STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A174	A. BUILDING _____ B. WING _____	11/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YALOBUSHA COUNTY NURSING HOME	630 SOUTH MAIN STREET WATER VALLEY, MS 38965

(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 11/02/20. The facility was not in substantial compliance with Infection Control. The facility was not following infection control safety practices and guidance recommended by the Centers for Medicare and Medicaid (CMS) and Center for Disease Control and Prevention (CDC), during a COVID-19 pandemic. The SA cited the regulatory deficiencies at F-880. The facility census at the time of the survey was 91.	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	F 880		12/1/20

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

Electronically Signed | 11/23/2020

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F 880	Continued From page 1 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 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 observation, staff interview, facility policy review, and record review, the facility failed to prevent the possible of the spread of the Coronavirus as evidenced by the failure to properly wear facial covering for five (5) of 15 employees observed. Findings include: Review of the facility's "Facial Coverings due to COVID 19" policy, dated 5/10/20, revealed the facility staff shall be required to wear a surgical grade or higher mask while in the facility. This includes every department such as but, not limited to: housekeeping, laundry, dietary, maintenance, activity, and social. Direct care staff shall be required to wear N-95 masks at all times while providing resident care and in resident care areas during an active outbreak. An observation, on 11/1/20, at 10:55 AM, revealed a purchasing clerk delivered supplies to the facility. He was observed in the hallway wearing a mask pulled down to his chin. He stated that he had come from outside and just had not thought about it. He confirmed that he should have the mask covering his nose and mouth to prevent the spread of the virus. An observation, on 11/01/20, at 11:20 AM, revealed Certified Nursing Assistant (CNA) #1 in the hallway with a surgical grade mask on not covering her nose and a N95 mask below her	F 880	Bullet 1: Clerk, Certified Nursing Assistant (CNA) #1, and Dietary Employees #1, 2, 3 were immediately educated by Director of Nursing (DON) on appropriate use of masks/Personal Protective Equipment (PPE) and disciplinary action initiated for failure to follow guidelines. Following 100% audit of staff on duty, Administrator implemented audit protocols for all on-duty staff to ensure that staff would not fail to wear appropriate PPE. Bullet 2: This has the potential to affect every resident receiving care in the facility Bullet 3: 100% audit of all staff on duty on 11/2/2020 in the facility completed by the Administrator and Director of Nursing (DON). 100% of staff that were audited were wearing required facial coverings and were wearing them appropriately. No other staff members were found to be out of compliance with use of facial coverings All direct care staff to include Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nursing Assistants (CNA)as well as non-direct care staff such as Housekeeping, Laundry, Dietary, Maintenance and any other ancillary staff providing services to the facility were in-serviced by Licensed Practical Nurse	

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F 880	Continued From page 3 chin. She stated that she wears her masks like that because she has trouble breathing with the N95 by itself and the N95 irritates her face. She also stated she has asthma so she wears both masks so she can pull the N95 down when needs too. CNA #1 stated that she should be wearing a N95 because it was better. An observation of the dietary department, on 11/2/20, at 11:45 AM, revealed Dietary Staff #1 placing condiments and the tray cards on the trays. She was wearing a cloth mask not covering her nose. Dietary Staff #2 was wearing a mask not covering her nose while she served food into disposable containers for use by staff and residents. Dietary Staff #3 was walking back and forth in the food prep area without a mask covering her nose and mouth. She had a black cloth mask hanging around her neck. An interview, on 11/02/20, at 11:50, AM with Dietary Staff #1, revealed that she thought she could wear a cloth mask while she was in the kitchen but had to wear a N95 if she went in the hallways. Dietary Staff #1 stated she should have her mask over her nose and mouth to prevent passing germs. An interview on 11/2/20, at 11:55 AM, with Dietary Staff #2, revealed she thought she could wear a cloth or surgical mask in the dietary department. She stated that she hoped she wasn't positive. Dietary Staff #2 stated that her mask should cover her nose and mouth to prevent the spread of the virus. She stated that they were being tested weekly. An interview on 11/02/20, at 11:58 AM, with Dietary Staff #3, revealed that she didn't think she	F 880	(LPN) Staff Educator beginning on 11/2/2020 on proper use of facial coverings and facility required facial coverings (i.e. surgical masks and N95 masks). All staff shall complete Centers for Medicare and Medicaid Services (CMS) Targeted COVID-19 Training for Frontline Staff Module 1: Hand Hygiene and PPE. Training shall be completed by 11/24/2020 with oversight and follow up by the Staff Educator. Monthly reeducation by Staff Educator, DON, or Infection Preventionist regarding appropriate use of PPE shall be mandatory for all staff beginning December 3, 2020 Bullet 4: Director of Nursing (DON), Registered Nurse Supervisor, Licensed Practical Nurse Supervisor shall monitor facial coverings and appropriate use each shift starting November 3, 2020. All staff on duty will be visualized during audit ensuring appropriate facial coverings are in place, with appropriate disciplinary action for any employee not in compliance. Monitoring shall be conducted each shift daily for four weeks through 12/1/2020. The Director of Nursing (DON) shall bring assigned audits to Quality Assurance (QA) Meeting Quarterly and as needed and QA will make appropriate recommendations based on findings. A Root Cause Analysis was conducted and will be brought to QA with QA to make recommendations and follow up as appropriate.	

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F 880	Continued From page 4	F 880		

had to wear a mask all the time in the dietary department. She stated that they have to wear a N95 mask if they go out of the department. Dietary Staff #3 confirmed she had attended in-services on COVID-19 and wearing masks.

An interview, on 11/02/20, at 12:05 PM, with the Administrator (ADM) revealed that no cloth masks should be worn in the dietary department. She stated that a surgical grade or higher mask is required in the dietary department.

An interview on 11/02/10, at 2:50 PM, with Licensed Practical Nurse (LPN) #1, the Nurse Educator revealed the staff has been educated on proper wearing of masks to prevent the spread of COVID.

An interview on 11/02/20, at 3:00 PM, with the Administrator and the Director of Nursing (DON) revealed that all staff were aware of the type of masks required and how they should be worn. The ADM stated that they were going to have to work on this.

Record review revealed that CNA #1 and Dietary Staff #1, #2, and #3 had attended an in-service education program May 2020 titled, "Infection Control - Do's and Don'ts on PPE (Personal Protective Equipment)".