STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255336	A. BUILDING _____ B. WING _____	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) COMPLETION DATE
F 880 SS=D	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, 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:	F 880		6/21/23

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

Electronically Signed | 06/02/2023

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F 880	Continued From page 1 (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. This REQUIREMENT 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. Findings include: Record review of the facility policy titled "Novel	F 880	(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	

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F 880	Continued From page 2 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 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"	F 880	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 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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F 880	Continued From page 3	F 880		

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 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.