200 Hall that had just been used for Unsampled Resident #B, which had been in contact with the resident's wet clothes and bare skin. The CNAs transferred Resident #1 to bed and provided hour of sleep (HS) care. After the transfer and care for Resident #1, while in the room at 7:10 PM, the CNAs transferred Unsampled Resident A, Resident 1's roommate, to the toilet and then to bed after providing toileting care. The CNAs returned the lift with the contaminated sling back to the hallway on the 200 Hall without cleaning or disinfection the sling. Interview with CNA #3, after the care, revealed she was not sure of who monitored the cleaning of the lift slings.

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F 441	Continued From page 4 Resident #2 Observation on 2/12/17 at 7:35 PM, revealed CNA #1 and CNA #2 transferred Resident #2 to bed with the stand-up lift on Hall #2 with the same contaminated sling that had been used for Unsampled Resident #B, Resident #1, and Unsampled Resident #A. After the transfer and care for Resident #2, the CNAs returned the lift with the sling back to the hallway on the 200 Hall without cleaning or disinfection the sling. Interview with CNA #1 and CNA #2 confirmed the above findings and revealed they used the same lift sling with each resident. Interview on 2/12/16 at 7:50 PM, with the Administrator (ADM), revealed she was not aware of the facility's cleaning process of the lift slings. The ADM reported of being new to the facility and was not aware of the exact number of lifts at the facility or the number of slings available for the residents. On 2/12/16 at 7:52 PM, the Director of Nurses (DON) reported of being only the Interim DON and was not aware of the facility's cleaning process of the lift slings.	F 441		