| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 30RC | A. BUILDING: _____ B. WING _____ | 02/01/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted Complaint Investigations (CIs) MS #20360 and MS #20607 at the facility from 1/23/23 through 2/1/23. The facility was found to not be in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements at M 0030 - Administrator.<br><br>The SA identified an Immediate Jeopardy (IJ) that began on 1/2/23 when the facility failed to ensure infection control measures were implemented to prevent the development and /or transmission of a communicable disease (COVID-19) among staff and residents and the facility administration failed to ensure residents in the facility were able to attain or maintain the highest practicable physical, mental, and psychosocial well-being. The facility allowed Certified Nursing Aide (CNA) #1 who had a known positive COVID-19 test and had not met the return to work criteria to provide direct patient care to residents without suspected or confirmed COVID-19 infection. This resulted in three residents testing positive for COVID-19.<br><br>The facility's failure to ensure infection control measures were implemented to prevent the development and /or transmission of COVID-19 placed these residents and other residents and staff at risk, in a situation that was likely to cause serious harm, injury, impairment, or death.<br><br>On 1/25/23, the SA notified the Administrator of the IJs and provided the facility the IJ templates.<br><br>The IJs existed at:<br><br>Rule 45.2.1 Administrator - M0030 Level IV<br><br>The facility submitted an acceptable Removal | M 000 | | |

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| M 000 | Continued From page 1<br><br>Plan on 1/26/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ removed on 1/26/23. The SA validated the Removal Plan on 1/27/23 and determined the IJ was removed on 1/26/23, prior to exit. Therefore, the scope and severity for Rule 45.2.1 Administrator M 0030 was lowered to Level II, while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.<br><br>The census at the time of survey was 51, and the facility held a license for 60 beds. | M 000 | | |
| M 030 SS=J | 45.2.1 Administrator<br><br>Administrator. The term "administrator" shall mean a person who is delegated the responsibility for the interpretation, implementation, and proper application of policies and programs established by the governing authority and are delegated responsibility for the establishment of safe and effective administrative management, control, and operation of the services provided. The administrator may be titled manager, superintendent, director, or otherwise. The administrator shall be duly licensed by the Mississippi State Board of Nursing Home Administrators.<br><br>This Statute is not met as evidenced by:<br>Level IV<br><br>Based on interviews, record review, and facility policy review, the facility administration failed to ensure residents in the facility were able to attain | M 030 | This Plan of Correction is not an admission or to be used for any purpose other than the purpose stated herein.<br><br>1. The three residents who tested positive for COVID-19 were assessed for | 2/17/23 |

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| M 030 | Continued From page 2<br>or maintain the highest practicable physical, mental, and psychosocial well-being by failing to ensure staff who tested positive for COVID-19 were not allowed to work with residents who did not have COVID-19 infection.<br><br>The facility's administration allowed Certified Nursing Aide (CNA) #1, who tested positive for COVID-19 and had not met the return to work criteria, to provide direct patient care to residents without suspected or confirmed COVID-19 infection.<br><br>The facility's administration's failure to restrict CNA #1 from providing direct patient care to residents after she tested positive for COVID-19 placed these residents, and other residents and staff at risk, in a situation that was likely to cause serious harm, injury, impairment, or death.<br><br>The situation was determined to be an Immediate Jeopardy (IJ) that began on 01/2/23 when CNA #1 tested positive for COVID-19 and was allowed by administration to provide direct patient care to residents the same day. The facility Administrator was notified of the IJ on 01/25/23 at 12:32 PM. The facility provided an acceptable Removal Plan on 01/26/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ removed on 01/26/23.<br><br>The SA validated the Removal Plan on 01/27/23 and determined the IJ was removed on 1/26/23, prior to exit. Therefore, the scope and severity for M0030 - Administrator was lowered to Level II, while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. | M 030 | any symptoms on 01/23/23 by the Director of Nursing (DON) and Registered Nurse (RN) for COVID-19 and/or improvement in symptoms related to COVID-19. The three residents showed improvement in symptoms with no required hospitalization. Additional assessments were done on 01/23/23 of the other residents cared for by care partner #1. None showed any signs and symptoms of COVID-19 and all tested negative.<br>2. Residents cared for by care partner #1 had the potential to be affected.<br>3. Beginning 01/23/23, no employees were allowed to work who tested positive for COVID-19. In-services conducted by the Director of Nursing (DON) began on 01/25/2023 for all employees regarding the fact that if they do test positive for COVID-19, they must quarantine at home per the Centers of Disease Control (CDC) guidelines. The content of the in-service consisted of the infection control policies which were updated on 01/25/2023 and CDC guidelines for positive healthcare personnel working in a healthcare facility. As of 01/23/23 at 10:00 am, all residents were being protected by not allowing COVID-19 positive employees to work in the facility. Beginning on 12/29/22, all visitors and employees were screened for signs and/or symptoms of COVID-19 upon entrance in the building, all employees were tested twice weekly, residents were encouraged to wear masks when in common areas, social distancing of residents was encouraged when applicable, and visitors were encouraged to follow safe social distancing practices often via Remind My Customers texting | |

