STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255227	A. BUILDING _____ B. WING _____	06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA REHABILITATION AND HEALTHCARE CENTER	1506 NORTH MAIN STREET COLUMBIA, MS 39429

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI) MS #18997, MS #18748, and MS #18633, at the facility from 6/13/2022 through 6/16/2022. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F880. MS #18997 was not substantiated for residents not treated with dignity and respect, verbal abuse, call bell not answered timely and cold food. MS #18748 was not substantiated for dietary services, visitation, pressures sores, rehabilitation services, resident not groomed and resident left wet for extended periods. MS #18633 was not substantiated for resident left wet and soiled for extended periods, resident not groomed, weight loss and feeding assistance. The census was 69 and the facility held a license for 108 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:	F 880		7/30/22

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

Electronically Signed | 06/29/2022

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 §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, 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	F 880		

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F 880	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review the facility failed to prevent the possible spread of infection for two (2) of seven (7) residents observed for care. Resident #12 and #26. Findings Include: A review of the facility's policy, "Hand washing/Hand Hygiene", with a revised date of 3/1/2020 revealed, "Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections ...Policy Interpretation and Implementation ...7. Use alcohol-based hand rub containing at least 62% alcohol; or alternatively soap and water for ...l. After contact with blood or bodily fluids, and after contact with objects... m. After removing gloves ..." Resident #12 On 06/14/22 at 02:54 PM, the State Agency (SA) observed Certified Nursing Assistant (CNA) #2 provide incontinent care for Resident #12. While	F 880	Preparation and submission of this plan of correction by The Columbia Rehabilitation and Healthcare Center does not constitute and admission or agreement by the provider of truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirement under the state and federal laws. F-880- Infection Prevention and Control 1. On 06/14/22, Resident #12 and Resident #26 were assessed by the Director of Nursing (DON) for any adverse reactions related to the deficient practice. No adverse reactions were found. No infections were evident or identified. Certified Nursing Assistant (CNA) #1 and #2 were in-service on Infection Control and Handwashing utilizing the Clinical	

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F 880	Continued From page 3 moving the overbed table, the wash basin and the resident's personal back scratcher fell onto the floor. CNA #2 retrieved the wash basin from the floor and placed it on the resident's bed, and then retrieved the residents personal back scratcher from the floor and placed it on the overbed table. She did not clean or sanitize the items after she retrieved them from the floor. Upon changing Resident #12's soiled brief, CNA #2 realized that she did not have a bag to discard the brief. She rolled the brief up and placed it on the right bottom side of Resident #12's bed. She left the room to retrieve a bag, leaving the soiled brief without a barrier, touching Resident #12's bedspread. CNA #2 returned to the room and applied a clean pair of gloves and discarded the soiled brief. While wearing the same contaminated gloves, she touched Resident #12's bed and television remote controls. She then removed and disposed of the contaminated gloves. On 06/14/22 at 3:10 PM, during an interview with CNA #2, she admitted that she should have sanitized the items before putting them back because the floor is dirty and can spread bacteria. She stated should have had everything she needed before beginning care. She stated that changing gloves and sanitizing her hands is important because she could have feces on her gloves. On 06/14/22 at 04:39 PM, in an interview with the Assistant Director of Nursing (ADON) stated that sanitizing objects is needed after retrieving items from the floor because there is a possibility of infection. She stated that CNA #2 should have brought a bag in the room to discard of brief and it is an infection control issue.	F 880	Performance Evaluation Checklist: Handwashing the by the DON on 6/14/22. A deep clean of Resident #12 and #26 rooms were completed by housekeeping to ensure Infection Control guidelines were met. On 6/30/2022 online training was initiated on infection control and prevention training courses offered by CDC (Centers for Disease Control) (Centers for Disease Control) related to Clean Hands and Sparkling Surfaces by Staff Development Coordinator and or Director of Nursing to include all licensed staff members. Beginning on 6/30/2022 all new hire orientation to include prevention training courses offered by CDC related to Clean hands and Infection Control to prevent any further breaches in Infection Control. 2. 61 residents that require assistance with peri care have the potential to be affected by deficient practice. 3. On 6/14/2022 an audit was completed by DON for any associated adverse reactions due to deficient practice by tracking and trending infections. No adverse reactions or associated infections were found. Root Cause Analysis (RA) completed with governing body, Administrator, Director of Nursing, Corporate Clinical Consultant, Infection Preventionist and Interdisciplinary team members on 6/29/22 resulted in a lack of education and experience due to staffing concerns turnover. Beginning on 6/30/2022 new hire orientation will include participation in training courses offered by	

