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RIVER CHASE VILLAGE	**5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553**

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F 000	INITIAL COMMENTS	F 000		

A COVID-19 Focused Infection Control Survey and Complaint Investigations (CIs), MS #20360 and MS #20607, was conducted by the State Agency (SA) at the facility from 1/23/23 through 2/1/23. The facility was found to not be in compliance with infection control regulations and had not implemented 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 determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and deficiencies were cited at F835 and F880.

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.

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.

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

Electronically Signed | 02/14/2023

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F 000	Continued From page 1 On 1/25/23, the SA notified the Administrator of the IJs and provided the facility the IJ templates. The IJs existed at: CFR §483.70 Administration - F835 - Scope/Severity "J" CFR 483.80(a)(1) Infection Control - F880 - Scope/Severity "J" The facility submitted an acceptable Removal 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 CFR 483.70 Administration - F835 and CFR 483.80(a)(1) Infection Control - F880 were lowered to a "D", 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. The census at the time of survey was 51, and the facility held a license for 60 beds.	F 000		
F 835 SS=J	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced	F 835		2/17/23

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F 835	Continued From page 2 by: Based on interviews, record review, and facility policy review, 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 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. 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. 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. 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. 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 CFR 483.70 Administration was lowered to a	F 835	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. 1. 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. 2. Residents cared for by care partner #1 had the potential to be affected. 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	

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F 835	Continued From page 3 "D", 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. Findings include: 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 ..." 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	F 835	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. 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	

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F 835	Continued From page 4 ..." 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 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. 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. 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	F 835	Assurance (QAA) meeting for any systemic changes needed. 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 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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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 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

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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 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

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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 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.

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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 negative.

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.

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.

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

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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.

9. The facility contends that the removal of the IJ was 1/26/23 at 3:00pm.

The State Agency (SA) validated the facility's Removal plan on 01/27/23.

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.

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.

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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.

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.

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.

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.

The SA verified through interviews and record reviews three (3) residents who tested positive for

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F 835	Continued From page 11 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.	F 835		
F 880 SS=J	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		2/17/23

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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.

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F 880	Continued From page 13 This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure infection control measures were implemented to prevent the development and/or transmission of a communicable disease (COVID-19) among residents and staff for three (3) of 11 sampled residents. Resident #1, Resident #2, and Resident #3. The facility allowed Certified Nursing Aide (CNA) #1, with a known positive COVID-19 test, who had not met the return to work criteria, to provide direct patient care to residents without suspected or confirmed COVID-19 infection. 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. The situation was determined to be an Immediate Jeopardy (IJ) that began on 1/2/23 when CNA #1 tested positive for COVID-19 and was allowed to provide direct care to residents the same day. The facility Administrator was notified of the IJ on 1/25/23 at 12:32 PM. The facility provided an acceptable Removal 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 CFR 483.80 (a) (1) Infection Control were	F 880	This Plan of Correction is not an admission or to be used for any purpose other than the purpose stated herein. 1. 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. 2. Residents cared for by care partner #1 had the potential to be affected 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	

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F 880	Continued From page 14 lowered to a "D", 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. Findings include: Record review of the facility's policy, Coronavirus Disease 2019 (COVID-19) Emergency Operations Plan, revised July 12, 2022 revealed " ...the village (facility) follows the CDC (Centers for Disease Control and Prevention) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 ..." Record review of the CDC "Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2", updated 9/23/22, revealed, " ...This interim guidance is intended to assist with the following: 1. Determining the duration of restriction from the workplace for HCP (Health Care Personnel) with SARS-CoV-2 (COVID-19) ...Return to Work Criteria for HCP with SARS-CoV-2 Infection ...HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met: At least 7 days have passed since the date of their first positive viral test if a negative viral test is obtained with 48 hours prior to returning to work (or...if a positive test at day 5-7) ...Test-based strategy ...HCP who are not symptomatic could return to work after the following criteria are met: Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test	F 880	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. 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	