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| M 030 | Continued From page 3<br>Findings include:<br><br>Record review of the facility's "Administrator Job Description", dated 8/10/22, revealed, "General Purpose: To direct the day-to-day functions of the facility in accordance with current federal, state and local standards governing long-term care facilities to ensure that the highest degree of quality care can be provided to the residents at all times ...Essential Job Functions ...A. Administrative Functions Duties: ...ensure that each resident receives the necessary nursing, medical and psychological services to attain and maintain the highest possible mental and physical functional status; ...supervise and direct all facility departments and overall operations ...interpret and ensure compliance with all facility policies and procedures by all employees ...identify problems and deficiencies and develop and implement appropriate plans of action to correct deficiencies ...B. Safety and Sanitation Functions Duties: ...Ensure that all personnel ...follow established policies and procedures, including ...infection control procedures ..."<br><br>Record review of the facility's, "Director of Nursing Services Job Description", dated 6/11/21, revealed, "General Purpose: To plan, organize, develop and direct the overall operation of the Nursing Services department in accordance with current federal, state and local standards governing the facility, and as my be directed by the Administrator, to ensure that the highest degree of quality care is maintained at all times ..."<br><br>On 1/23/23 at 10:05 AM, in an interview with the Director of Nursing (DON), she stated that CNA #1 had tested positive for COVID-19 and was asymptomatic on 1/2/23 and was allowed to | M 030 | service. Effective 01/23/23, no staff will be allowed to work until they are in-serviced on the CDC guidelines and updated policies. On 01/23/23, a 100% audit was done by the Director of Nursing of all current care partner testing to ensure no other positive care partners were working. The result of the audit was that all current care partners working were COVID-19 negative. Effective 1/23/2023, Administrator will be notified immediately regarding any positive employee testing and corrective action taken at that time. Effective 1/23/2023, audits regarding employee testing will be conducted when routine testing is required by staff to ensure compliance. On 2/10/23 all staff were trained on infection control and prevention regarding CDCs Keep Covid-19 Out!, Stop Covid-19s Spread, Combat Covid-19, and Closely Monitor Residents for Covid-19 with a completion date of 2/17/2023. Root Cause Analysis (RCA) started on 1/23/2023 and completed on 2/13/2023 with the Quality Assurance and Performance Improvement committee, Governing Body, and Infection Preventionist. The findings will be discussed in our Quality Assessment and Assurance (QAA) meeting for any systemic changes needed.<br><br>4. Results of Quality Assurance & Performance Improvement will be taken to monthly Quality Assessment & Assurance (QAA) to discuss the efficacy of same and any systemic changes as needed. Monitoring continued 1/23/2023 with care partners testing twice a week while in an outbreak until 2/6/2023, when outbreak | |

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|---|---|---|---|
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| M 030 | Continued From page 4<br>continue to work that day and the following day (1/3/23) before she developed symptoms. She stated that according to the Centers for Disease Control and Prevention (CDC), CNA #1 could work since she had no symptoms. She confirmed the facility was in a COVID-19 outbreak as of 12/29/23.<br><br>On 01/23/22 at 12:15 PM, in an interview with CNA #1, she confirmed that she had a COVID-19 test during her shift on 01/02/23 and the results were positive. She said she continued to work the shift on 01/02/23 and worked her entire scheduled shift on 01/03/23 after having tested positive. She provided direct patient care to 11 residents. She developed muscle aches after 01/03/23 and did not work for a few days after that.<br><br>On 01/25/23 at 10:05 AM, in an interview with the Administrator, he revealed that he was aware of the COVID-19 outbreak at the facility on 12/29/22. He placed the facility in COVID-19 Strategies to Mitigate Healthcare Personnel Staffing Shortages, per the CDC but could not provide the SA with an exact date this occurred. The Administrator confirmed he was aware there was a CNA who was COVID-19 positive and was providing direct patient care, but he was unable to remember the exact date he was made aware. He believed it be on 01/06/23. The Administrator revealed it is the standard operating procedure for the DON to have the authority to make decisions regarding staffing ability. The Administrator commented that CNA #1, who was COVID-19 positive, did not cause any harm to the residents because none of those residents became COVID-19 positive until 01/12/23, which is outside of the 10-day window. (CNA #1 last day worked was 01/03/23 and a resident tested | M 030 | ended. All care partners will be tested as needed per CDC guidelines. The Quality Assessment & Assurance Committee meets at least quarterly or and more often as needed, the revisions will be developed and approved by the Quality Assessment & Assurance Committee to ensure the Plan of Correction is achieved and sustained. A Quality Assurance meeting was held on 1/25/2023 and 2/7/2023. The next Quality Assurance meeting is scheduled for 2/28/2023. The Quality Assurance committee includes but not limited to the Medical Director, Administrator, Administrator in Training, DON, Infection Preventionist, and at least 2 members of the facility staff. | |

