MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34JC	A. BUILDING: _____ B. WING _____	C 05/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	683 COUNTY HOME ROAD ELLISVILLE, MS 39437

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #20941 at the facility on 5/11/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA investigated MS #20941 for Quality of Care related to pressure sore precautions, infection control related to use of personal care wipes, Dietary Services, and Rehabilitation Services and cited no deficiencies, however, the facility was not in compliance with infection control related to the use of masks to mitigate the spread of COVID-19 and cited M1570.	M 000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.	M1570		6/21/23

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M1570	Continued From page 1 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Based on observations, record review, interviews, and facility policy review, the facility failed to ensure 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 for one (1) of four (4) kitchen observations. Record review of the facility policy titled "Novel Coronavirus Prevention and Response," with revision date 10/12/22, revealed, "Purpose: To provide facility guidelines to identify, treat, respond to, and prevent the spread of SARS-CoV-2 infections ...Source Control: Masks are required where the facility is experiencing an outbreak of COVID-19. Staff who are Unvaccinated or Not Fully Vaccinated will wear a surgical mask at all times ...." Record review of the CDC document, included with the facility infection control policies, titled "SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE), undated, revealed, " ...2. MASK ... Fit flexible band to nose bridge. Fit snug to face and below chin ..." On 5/11/23 at 9:30 AM, an observation revealed the facility had a printed notice posted on the front entrance door which stated that the facility was in a COVID-19 Outbreak. On 5/11/23 at 9:47 AM, an observation through a window in the hallway into the kitchen revealed the Cook was wearing her face mask	M1570	(1) On 5/11/23 at 9:50 AM, the cook was immediately notified that her surgical mask was being worn incorrectly by the Infection Preventionist (IP). The cook was in-serviced on proper mask usage. The IP and Assistant Director of Nurses (ADON) then observed all staff and noted to be in compliance with proper mask use. (2) All residents have the potential to be affected by the practice of improper mask use. (3) On 5/11/23, the Quality Assurance and Assessment (QAA) Committee reviewed the facility policy for Novel Coronavirus Prevention and Response and made no changes at that time. On 5/11/23, the IP began in-services for all staff on the importance of proper mask use. The in-service will continue until all employees have been in-serviced. New staff will be in-serviced on hire. On 5/17/23, the interim Dietary Manager conducted an in-service with the dietary department on the importance of proper mask use. (4) The IP or ADON will conduct two audits per week for eight weeks to ensure proper mask use. Audits began 5/12/23. Audit reports will be reviewed by the Quality Assurance Performance Improvement (QAPI) Committee on	

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M1570	Continued From page 2 inappropriately, pulled down below her nose. On 5/11/23 at 9:50 AM, in an interview with the Infection Preventionist (IP), she confirmed that the facility was in a COVID-19 outbreak and that the Cook should have her face mask secured over the bridge of her nose and was not wearing her face mask correctly. On 5/11/23 at 11:40 AM an interview with the 'interim' Certified Dietary Manager (CDM) revealed all dietary staff working in the facility were required to follow the infection control and "Novel Coronavirus Prevention and Response" policies and procedures in place at the facility. She confirmed the policies included unvaccinated workers wearing face masks at all times, while in the facility. She confirmed that wearing a face mask pulled down below the nose was not acceptable and did not follow infection control guidelines. On 5/11/23 at 2:10 PM in an interview with the Cook she stated, "I had just got finished serving and was going to wash dishes. I was still in the kitchen and my mask should have been over my nose." She confirmed that she was aware that the facility was currently in an outbreak of COVID-19 and that all staff were required to wear face masks correctly. She also confirmed that she was not vaccinated against COVID-19 and when the facility accepted her non-medical exemption, she was instructed that she would need to wear a face mask at all times while in the facility. She confirmed that she knew the correct way to wear a face mask was to have it fitted on (or over) the bridge of the nose. On 5/11/23 at 3:52 PM, in an interview the IP, she confirmed that the Cook had requested and	M1570	6/21/23 and again on 7/12/23. The QAPI Committee will make any recommendations or changes as needed to ensure compliance.	

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M1570	Continued From page 3 received a non-medical exemption from COVID-19 vaccination and was required to always wear a face mask appropriately when in the facility as a mitigation technique.	M1570		