STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255280	A. BUILDING _____ B. WING _____	05/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELLIA ESTATES	1714 WHITE STREET MCCOMB, MS 39648

(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 5/6/22. The facility was found not to be in compliance with infection control regulations and the Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. During the survey, the SA cited F880 and F883. The census was 16, and the facility held a license for 30 beds.	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 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		5/31/22

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

Electronically Signed | 05/26/2022

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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 observation, staff interviews, and facility policy review, the facility failed to ensure an ice scoop was properly stored during ice distribution for one (1) of six (6) ice chests observed on the hallway. Findings include Record review of the facility's policy, "Ice Distribution", with a revision date of 8/2021, revealed " ...2 ... Do not rest the scoop on the ice ..." On 5/6/22 at 8:20 AM, the State agency (SA) observed an ice chest on F Hall and there was no ice scoop visible in the designated pouch on the side of the ice chest. On 5/6/22 at 8:57 AM, in an interview and observation on F Hall, the Administrator opened the ice chest. She and the SA observed a white 8-ounce Styrofoam cup and a brown coffee cup inside of the ice chest. Both items were resting on top of the ice. The Administrator confirmed the staff should not have left the cups in the ice chest because it is an infection control issue. On 5/6/22 at 10:30 AM, in an interview with Certified Nursing Assistant (CNA) #1, she stated the ice chest should always be closed with the ice scoop on the side of the ice chest. On 5/6/22 at 11:00 AM, in an interview with CNA #2, she stated she passes out ice and performs	F 880	On 5/6/2022, an ice scoop was placed in proper storage by the Registered Nurse (RN) Supervisor. The white Styrofoam cup and brown coffee cup was removed on 5/6/2022, by the RN Supervisor. All residents receiving ice have the potential to be affected by this practice. On 5/6/2022, an audit of ice chests was conducted by the administrator, with no other issues identified. Beginning 5/17/2022, Facility staff completed directed in-service training on Centers for Disease Control (CDC) COVID-19 Videos for LTC: Sparkling Surfaces (https://youtube/t7OH8ORr51g), Clean Hands, Closely Monitor Residents for COVID-19, Keep COVID-19 Out, and the Use of Personal Protective Equipment Correctly for COVID-19. Beginning 5/17/2022, Facility staff who pass ice have been in-serviced on the facility□s policy for passing ice by the Director of Nursing (DON), RN Supervisor and the administrator. Beginning 5/9/2022, the Director of Nurses, Administrator or RN supervisor completed rounds flow sheets weekly to ensure that infection control practices are maintained. Any observed issues were immediately corrected and documented. The Director of Nurses reviewed the	

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F 880	Continued From page 3 the care for all the residents on F Hall. She stated that the ice chest should have a bag on the outside of the chest to hold the ice scoop. The ice scoop should not be inside the chest because of contamination issues.	F 880	rounds flow sheets weekly for possible in-service training or changes to the current plan of corrections. This process will continue for four weeks and monthly for two months. The initial rounds were presented to the Quality Assurance and Improvement (QAPI) Committee on 5/25/2022. The QAPI Committee agreed to continue the current plan of correction and will meet at least quarterly to review the audits for any observed issues, corrective actions or change to current plan.	
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and	F 883		5/31/22

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F 883	Continued From page 4 (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review, the facility failed to administer an influenza (flu) and pneumonia vaccine after signed consent was obtained for one (1) of five (5) residents reviewed for flu and pneumonia immunizations. Resident #3.	F 883	The pneumonia immunization was administered to Resident #3 by the Director of Nurses (DON) on 5/20/2022. Resident #3 was assessed on 5/20/2022, by the DON, without any adverse effects noted from not receiving the pneumonia vaccine upon receiving consent from the	

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F 883	Continued From page 5 Findings include: Record review of the facility's policy, "Influenza Vaccination Program for Employees and Residents", with a revision date of 8/2021, revealed, "It is the policy of this facility to provide employees and residents with influenza vaccination every year between October and March ..." Record review of the facility's policy, "Policy for Pneumococcal Vaccination of Residents", with a revision date of 2/22, revealed, " ... If there is no prior evidence of vaccination the vaccine will be offered to the resident at that time ..." Record review of the "Influenza Information and Consent 2021-2022" revealed Resident #3 indicated, "I consent to receiving the flu vaccine when available". The form was signed by Resident #3's Responsible Party, but the date was left blank on the form. Record review of the "Pneumonia Vaccine Consent" revealed Resident #3 indicated, "I consent to have the:" but the type of pneumonia vaccine was not checked. The form was signed by Resident #3's Responsible Party, but the date was left blank on the form. Record review of the medical chart revealed no indication that Resident #3 received the flu or pneumonia immunization. On 5/6/22 at 3:42 PM, in an interview with the Director of Nursing (DON), she confirmed Resident #3 signed the consent form for the flu and pneumonia vaccine when he was admitted to the facility on 11/10/21. She verified the	F 883	Resident #3. On 5/27/2022, Resident #3 signed a declination for the Influenza Vaccine; resident stated he would wait until September 2022, to receive his Influenza Vaccine. All residents who have consented for pneumonia or flu immunizations have the potential to be affected. On 5/19/2022, the Director of Nurses was in-serviced by the Corporate QA Nurse, on the facility□'s policy for Influenza and Pneumococcal Immunizations. Beginning 5/9/2022, the Director of Nurses completed a 100% chart audit of all residents for singed consents to receive the pneumonia and influenza vaccine. The audit identified Resident #3. Each week there after the Director of Nurses will complete an audit of all new admissions to ensure signed consents for the pneumonia and influenza vaccines are administered per policy. The DON will complete weekly chart audits to observe immunizations are administered per facility policy for four weeks and monthly for two months. On 5/25/2022, the results from the initial audits and review were presented to the QAPI Committee for review. The QAPI Committee agreed to continue the current plan. Reviews from weekly audits will be presented to the QAPI Committee at least quarterly for review and follow up including any needed corrective actions or change to current plan at least quarterly.	

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F 883	Continued From page 6	F 883		

immunizations were not provided and they must have been overlooked.

On 5/6/22 at 4:15 PM, in an interview with the DON, she stated she is responsible for ensuring resident immunizations are administered when the resident signs the consent. She should have followed up to make sure resident got the immunizations in a timely manner. She is aware of the importance of residents receiving immunizations due to the risk of getting the flu and pneumonia.

On 5/6/22 at 4:44 PM, in an interview with the Administrator, she confirmed Resident #3 should have received the flu and pneumonia vaccine upon admission. It should have been given when the consents were signed.

Record review of the "Director of Nursing Orientation Checklist" revealed, " ...Monitoring Resident Records (Chart Audits) ...is listed on the checklist. The DON signed the form on 5/21/21.

Record review of Resident #3's "Face Sheet" revealed an admission date of 11/10/21, with diagnoses including Type 2 Diabetes Mellitus and Shortness of Breath.

Record review of Resident #3's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/2/22 revealed a Brief Interview for Mental Status (BIMS) score of 13 which indicated he is cognitively intact.