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| M 030 | Continued From page 5 | M 030 | | |

positive for COVID-19 on 01/12/23, which is 9 days since residents were last exposed by CNA #1) The Administrator expressed that it is the standard operating procedure at the facility, based on the (Proper Name) philosophy, which he stated consisted of "flat leadership structure" whereby empowerment for staff is used instead of hierarchy. He stated that the DON had the authority to make decisions regarding staffing ability and anything about nursing and that she "does not have to contact me first to make those decisions for the safety of residents". The Administrator in Training (AIT) was notified of the event and was aware of the staffing contingency mitigation strategy per CDC guidelines as soon as it was activated.

On 01/26/23 at 1:53 PM, in an interview with the DON, she confirmed the chain of command consisted of the Administrator, the AIT, the DON, and Registered Nurse (RN) Supervisors. The DON revealed she made the decision and gave authorization for CNA #1 to continue to work although she had tested positive for COVID-19 because she was needed based on resident acuity, staffing needs, resident care, and the COVID-19 outbreak. The DON revealed that the facility standards operational model is a part of the (Proper Name) Program, to which the facility is certified. She stated there is a lot of empowerment and collaboration amongst the leadership team, and it is not a hierarchy. The DON then stated, "we still need to follow the chain of command with major operational issues arising." The DON stated that she consults through the chain of command and makes no major decision on her own. She said that regarding CNA #1, it was discussed with the AIT on 01/02/23, and he agreed to allow her to work because of the contingency plan, which "we

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|---|---|---|---|---|
| M 030 | Continued From page 6 | M 030 | | |

received directions from CDC on guidance to mitigate staffing shortages". The Administrator was present during a company meeting on 01/06/23 in which it was discussed that a COVID-19-positive employee was working.

On 01/26/23 at 2:30 PM, in an interview with the AIT, he revealed he was aware that the facility was in mitigation of staffing shortages that the DON advised. He discussed with the DON that a COVID-19-positive employee who was asymptomatic could be working and supported her decision. The AIT revealed that the chain of command in the facility consists of the Administrator, the AIT, and the DON. The AIT stated that the facility is part of the (Proper Name) program. The AIT revealed that the Administrator was notified during the company meeting on 01/06/23 that a staff member tested positive for COVID-19 and was allowed to work.

The facility submitted the following acceptable Removal Plan on 01/26/23:

A Certified Nursing Assistant (CNA) that was COVID-19 positive and asymptomatic was allowed to provide direct care to residents. The Facility Administrator allowed an asymptomatic COVID-19 positive Certified Nursing Assistant (CNA) to work on 01/2/23 and 01/3/23 with COVID-19 negative residents.

1. On January 25th, 2023, the Administrator and Director of Nursing (DON) were notified of two immediate jeopardy (IJ) tags. The second being tag F835 administrative stating that facility administration failed to ensure residents in the facility were able to attain or maintain the highest practicable physical, mental, and psychosocial

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|---|---|---|---|
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| M 030 | Continued From page 7 | M 030 | | |

well-being by failing to ensure staff who tested positive for COVID-19 were not allowed to work with residents who were negative for COVID-1.

2. Beginning 01/23/23, no employees were allowed to work who tested positive for COVID-19. In-services conducted by the Director of Nursing (DON) began on 01/25/2023 for all employees regarding the fact that if they do test positive for COVID-19, they must quarantine at home per the Centers of Disease Control (CDC) guidelines. The content of the in-service consisted of the infection control policies which were updated on 01/25/2023 and CDC guidelines for positive healthcare personnel working in a healthcare facility.

3. As of 01/23/23 at 10:00 am, all residents were being protected by not allowing COVID-19 positive employees to work in the facility. Beginning on 12/29/22, all visitors and employees were screened for signs and/or symptoms of COVID-19 upon entrance in the building, all employees were tested twice weekly, residents were encouraged to wear masks when in common areas, social distancing of residents was encouraged when applicable, and visitors were encouraged to follow safe social distancing practices often via Remind My Customers texting service.