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F 880	Continued From page 15 or NAAT (molecular) ..." Record review of the CDC "Strategies to Mitigate Healthcare Personnel Staffing Shortages", updated 9/23/22, revealed, " ...Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these shortages ...certain HCP with suspected or confirmed SARS-CoV-2 infection should return to work before the full conventional Return to Work Criteria have been met under the criteria set forth below ...Allowing HCP with SARS-CoV-2 infection to return to work before meeting the conventional criteria could result in healthcare-associated SARS-CoV-2 transmission. Healthcare facilities ...should inform patients and HCP when the facility is utilizing these strategies ...describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2 if HCP with suspected or confirmed SARS-CoV-2 infection are requested to work to fulfill staffing needs ...If HCP are requested to return to work before meeting all conventional Return to Work Criteria, they should still adhere to the recommendation described below ...patients (if tolerated) should wear well-fitting source control while interacting with these HCP ...If shortages continue despite other mitigation strategies, as a last resort consider allowing HCP to work even if they have suspected or confirmed SARS-CoV-2 infection ...even if they have not met all the contingency return to work criteria...Considerations for determining which HCP should be prioritized for this option include ...Where individual HCP are in the course of their illness (e.g. viral shedding is likely to be higher earlier in the course of illness) ...Their degree of interaction with patients and other HCP in the facility. For example, are they	F 880	Assurance (QAA) meeting for any systemic changes needed. 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 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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F 880	Continued From page 16 ...providing direct patient care ...The type of patients they care for (e.g., consider patient care only with patients known or suspected to have SARS-CoV-2 infection rather than patients who are immunocompromised) ...If HCP are requested to work before meeting all criteria, they should be restricted from contact with patients who are moderately to severely immunocompromised ...and facilities should consider prioritizing their duties in the following order: If not already done, allow HCP with suspected or confirmed SARS-CoV-2 infection to perform job duties where they do not interact with others. Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for patients with confirmed SARS-CoV-2 infection ...Allow HCP with confirmed SARS-CoV-2 infection to provide direct care only for patients with suspected SARS-CoV-2 infection. As a last resort, allow HCP with confirmed SARS-CoV-2 infection to provide direct care for patients without suspected or confirmed SARS-CoV-2 infection. If this is being considered, this should be used only as a bridge to longer term strategies that do not involve care of uninfected patients by potentially infectious HCP ..." In an interview with the Director of Nursing (DON) on 1/23/23 at 10:05 AM, she stated that Certified Nurse Aide (CNA) #1 had tested positive for COVID-19 on 1/2/23 and that because she was asymptomatic, CNA #1 was allowed to continue to work that day and the following day (1/3/23). The DON referred to the Centers for Disease Control and Prevention (CDC) guidelines and stated that CNA #1 could work since she had no symptoms. The DON stated that after CNA #1 tested positive, she did not reassign her to work with actual COVID-19 positive or suspected	F 880		

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COVID-19 positive residents because they were "spread out throughout the facility" and she "wanted to keep the CNA in mostly one area and keep the continuity of care with residents." She stated that the facility was in outbreak status as of 12/29/22.

During an interview with CNA #1 on 01/23/22 at 12:15 PM, she stated that she tested positive for COVID-19 during her shift on 1/2/23. CNA #1 said that she could not remember the exact time she tested on 1/2/23, but she was allowed to go back to work because she did not have any fever or cough. She stated that she also worked the following day on 1/3/23 for her entire shift but started having muscle aches and did not work after 1/3/23 for a few days. CNA #1 confirmed that the DON gave her permission to continue to work and informed her to wear an N-95 mask while in the facility, wash her hands frequently, not to enter the break room with fellow workers, and provide care for her assigned residents.

A record review of the facility "Census List" provided by the DON with a "Census Date" of 1/2/2023 revealed a list of the assigned residents for CNA #1. There were 11 residents on the list, including Residents #1, #2, #3, #4, #5, #6, #7, #8.

A record review of the "Detail Admission/Discharge Report" with an "Effective Date From 12/1/2022 Thru 1/24/2023" revealed two (2) residents were admitted to the facility on 1/3/23.

A record review of the facility "Census List" with a "Census Date" of 1/3/23 revealed a list of the assigned residents for CNA #1. There were 13 residents on the list, including Residents #1, #2,

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#3, #4, #5, #6, #7, #8, and including the two (2) newly admitted residents.

On 01/24/23 at 11:13 AM, in an interview with Resident #7, she stated that she was not aware of staff at the facility with COVID-19 who was working with residents. She commented, "I wouldn't want them to take care of me, and I had open heart surgery". She also stated that "No one in the facility told me to wear a mask while they were taking care of me".

A record review of the "Face Sheet" for Resident #7 revealed that the facility admitted her on 02/15/21 with a diagnosis of Chronic Diastolic (Congestive) Heart Failure.

A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/25/22 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she is cognitively intact.

On 01/24/23 at 11:25 AM, in an interview with Resident #5, she stated that she was not aware that any staff had COVID-19 while working. She said, "no one told me in the facility, and no one told me to wear a mask while they were taking care of me. I mostly stay in my bed, and surely, they would not have let a staff member that was positive take care of me."

A record review of the "Face Sheet" revealed that the facility admitted Resident #5 on 02/18/21 with a diagnosis of Spastic Hemiplegic Cerebral Palsy.

A record review of the Quarterly MDS with an ARD of 10/31/22 revealed Resident #5 had a BIMS score of 15, which indicated she is

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cognitively intact.

On 01/24/23 at 11:45 AM, an interview with Resident #6 and her son, she stated that no one at the facility told her or her son that any staff had COVID-19 and was allowed to work. Resident #6's son said that there was a sign on the door that the facility was in an outbreak, but he just assumed there were residents that had COVID-19 and he didn't realize that staff was working when they had COVID-19.

A record review of the "Face Sheet" revealed that the facility admitted Resident #6 on 12/20/22 with a diagnosis of Nondisplaced Oblique Fracture Shaft of Right Femur.

A record review of the Admission MDS with an ARD of 12/27/22 revealed Resident #6 had a BIMS score of 11, which indicated she had moderate cognitive impairment.

On 1/24/23 at 12:57 PM, in an interview with CNA #1, she confirmed that the DON had conducted the COVID-19 test which had a positive result. She said the DON asked if she was okay to work and she went back to taking care of the residents. She stated that she did not place masks on the residents while she was providing direct patient care because "I would have needed to be informed by the DON to perform that task". CNA #1 said that she did inform several of her residents that she was COVID-19 positive but was unable to recall which residents she informed.

On 01/24/23 at 1:18 PM, in an interview with the Medical Director, he revealed that he was not aware that staff who had tested positive for

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COVID-19 were providing direct patient care to residents. He stated that he "hoped the facility would follow the CDC guidelines" for staff to work if they are COVID-19-positive.

On 01/24/23 at 2:55 PM, in an interview with the Administrator, he stated that he knew the facility was in a COVID-19 outbreak on 12/29/22 but was unaware that COVID-19-positive staff was providing direct resident care until 01/06/23. 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 Resident #3 tested positive for COVID-19 on 01/12/23, which is 9 days since residents were exposed to COVID-19 by CNA #1)

On 01/24/23 at 3:15 PM, an interview with the DON revealed that the facility began testing residents and staff for COVID-19 two (2) times weekly beginning 12/29/22 when the current outbreak began. The DON stated that the facility followed the CDC contingency plan to prevent a staffing crisis, which is why the CNA was allowed to work. She also confirmed that the facility received two new resident admissions on 01/03/23, which was during the time CNA #1 was allowed to work while positive for COVID-19. The DON stated that the facility utilized agency nursing and CNAs, she sent texts to staff about working additional shifts, the facility canceled transportation and re-scheduled all outside appointments, did not allow staff to take vacation time, and halted resident admissions from 01/04/2023 until 01/13/23. The DON stated she felt like the facility did everything possible, and

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"we thought we were following the CDC guidelines correctly." The DON confirmed that the facility did not notify the facility staff and residents that staff who had tested positive for COVID-19 were being utilized and were providing direct patient care. She also confirmed that she instructed CNA #1 to work with her assigned residents who were not positive for COVID-19 instead of prioritizing her to work with COVID-19 positive residents only. She did this to be "consistent of assignment and for psychosocial well-being of the residents." The DON revealed that three (3) residents tested positive for COVID-19 following CNA #1's assignment to those residents: Resident #3 tested positive for COVID-19 on 01/12/23, Resident #1 tested positive for COVID-19 on 01/18/23, and Resident #2 tested positive for COVID-19 on 01/19/23.

A record review of the "Staffing Grid" completed and provided to the SA by the DON revealed that on 1/2/23 (the date CNA #1 tested positive for COVID-19 and worked), there were six (6) CNAs, three (3) RNs, and one (1) LPN who worked on the 7 AM to 3 PM shift, for a total of ten (10) licensed/certified staff, and the facility census was 53. On 1/3/23 (the date CNA #1 worked despite a known positive COVID-19 test), there were four (4) CNAs, three (3) RNs, and one (1) LPN who worked on the 7 AM to 3 PM shift, for a total of eight (8) licensed/certified staff, and the facility census was 55.

On 01/25/23 at 10:41 AM, in an interview with the Infection Preventionist (IP) Nurse, she stated that on 12/29/22, a resident was diagnosed with COVID-19 and the facility began testing all residents and staff. The IP stated that she does not have access to staff test results because the

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DON is responsible for staff related to COVID-19 and she is responsible for residents related to COVID-19. The IP said that she was aware that CNA #1 was asymptomatic but had tested positive for COVID-19 on 01/02/23 and was allowed by the DON to remain in the building and provide direct patient care to residents. She said that the purpose of testing staff two times a week is for early detection to identify staff who have COVID-19 and to prevent the spread of COVID-19. The IP commented that if staff or residents test positive, they should quarantine and that "staff should not have worked and taken care of immunosuppressed residents" and "she (CNA #1) could have spread COVID-19 to all the residents she took care of because there is potential to spread the virus". The IP stated that the IP duties are divided between herself and the DON, and the DON monitors the staffing related to COVID-19 results.

On 1/25/23 at 11:36 AM, during an interview with Laundry #2, she stated that the facility did not inform her that there was staff working in the facility that had tested positive for COVID-19.

On 1/25/23 at 12:29 PM, during an interview with Dietary #1, she stated that she had not been notified by the facility of staff continuing to work after testing positive for COVID-19.

On 1/26/23 at 1:53 PM, in an interview with the DON, she clarified that the reason Resident #1 was tested on 01/18/23, which was not the date assigned to test all residents, was because she began showing symptoms of COVID-19 infection. The DON also confirmed that when CNA #1 tested positive for COVID-19 on 1/2/23 and was instructed to continue her current assignment with

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uninfected residents, she did not advise CNA #1 to apply masks to the residents while she was performing direct patient care to those residents.

A record review "COVID-19 Point of Care Test Results" revealed a Test Date: 1/2/23 for CNA #1 that indicated "Test Result: POSITIVE-COVID-19 Antigen was detected" and was signed by the DON as the "Person Administering Test".

A record review of "Timecard 1/1/23-1/24/23" revealed on Monday, 01/02 (01/02/2023), CNA #1 clocked in at 07:46 AM and out at 03:06 PM. On Tuesday, 01/03 (01/03/2023), CNA #1 clocked in at 07:26 AM and out at 02:43 PM.

Resident #1

A record review of the "Face Sheet" revealed that the facility admitted Resident #1 on 05/06/16 with a diagnosis of Multiple Sclerosis.

Record review of Resident #1 Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/28/22 Brief Interview for Mental Status (BIMS) score is 15 and she was cognitively intact.

Record review of the "COVID-19 Point of Care Test Results", with a Test Date of 1/18/23, revealed Resident #1 had a test result of "Positive-COVID-19 Antigen was detected".

Record review of "Physician Orders" dated 01/18/23, for Resident #1 revealed, "Initiate isolation for COVID-19 (+) (positive) elder (resident) for 10 days ..."

Resident #2

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A record review of the "Face Sheet" revealed that the facility admitted Resident #2 on 07/26/21 with a diagnosis of Chronic Obstructive Pulmonary Disease.

Record review of the Annual MDS with an ARD of 11/11/22 revealed Resident #2 had a BIMS score of 15, which indicated he was cognitively intact.

Record review of the "Census List" dated 1/19/2023, revealed Resident #2's name was highlighted, and a plus (+) signed was handwritten next to his name which indicated he had tested positive for COVID-19.

Record review of "Physician Orders" dated 01/19/23, for Resident #2 revealed, "Initiate isolation for COVID elder may discontinue after 10 days ..."

Resident #3

A record review of the "Face Sheet" revealed that the facility admitted Resident #3 on 08/17/22 with a diagnosis of Chronic Kidney Disease, Stage 5.

Record review of the Quarterly MDS with an ARD of 11/21/22, revealed Resident #3 had a BIMS score of 99, which indicated she had severe cognitive impairment.

Record review of the "Census List" dated 1/12/2023, revealed Resident #3's name was highlighted, and a plus (+) sign and "01/12" was handwritten next her name, which indicated she had tested positive for COVID-19.

Record review of the "Physician Orders" dated

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01/12/2023, for Resident #3 revealed an order to "Initiate isolation for COVID elder ...".

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 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

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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 negative.

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.

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,

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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.

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.

9. The facility contends that the removal of the IJ was 1/26/23 at 3:00pm.

The State Agency (SA) validated the facility's Removal plan on 01/27/23.

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.

The SA verified on 01/23/23 that all residents

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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.

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.

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.

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.

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

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F 880	Continued From page 29 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. 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.	F 880		