STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255335	A. BUILDING _____ B. WING _____	06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORREST GENERAL HOSPITAL SKILLED NURSING UNIT	6051 US HIGHWAY 49 SOUTH HATTIESBURG, MS 39401

(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 The State Survey Agency (SSA) conducted an annual recertification survey at the facility from 05/31/2022 through 06/02/2022. During the survey, the SSA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F880. The census at the time of survey was 17, with a bed capacity of 20.	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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		6/30/22

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

Electronically Signed | 06/15/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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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 observations, interviews, record review, and facility policy review, the facility staff failed to perform hand hygiene after glove removal during medication administration for one (1) of seven (7) medication administration observations. Resident #125. Findings Include: Review of the facility's policy, undated, "Section: QM-Infection Prevention and Control, Hand Hygiene, Fingernails and Gloves", revealed, "...Healthcare Workers will use waterless alcohol hand rub to clean their hands...Before donning gloves and after removing gloves...Healthcare Workers will follow these glove guidelines:...Perform hand hygiene immediately after glove removal..." On 6/1/22 at 9:35 AM, the State Agency (SA) observed Licensed Practical Nurse (LPN) #1 during medication administration for Resident #125. LPN #1 removed a topical patch from Resident #125's left knee while wearing gloves. She removed and discarded the gloves and donned a clean pair of gloves without washing or sanitizing her hands. On 6/1/22 at 9:42 AM, in an interview with LPN #1, she confirmed she should have sanitized her hands after removing her gloves and her actions was an infection control issue because she could spread infection by not washing her hands. On 06/02/22 02:06 PM, in an interview with the Director of Nursing (DON), she confirmed the nurse should have used hand sanitizer after she	F 880	- LPN #1 was educated immediately after her acknowledgement of improper hand hygiene during observation by state surveyor with a one on one in-service on 06/01/2022 by Director of Nursing (DON). Resident #125 was accessed by DON and after review on 06/01/2022 Resident #125 was found to have no negative outcome from improper hand hygiene. The Skilled Nursing Unit (SNU) Infection Prevention and Control Program and Linen policies were reviewed on 06/02/2022 by the Administrator, Director of Nursing by the Quality Assurance Performance Improvement/Quality Assessment and Assurance Committee. No additional changes or recommendations were made. - All residents have potential to be affected. - All staff was educated on hand hygiene beginning 06/03/2022 by the Infection Preventionist (IP) and a Root Cause Analysis was completed with the assistance of the Infection Preventionist, Quality Assurance Performance Improvement/Quality Assessment and Assurance Committee and a member of the governing body. All Skilled Nursing Unit Staff was educated as evidenced by a Hand-Hygiene module on Health Stream education portal, the recommended Clean-Hands Count Campaign and Clean Hands: Combat COVID-19 video per Centers for Disease	

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F 880	Continued From page 3 removed her gloves and before applying clean gloves and the nurse's actions could spread infection. On 6/2/22 at 2:15 PM, in an interview with the Administrator, she stated LPN #1 should have sanitized her hands before applying new gloves and there was potential of spreading infection. A record review of Resident #125's "Face Sheet" revealed an "Encounter Date" (Admission Date) of 5/28/22 with a medical diagnosis of Total Knee Arthroplasty Left.	F 880	Control and Prevention (CDC). Staff was able to properly do a return demonstration of the proper hand hygiene from participation in Glo Germ Gel Handwashing training beginning on 06/03/2022 and to be completed on 06/30/2022. - Director of Nursing and/or Patient Care Coordinator will monitor 10 staff weekly beginning on 06/03/2022 for proper hand hygiene procedure for 4 weeks, then monthly times 2 months. Results of the monitoring will be taken to Quality Assurance Performance Improvement/Quality Assessment and Assurance on 06/21/2022, then monthly times 2 months to review in July and August 2022 during Quality Assurance Performance Improvement/Quality Assessment and Assurance Committee. Results of audit will be reported through Infection Preventionist Committee beginning 06/21/2022 times 2 quarters.	