STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255221	A. BUILDING _____ B. WING _____	06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HALL HEALTH CARE CENTER	101 MILLS STREET BROOKHAVEN, MS 39601

(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 re-certification survey at the facility from 6/25/23 through 06/28/23 along with Complaint Investigations (CI), MS #21086 and CI MS #21946. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F880. The SA determined the facility was in compliance for MS #21086 related to resident assessment and cited no deficiencies. The SA determined the facility was in compliance for CI MS #21946 related to Accident/Hazards. The facility was licensed for 81 beds and had a census of 72 at the time of survey.	F 000		
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	F 880		7/26/23

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

Electronically Signed | 07/17/2023

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F 880	Continued From page 1	F 880		

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:
(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

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F 880	Continued From page 2 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 observation, interviews, record review, and facility policy review, the facility failed to prevent the possible spread of infection by not placing supplies outside the residents door and by not posting appropriate signage to alert staff and visitors of necessary precautions for one (1) of two (2) residents observed for Transmission-Based Precautions (TBP). Resident #68. Findings include: Review of the facility's policy titled, "Isolation-Initiating Transmission-Based Precautions," with a revised date of January 2012, revealed "Transmission-Based Precautions will be initiated when there is reason to believe that a resident has a communicable infectious disease. Transmission-Based Precautions may include Contact Precautions, Droplet Precautions, or Airborne Precautions ... When Transmission-Based Precautions are implemented, the Infection Preventionist (or designee) shall: a. Ensure that protective equipment (i.e., gloves, gowns, mask, etc.) is maintained near the resident's room so that everyone entering the room can access what they need; b. Post the appropriate notice on the room entrance door and on the front of the resident's chart so that all personnel will be aware that they must first see a nurse to obtain additional	F 880	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. This plan of correction constitutes the facilities credible allegation of compliance. F 880 Infection Prevention and Control *No resident suffered any adverse effects from this deficient practice. No other resident residents showed any signs/symptoms of Methicillin Resistant Staphylococcus aureus infection. The facility had one other resident who was on Transmission Based Precautions with appropriate signage and Personal Protective Equipment placed at the door. Resident #68 was assessed on June 30, 2023 by Registered Nurse and displayed no complications from this deficient practice. * On June 30, 2023 Infection Preventionist was addressed per disciplinary action, by the Director of Nursing for her failure to	

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F 880	Continued From page 3 information about the situation before entering the room... d. Place necessary equipment and supplies in the room that will be needed during the period of Transmission -Based Precautions ..." On 06/25/23 at 11:22 AM, an observation of the room of Resident #68 revealed there were two red barrels in the room. There was no sign on the door for isolation nor was there any Personal Protective Equipment (PPE) near the resident's room. An interview of 6/25/23 at 11:25 AM, revealed Certified Nursing Assistant (CNA) #1 did not know why there were red barrels located inside Resident #68's room. However, the CNA stated she would check with the nurse. Within a few minutes, CNA #1 returned and stated that the nurse informed her that Resident #68 had Methicillin Resistant Staphylococcus Aureus (MRSA). On 06/25/23 at 3:13 PM, in an interview with the Infection Preventionist (IP), she revealed there two (2) residents in the facility currently on Transmission-Based Precautions (TBP). The IP confirmed that Resident #68 was diagnosed over a week ago with MRSA, however, there was no notice on the resident's door indicating that the resident was on TBP or PPE close to the resident's room for access prior to entering the resident's room. On 06/27/23 at 3:00 PM, in an interview with Director of Nursing (DON), she revealed that she was aware that Resident #68 had MRSA and there should have been a sign on the door for contact precautions, as well as PPE by the door.	F 880	ensure PPE is close to resident's room for access prior to entering the room and failure to ensure appropriate signage is placed on the door to indicate Transmission Based Precautions. On June 30, 2023 Certified Nursing Assistant #1 and Certified Nursing Assistant #2 were educated on wearing appropriate PPE and Transmission Based Precautions. Resident #68 has not shown any negative outcomes from this deficient practice. *On June 30, 2023 The Director of Nursing also educated/inserviced the Infection Preventionist on the facility's policy on Infection Control, PPE requirements, and Transmission Based Precautions. *All residents have the potential to be affected by this deficient practice. *On June 30, 2023, Nursing staff in-serviced initiated by the Director of Nursing to include Infection Control Policy and Procedures and PPE with emphasis on transmission based precautions. Licensed Nurses will be checked off on Infection Control Policy and Procedures, PPE, and Transmission based Precautions by the Director of Nursing, Assistant Director of Nursing, or the Unit Manager by July 20, 2023. Starting June 30, 2023 Residents placed on Transmission Based Precautions will be discussed in Morning Clinical Meeting to review residents and to ensure	

