STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255114	A. BUILDING _____ B. WING _____	06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND NURSING AND REHABILITATION CENTER	4036 HIGHWAY 8 EAST CLEVELAND, MS 38732

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey, along with a complaint, MS #18790, from 6/26/22 to 6/29/22. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated MS # 18790 and cited F880. The SA did not site any deficiencies for the annual survey. The facility is licensed for 120 beds and at the time of survey the census was 115.	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 accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880		8/11/22

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

Electronically Signed | 07/21/2022

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F 880	Continued From page 1	F 880		

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.

§483.80(f) Annual review.
The facility will conduct an annual review of its

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F 880	Continued From page 2 IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, facility policy review, and in-service record review the facility failed to prevent the potential for the spread of infection as evidenced by all staff not wearing or improperly wearing a face mask for one (1) of four (4) days of survey. Findings include: Review of the facility policy titled, "Coronavirus (COVID-19)" with a revision date of 02/22 revealed "Policy...It shall be the policy to utilize accepted infection control methods to prevent and control the spread of a respiratory illness caused by novel Coronavirus (COVID-19)..." Review of the facility policy titled "Infection Control-Personal Protective Equipment-Using Face Masks" with no revision date revealed under "Policy...Personal protective equipment, and training on the proper use of such, will be provided to all staff with direct resident contact". An observation on 06/26/22 at 03:30 PM, on entrance into the facility revealed Housekeeper # 1 sitting at a desk screening visitors and staff for COVID19 without a face mask. An interview on 6/26/22 at 03:32 PM, with Housekeeper # 1 revealed she works in both housekeeping and screening at the front entrance. An observation on 6/26/22 at 3:35 PM, revealed Housekeeper #1 leave the front desk to notify the charge nurse that the State Agency (SA) was at	F 880	1. Housekeeper #1, Licensed Practical Nurse (LPN) #1, LPN #2, and LPN #3 were in-serviced individually on 7/14/22 by the Director of Nurses (DON) on the facility's infection control policy on proper face mask usage while in the facility to minimize the risk of spread of COVID-19. 2. All residents have the potential to be affected. 3. All staff were in-serviced, beginning 7/14/22 and ending 7/20/22, by the DON, Executive Director (ED) and/or Staff Development Nurse on the facility's infection control policy on the proper use of face masks while in the facility. All staff took an online infection prevention training course entitled Keep COVID-19 Out! https://youtube/7srwrF*MGdw. The Root Cause Analysis (RCA) was completed on 7/20/22 with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body. 4. Starting on 7/14/22, the DON, Assistant Director of Nurses (ADON), and Infection Control Nurse will monitor ten staff daily for five days a week for four weeks for understanding on how to properly wear a face mask to prevent the spread of COVID-19 in the facility. Any concerns will be immediately addressed. The results of the audit will be forwarded to the Executive Director beginning on 7/22/22. The Executive Director will forward the results of the audit to the monthly QAPI Committee starting on 8/4/22 times three	

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F 880	Continued From page 3 the facility and when Housekeeper # 1 returned she was wearing a face mask. An interview on 6/26/22 at 3:45 PM, with Housekeeper # 1 confirmed she was not wearing a mask when the SA entered the building because she had taken her mask off to catch her breath. Housekeeper # 1 confirmed she is supposed to always wear a mask and she has been in-serviced on the need for all staff to wear a face mask while inside the facility. An observation on 6/26/22 at 3:55 PM, revealed Licensed Practical Nurse (LPN) # 2 and LPN # 3 with their face mask pulled down under their nose working on their South hall medication carts. An interview on 6/26/22 at 4:00 PM, with Registered Nurse (RN) # 1 confirmed it is the policy of the facility that all staff members always wear a face mask inside the facility that covers their mouth and nose to help prevent the spread of COVID19. An interview on 6/26/22 at 4:15 PM, with LPN # 2 confirmed she should have had her mask pulled up over her nose. LPN #2 revealed she had pulled it down to defog her glasses. LPN #2 revealed it is the policy of the facility that all staff members wear a mask covering their mouth and nose to prevent the spread of COVID19. An interview on 6/26/22 at 4:25 PM, with LPN # 3 confirmed she should have had her mask pulled up over her nose. She revealed she had just pulled it down to catch her breath. She confirmed that she had been in-serviced on the proper use of PPE and that all staff are to wear a mask properly to prevent the spread of COVID19.	F 880	months. The monthly QAPI committee will determine the frequency and continuation of the audits based on the results achieved and make recommendations as needed.	

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F 880	Continued From page 4 An interview on 6/28/22 at 8:00 AM, with the Administrator confirmed it is the policy of this facility that all staff always wear a mask while inside the facility to cut down on the spread of COVID19. She confirmed that LPN # 1 was the nurse that came to meet us at the front door with no mask on and she is the Staff Development nurse. She revealed that LPN # 1 informed her that she had come from her office and met us at the door with no mask. The Administrator stated, "Of all things, the Staff Development nurse did not have a mask on inside the building". An interview on 6/28/22 at 8:30 AM, with LPN # 1 confirmed she did not have a mask on when she was in the facility 6/26/22. She revealed she had entered the building to get her phone charger out of her office and was leaving when the SA arrived. She confirmed it is the policy of this facility that all staff always wear mask inside the building. She confirmed the reason for wearing a mask is to help prevent the spread of COVID19. Review of the facility in-service dated 2/11/22 and attended by all departments titled, "COVID Precautions" revealed "COVID -19 GENERAL PRECAUTIONS ... 2. Every employee is required to wear a face mask (no cloth/handmade masks) and goggles/face shield while in the facility...".	F 880		