4. Effective 01/23/23, no staff will be allowed to work until they are in serviced on the CDC guidelines and updated policies.

5. On 01/23/23, a 100% audit was done by the Director of Nursing of all current care partner testing to ensure no other positive care partners were working. The result of the audit was that all current care partners working were COVID-19

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|---|---|---|---|---|
| M 030 | Continued From page 8<br>negative.<br><br>6. Agenda item will be added to monthly and quarterly QA meetings to ensure knowledge of the CDC guidelines for health care personnel (HCP) returning to work if they test positive.<br><br>7. A Quality Assurance (QA) meeting was held on 01/25/23 around 2:30 pm. The Administrator, DON, Medical Director, Infection Preventionist, Administrator in Training, Registered Nurse (RN) supervisor, minimum data set (MDS) nurse, Nurse Consultant and Licensed Practical Nurse (LPN) were all present. Matters discussed during this meeting were the concern of care partner #1 working following a positive COVID-19 test, the CDC guidelines for COVID-19 positive HCP, updated policies regarding infection control as it relates to COVID-19 staff testing and guidance from the CDC on Return-to-Work Criteria for Healthcare Personnel with Covid-19 Infection or Exposure.<br><br>8. The three residents who tested positive for COVID-19 were assessed for any symptoms on 01/23/23 by the Director of Nursing (DON) and Registered Nurse (RN) for COVID-19 and/or improvement in symptoms related to COVID-19. The three residents showed improvement in symptoms with no required hospitalization. Additional assessments were done on 01/23/23 of the other residents cared for by care partner #1. None showed any signs and symptoms of COVID-19 and all tested negative.<br><br>9. The facility contends that the removal of the IJ was 1/26/23 at 3:00pm.<br><br>The State Agency (SA) validated the facility's Removal plan on 01/27/23. | M 030 | | |

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| M 030 | Continued From page 9<br><br>The SA validated through record review and interviews that the facility discussed that no employees were allowed to work who tested positive for COVID-19. In-services were conducted by the Director of Nursing (DON) that began on 01/25/2023 for all employees regarding the fact that if they do test positive for COVID-19, they must quarantine at home per the Centers of Disease Control (CDC) guidelines. The content of the in-service consisted of the infection control policies, which were updated on 1/25/2023, and CDC guidelines for positive healthcare personnel working in a healthcare facility.<br><br>The SA verified on 01/23/23 that all residents were being protected by not allowing COVID-19-positive employees to work in the facility. Beginning on 12/29/22, all visitors and employees were screened for signs and symptoms of COVID-19 upon entrance into the building, all employees were tested twice weekly, residents were encouraged to wear masks when in common areas, the social distancing of residents was encouraged when applicable, and visitors were encouraged to follow safe social distancing practices often via texting service.<br><br>The SA verified through interviews and record reviews that effective 01/23/23, staff will be allowed to work once they receive the in-service on the CDC guidelines and updated policies.<br><br>The SA verified through interviews and record reviews on 01/23/23 that a 100% audit was completed by the DON of all current care partner testing (staff) to ensure no other positive care partners were working. The result of the audit was that all current care partners working were COVID-19 negative. | M 030 | | |

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| M 030 | Continued From page 10<br><br>The SA verified through interviews and record reviews that the agenda item will be added to monthly and Quarterly QA meetings to ensure knowledge of the CDC guidelines for health care personnel (HCP) returning to work if they test positive.<br><br>The SA verified through interviews and record reviews that a Quality Assurance (QA) meeting was held on 01/25/23 around 2:30 pm. The Administrator, DON, Medical Director, Infection Preventionist, Administrator in Training, Registered Nurse (RN) supervisor, Minimum Data Set (MDS) nurse, Nurse Consultant and Licensed Practical Nurse (LPN) were all present. Matters discussed during this meeting were the concern of care partner #1 (CNA #1) working following a positive COVID-19 test, the CDC guidelines for COVID-19 positive HCP, updated policies regarding infection control as it relates to COVID-19 staff testing and guidance from the CDC on Return-to-Work Criteria for Healthcare Personnel with Covid-19 Infection or Exposure.<br><br>The SA verified through interviews and record reviews three (3) residents who tested positive for COVID-19 were assessed for any symptoms on 1/23/23 by the Director of Nursing (DON) and Registered Nurse (RN) for COVID-19 and/or improvement in symptoms related to COVID-19. The three residents showed improvement in symptoms with no required hospitalization. Additional assessments were done on 01/23/23 of the other residents cared for by care partner #1. None showed any signs and symptoms of COVID-19 and all tested negative. | M 030 | | |