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F 880	Continued From page 4 The DON stated PPE is used to prevent the spread of infection to staff and other residents and the IP nurse is responsibility for making sure that the sign, as well as the PPE are made available. On 06/27/23 at 4:15, in an interview with IP nurse, she confirmed she is responsible for making sure signage is on the door and PPE is by the door. On 06/28/23 at 9:20 AM, in an interview with CNA #1, she confirmed she did not have Resident #68 on 06/25/23, however, she had provided care for Resident #68 earlier in the week without wearing PPE. She stated there was no sign on the door or PPE at the door and at the time she was assigned to the resident, she did not know the resident had MRSA. On 06/28/23 at 9:40 AM, in an interview with CNA #2, she confirmed she had provided care for Resident #68 on 06/25/23 without wearing PPE, as she was unaware that the resident had MRSA. She explained that there was no sign on the door or PPE beside the door, so she was unaware that the resident was on contact precautions and needed to wear PPE while providing care. On 06/28/23 11:59 AM, an interview and observation of Resident #68, revealed a sign on door indicating Contact Precautions and PPE beside the door. The resident stated staff are now wearing PPE when they come into her room, but earlier in the week, some staff did not wear any type of PPE while providing care. A record review of the "Face Sheet" for Resident #68, revealed an admission date of 05/19/23, with diagnoses that included Pressure Ulcer of Sacral	F 880	appropriate PPE is set up near the room and signage placed on the door. On June 30, 2023 The Assistant Director of Nursing will monitor all residents on Transmission Based Precautions 4x week x 4 weeks, then 2x week x weeks, then ongoing during walking rounds to ensure continued compliance. On June 30, 2023 The Director of Nursing will monitor residents on Transmission Based Precautions to ensure PPE is near the residents door and appropriate signage is on the door. This will be done 3x weekly x 4 weeks, then 2x weekly x 4 weeks, then an ongoing based during routine walking rounds to ensure continued compliance. The Director of Nursing will monitor staff to ensure staff is placing PPE on before entering the resident's room. This will be done 3x weekly x 4 weeks, then 2x weekly x 4 weeks, then an ongoing based during routine walking rounds to ensure continued compliance. Any adverse findings will be presented to the Quality Assurance and Performance Improvement Committee on July 25, 2023 for review and action x 8 weeks.	

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Region, stage 3 onset date of 05/26/23, Pressure ulcer of left buttock, stage 3 onset date 06/14/23 and Methicillin Resistant Staphylococcus Aureus infection, with an onset date of 06/8/23.

A record review of the "Physician's Telephone Orders," revealed an order on 6/8/23, for contact isolation related to MRSA in wound bed.

A record review of the "Laboratory Specimen Reports" for Resident #68, dated 06/07/23, revealed a Grams Stain Final report for moderate Gram-Positive Cocci and an Aerobic Culture Final report for Methicillin Resistant Staph Aureus. A "Laboratory Specimen Report dated 06/27/23, revealed a Gram Stain Final report for rare Gram-Positive Cocci, with an Aerobic Culture report pending.

A record review of the Admission Minimum Data Set (MDS) for Resident #68, with the Assessment Reference Date (ARD) of 05/26/23, revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact.