STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255280	A. BUILDING _____ B. WING _____	04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELLIA ESTATES	1714 WHITE STREET MCCOMB, MS 39648

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual survey at the facility from 4/04/23 through 4/06/23. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F888. The facility held a license for 30 beds, with a census of 24.	F 000		
F 888 SS=C	COVID-19 Vaccination of Facility Staff CFR(s): 483.80(i)(1)-(3)(i)-(x) §483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. §483.80(i)(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents: (i) Facility employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.	F 888		4/27/23

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

Electronically Signed | 04/20/2023

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F 888	Continued From page 1 §483.80(i)(2) The policies and procedures of this section do not apply to the following facility staff: (i) Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section; and (ii) Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff specified in paragraph (i)(1) of this section. §483.80(i)(3) The policies and procedures must include, at a minimum, the following components: (i) A process for ensuring all staff specified in paragraph (i)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its residents; (iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19; (iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (i)(1) of this section; (v) A process for tracking and securely	F 888		

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F 888	Continued From page 2	F 888		

documenting the COVID-19 vaccination status of any staff who have obtained any booster doses as recommended by the CDC;
(vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law;
(vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the facility has granted, an exemption from the staff COVID-19 vaccination requirements;
(viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains:
(A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and
(B) A statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications;
(ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to,

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F 888	Continued From page 3 individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19. Effective 60 Days After Publication: §483.80(i)(3)(ii) A process for ensuring that all staff specified in paragraph (i)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to follow policies and procedures which addressed a process for ensuring the implementation of additional precautions intended to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated for COVID-19. This had the potential to affect 24 of 24 residents in the facility. Findings include: A review of the facility's policy, "Coronavirus (COVID-19", revised 02/23, revealed " ... Additional Precautions: Staff who are not yet fully vaccinated, or who have been granted an exception or who have a temporary delay as recommended by the CDC (Centers for Disease Control), will adhere to additional precautions that are intended to mitigate the spread of COVID-19. These additional precautions shall include	F 888	On 4/6/2023, two employees with Covid-19 Vaccination Exemptions in place were interviewed by surveyors from the state agency neither employee was wearing a mask while working in the facility. On 4/6/2023, both employees were in-serviced by the Infection Preventionist (IP) on the facility□s Coronavirus (Covid-19) Policy. No residents have been identified to be affected by this practice. All residents have the potential to be affected by this practice. On 4/6/2023, an audit was completed by the Infection Preventionist (IP) to identify employees who had Covid-19 Exemptions in place. Two additional employees were identified. Beginning 4/6/2023, employees identified	

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F 888	Continued From page 4 wearing a facemask while in the facility regardless of the level of COVID-19 Community Transmission..." On 04/06/23 at 01:05 PM, during an interview with Director of Nursing (DON)/Infection Preventionist (IP), she stated there were four (4) facility staff who had a religious exemption for COVID-19 vaccination. She stated that staff who were not vaccinated and had an exemption were not required to do anything different than vaccinated staff. On 04/06/23 at 02:47 PM, during an interview with Dietary Staff #1, she stated she did not receive the COVID-19 vaccinations for religious reasons and the IP told her that she did not have to wear a mask anymore. She said she was never told to wear a mask since she was not vaccinated. On 04/06/23 at 03:03 PM, in an interview with the Hair Stylist and Weekend Liaison, she stated she did not get the COVID-19 vaccine due to spiritual reasons and was not told she had to do anything different because she was not vaccinated. On 04/06/23 at 03:29 PM, in an interview with the Director of Nursing (DON), she stated she did not have to do anything different with staff who are not vaccinated. She confirmed that unvaccinated staff are not tested more often than vaccinated staff. Upon review of the facility's policy, she stated the facility is not following the policy or CDC guidelines related to additional precautions and she "did not know about the policy." On 04/06/23 at 03:34 PM, during an interview with Administrator, she stated that unvaccinated	F 888	with Covid-19 Vaccination Exemptions in place completed in-service training on the facility□s policy for Coronavirus (Covid-19) by the Infection Preventionist (IP). This was completed on 4/7/2023. Beginning 4/10/2023, the Administrator will audit 3 times a week for 4 weeks then monthly for 2 months to ensure employees with Covid-19 Vaccination Exemptions in place are wearing masks while working. Any observed issues will be corrected and then forwarded to the Quality Assurance and Improvement for review and follow up including any needed corrective actions or change to the current plan at least quarterly. The next Quality Assessment and Assurance Committee Meeting will be held on 4/27/2023.	

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F 888	Continued From page 5 staff have not been wearing face masks since the county transmission rate is not high and the facility was not in outbreak status. After reviewing the facility's policy, she confirmed that the facility was not following the policy or CDC guidelines regarding additional precautions for unvaccinated staff to mitigate the spread of COVID-19.	F 888		