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F 880	Continued From page 4 On 06/14/22 at 04:43 PM, in an interview with the Director of Nursing (DON) stated that the items should have been sanitized as well as her hands before touching anything on the bed because it can be a possible cause of infection. She stated that all of these are infection control issues to the resident. On 06/14/22 at 05:13 PM, in an interview with Registered Nurse #1/Infection Preventionist, who stated that sterile and clean surfaces should be separated from the dirty. She said that not separating clean and dirty can cause cross contamination of germs. She stated that if something is dirty or contaminated it should be discarded or sanitized. She said that the person providing care should not pick it up to use it or put it on the resident's bed because it must be discarded or sanitized. She stated that CNA #2 should have washed her hands before touching anything because it is spreading germs. A record review of Resident #12's "Admission Record" revealed the facility admitted her on 06/22/20 with diagnoses including Personal History of Urinary (Tract) Infections, Dysphagia, and Localized Edema. The record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/28/22 revealed that Resident #12 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. RESIDENT #26 On 06/14/22 at 02:26 PM, during incontinent care	F 880	CDC related to Clean Hands and Sparkling Surfaces prior to working the floor. Beginning June 14,2022 an in-service on Infection Control policy and handwashing were initiated with all staff. Licensed staff were checked off with return demonstrations on handwashing and peri care. This was conducted by Staff Development Coordinator (SDC) and Infection Control Preventionist (ICP). Education was required prior to returning to work. Beginning on 6/30/22 the new hire orientation will complete return demonstration on handwashing and peri care to monitor for compliance with Infection control. The return demonstration will be completed by Staff Development and/or Director of Nursing. Beginning 6/30/2022 current and newly hired staff will complete online training on infection control and prevention training courses offered by CDC (Centers for Disease Control) related to Clean Hands and Sparkling Surfaces during orientation. 4. A Quality Assurance Performance Improvement meeting was held with the Medical Director and the Interdisciplinary team on 6/14/22 to implement a new plan for current and new hire to ensure infection control and prevention. A Clinical Standard meeting was also held with the Interdisciplinary team on 6/29/30 to discuss any patterns and trends related to	

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F 880	Continued From page 5 with Resident #26 the SA observed CNA #1 enter the room with her supplies and applied two pairs of gloves so that she was "double gloved". While performing incontinent care CNA #1 pulled the disposable wipes from the package of wipes and placed them on Resident #26's bed with no barrier. After using the wipes that had been placed on the bed CNA #1 retrieved more wipes from the container, touching the outside of the container wearing the same contaminated gloves. After completing incontinent care, CNA #1 removed the top layer of gloves and applied the clean brief with the second layer of gloves. On 06/14/22 at 02:41 PM, in an interview with CNA #1 the SA asked her if she should have washed her hands and just used one pair of gloves. CNA #1 nodded her head yes. On 06/14/22 at 04:39 PM,in an interview with the ADON, stated that staff should not be double gloving and that they should be washing their hands. She stated that the policy is to wash hands, if not, it is a possible infection control issue. On 06/14/22 at 04:43 PM, in an interview with the DON, stated that double gloving is an infection control issue and she should have washed her hands between changing a brief and washed hands before getting out the wipes. On 06/14/22 at 05:13 PM, in an interview with the RN #1/Infection Preventionist stated staff should only wear one pair of gloves and double gloving does not replace handwashing. A record review of the "Admission Record" revealed an admission date of 02/20/20 with	F 880	infection control, none were identified. Beginning on 6/20/2022 the SDC, DON, or ICP will observe peri care and handwashing to ensure infection control is met. The weekly Clinical Standard meeting will include monitoring of deficient practice to ensure compliance for four weeks. One resident per day for 1 week, then one resident weekly for 1 month, and one resident monthly for 3 months. A report will be submitted to the Quality Assurance Performance Improvement on July 13, 2022, for review and recommendations, no new findings. DON is responsible for monitoring and compliance. Completion date 7/30/2022	

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F 880	Continued From page 6 medical diagnoses of Acquired Absence of Right Leg Above Knee and Type 2 Diabetes Mellitus. A record review of the Quarterly MDS with an ARD of 04/14/22 revealed Resident #26 had BIMS score of 3, which indicated the resident had severe cognitive impairment.	F 880		