STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255217	A. BUILDING _____ B. WING _____	03/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER HEIGHTS HEALTHCARE CENTER	402 ARNOLD AVENUE GREENVILLE, MS 38701

(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 and a Complaint Investigation (CI MS# 18130 and CI MS# 18293) was conducted by State Agency (SA) on 03/09/2022 through 03/11/2022. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid, and F 880 was cited related to hand hygiene and proper wearing of face mask. The CI #18130 was unsubstantiated for food not palatable, and services not received as ordered and the CI #18293 was unsubstantiated for Quality-of-Care services not performed per plan of care and physician, no pressure sore precautions taken by facility and resident not assessed after change in condition timely. The facility has a license for 60 with a census of 41 at the time of survey.	F 000		
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	F 880		4/14/22

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

Electronically Signed | 03/21/2022

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F 880	Continued From page 1	F 880		

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, 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.

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F 880	Continued From page 2 §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. This REQUIREMENT is not met as evidenced by: Based on observations, interviews of staff and record review of facility policies and in-service records the facility failed to ensure appropriate infection control practices were adhered to prevent the possible spread of infection as evidenced by one (1) Certified Nursing Assistant (CNA) of six (6) CNAs observed not utilizing hand hygiene or wearing a face mask appropriately and 1 of two (2) Housekeepers observed not wearing a facemask appropriately on one of three (3) days of the survey and F 880 was cited as deficient practice at a level D. The facility policy titled "Emergency Procedure-COVID-19 Pandemic Mask Wearing" dated 3/1/2021 review revealed that the facility has taken measures for a COVID-19 event. All staff members will be trained on facility COVID -19 plan and related policies and procedures to include wearing a mask. All staff will wear either a cloth mask or a surgical mask at all times while in the building except during their meal or break times in the employee break area. The facility policy titled "Hand washing/Hand Hygiene" with revision date of August 2019 review revealed that the facility considers hand hygiene the primary means to prevent the spread of	F 880	* The facility has established and maintains 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. No resident was adversely affected by this deficient practice. Certified Nursing Assistant # 6 was provided in-service education on March 15,2022,by the Director of Nursing, on the proper wearing of the face mask and proper use of good hand hygiene. Housekeeper #1 was provided in-service education on March 15, 2022 by the Administrator, on the proper wearing of a face mask. * All residents have the potential to be affected by this deficient practice. * The Administrator and the Director of Nursing completed a 100% walkthrough of the facility on March 24,2022,Observing staff to see if there are any other staff that are not in compliance with the policies and procedures of our Infection Control Standards. Certified Nursing Assistant	

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F 880	Continued From page 3 infection. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections. All personnel shall follow the hand washing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. This included hand hygiene before and after direct contact with residents, before handling clean or soiled items, after handling contaminated equipment, or contact with objects in the immediate vicinity of the resident. The facility policy titled "Influenza, Prevention and Control of Seasonal" with revised date of August 2014 review revealed that the facility follows current guidelines and recommendations for the prevention and control of seasonal influenza. Staff will perform hand hygiene frequently, including before and after all resident contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves. Hand hygiene in healthcare settings will be performed by washing with soap and water or using alcohol-based hand rubs. Supplies for hand hygiene are available throughout the facility. Gloves will be worn for any contact with potentially infectious material. Gloves will be removed after contact followed by hand hygiene. On 03/09/2022 at 09:40 AM, an observation of CNA #1 assisting a resident from shower room revealed CNA #1 with surgical mask looped around her ears and pulled down under her chin leaving her nose, and mouth uncovered. CNA #1 replaced and adjusted the resident's wheelchair and placed the footrest on the wheelchair without wearing gloves, then she moved two lifts from the	F 880	Staff in-service initiated by the DON on March 15, 2022, for River Height's staff to include Infection Control Policy and Procedures, with emphasis on Proper procedures in hand washing, and donning a surgical mask. The Certified Nursing Assistant staff will be checked off by the Director of Nursing Services on Certified Nursing Assistant competencies with an emphasis on proper procedures in wearing of masks, changing gloves, and hand hygiene on March 21, 2022 through March 24, 2022. River Height's staff received additional education on March 24, 2022 by the Director of Nursing on Infection Control Policy and Procedures, with emphasis on Proper Procedures in hand washing, and donning a surgical mask. A Directed Plan of Correction began on March 22, 2022 for all staff members which included YouTube video's QSO 19-10 dated March 11, 2019 (Clean Hands), and QSO 20-14 NH dated March 13, 2020 (Keep Covid-19 OUT!) and ended on March 25, 2022. The Root Cause Analysis templet was completed on March 25, 2022. * The Charge nurse(s) will monitor Certified Nursing Assistant staff beginning March 21, 2022 for proper donning of face masks and hand hygiene three times per week for four weeks then two time per week for four weeks, to ensure staff are compliant with infection Control Standards. The Director of Nursing will monitor all staff during daily facility rounds beginning on March 21,2022 one time a	

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F 880	Continued From page 4 shower room lining them up in hallway, she then adjusted her mask to cover her mouth leaving her nose exposed, and she moved a third lift that was already in the hallway. CNA #1 returned to the shower room, tied up a clear bag with the residents dirty clothing and carried the bag to a dirty linen barrel approximately 10 feet down the hallway, lifted the dirty linen barrel lid with bare hands deposited linens and closed the lid, then she returned to the resident and pushed the resident's wheelchair to return the resident back to her room. When CNA #1 assisted the resident into her room there was another wheelchair that CNA #1 moved to clear the way before leaving the resident in her room. The CNA exited the resident's room and continued to have her nose exposed and at no time had she utilized hand hygiene and did not wear gloves. On 03/09/2022 at 9:50 AM, an interview with CNA #1 revealed that she had received in-services related to infection control and proper use of PPE. The CNA confirmed that she should have washed her hands or used hand gel before and after resident care, after touching anything dirty, and should wear gloves when touching soiled linens or clothing. She confirmed that by not using proper hand hygiene and gloves it could cause the spread of infection. On 03/09/2022 at 10:05 AM, an observation of Housekeeper #1 revealed she was walking in the hallway with her mask below her nose. On 03/11/2022 at 1:27 PM, an interview with Housekeeper #1 revealed that she has worked at this facility about a year in housekeeping. She confirmed her mask was under her nose on 03/09/2022 when she met the Survey Agency	F 880	week for eight weeks to ensure ongoing compliance. Any adverse Findings will be reported to the facility Quality Assurance Committee for action as indicated. The Housekeeping supervisor will monitor Housekeeping staff beginning on March 21, 2022 for proper donning of Mask and Hand Hygiene three times per week for four weeks then two times per week for four weeks, to ensure staff are compliant with Infection Control Standards. A Quality Assurance meeting will be held on April 12, 2022 to evaluate the effectiveness of the Directed Plan of Correction for Event ID: DQNY11. Event ID: DQNY11 will be evaluated by the Quality Assurance Committee for a period of three months or until issue is resolved to ensure Certified Nursing Staff and Housekeeping staff are compliant with Infection Control Standards.	

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F 880	Continued From page 5 (SA) in the hallway. Housekeeper # 1 revealed she sometimes wears it that way because she has trouble breathing through the mask and sometimes the mask just slips down, she was returning from lunch when she met the SA on 03/09/2022, she has difficulty keeping the mask from slipping and sometimes wears two (2) masks. She reported that most of the time if she gets to feeling like she cannot breathe in the mask she will step outside and then remove the mask for a break, she confirmed she had been in-serviced to wear the proper PPE including the mask in the areas that the residents use. Housekeeper #1 confirmed the hallway is a common area that is used by the residents and that she should have had the mask covering her mouth and nose because of COVID. On 03/11/2022 at 3:00 PM, an interview with the Director of Nursing (DON) confirmed that the staff are to wash hands or use hand gel between resident care, when going from dirty to clean and that all staff are to wear mask covering nose and mouth while caring for residents or while in the facility unless they are working in their office, by not adhering to facility policy for PPE it could cause the spread of the virus.	F 880		