STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255292	A. BUILDING _____ B. WING _____	C 06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	**1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704**

(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 a Complaint Investigation (CI) at the facility from 6/27/23 through 6/29/23 for anonymous CI MS#21940 related to neglect, quality of care-pressure ulcer treatment and precautions, quality of care-inappropriate feeding assistance and dietary services,quality of care-improper infection control. During the investigation, the SA determined that the facility was not in compliance with the Medicare and Medicaid requirements related to quality of care-improper infection control and cited F880. The census at the time of the survey was 49 and the facility is licensed for 60.	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		7/28/23

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

Electronically Signed | 07/13/2023

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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 observations, staff interview, record review and facility policy review the facility failed to prevent the possibility of the spread of infection as evidenced by a towel that had touched the floor being used to dry a resident after a bath for one (1) of three (3) resident's bed bath's observed. Resident #3 Findings Include: Review of the facility policy titled, "General Infection Prevention and Control Nursing Policies" with last review date of 08/21 revealed "It is the policy of this facility that all nursing activities will be performed in a manner to minimize the potential for infection in resident's staff and visitors...." An observation on 6/28/23 at 9:15 AM, revealed Certified Nurse Assistant (CNA) #1 giving Resident #3 a bed bath and while she was washing the resident with a washcloth, the towel on the foot of the bed fell on the floor. CNA #1 finished washing the resident, then picked the towel up off of the floor and dried the resident's body with that towel. The CNA then removed the resident's brief, washed her bottom with a washcloth and dried her bottom with that same towel; the sacrum wound was covered in a dressing.	F 880	On 6/28/23 Director of Nursing assessed resident #3 with no negative findings noted. Certified Nurse Aide #1 re-bathed resident #3 with fresh linens and followed the infection control policy. On 6/28/23 Director of Nursing provided one on one education with Certified Nurse Aide #1 on the policy titled General infection prevention and control nursing policies and also included that anytime linen is dropped, it is replaced and fresh linen is used to bathe residents. All forty-nine residents have the potential to be affected by the deficient practice. Beginning June 28, 2023, Director of Nursing and Staff Development nurse immediately initiated in-services with Registered nurses, licensed nurses and certified nurse aides on the policy titled General Infection Prevention and control nursing policies with a revision date of 08/21 and also included that anytime linen is dropped, it is replaced and fresh linen is used to bathe residents . In-services will be ongoing until all nurses and certified nurse aides in-serviced. The facility Quality Assurance Committee meeting was held on July 11, 2023, with the committee consisting of Administrator,	

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F 880	Continued From page 3 An interview on 6/28/23 at 9:20 AM, with CNA #1 confirmed that the towel fell on the floor and should have been replaced. She revealed it should not have been used to wipe the resident down since it had touched the floor. She revealed she must have just been nervous. An interview on 6/28/23 at 1:00 PM with the Wound Nurse Practioner confirmed that a towel dropped on the floor should not be used to wipe a resident down, because there is always a possibility of spreading infection. An interview on 6/28/23 at 3:44 PM, with the Infection Preventionist revealed that a towel that had been dropped on the floor should not be used to wipe a resident down, because it could introduce any kind of pathogen or bacteria that it came in contact with from the floor and introduce it into the resident if they had an open wound. She revealed that is definitely a break in infection control. An interview on 6/29/23 at 8:30 AM, with the Director of Nurses (DON) confirmed that CNA #1 should have replaced the towel that she dropped on the floor and not used it to wipe Resident #3 down after her bath. She confirmed that using the dirty towel could cause cross contamination and infection. She revealed that all nursing staff are in-serviced on hire and annually on infection prevention and using clean linens and towels are included in that in-service and training. Review of the facility in-services revealed an Infection Prevention in-service in March 2023 that was attended by CNA #1. Record review of Resident #3's Facesheet	F 880	Director of Nursing, Medical Director via phone, Assessment Nurse, Infection Preventionist, Therapy Director, Maintenance Supervisor and Charge Nurse with General Infection prevention and control nursing policies discussed. No policy change was made to the General Infection prevention and control nursing policies. Beginning June 28, 2023, The Director of Nursing will monitor by observation on form titled “bed bath/infection control” bed baths provided by staff to residents to ensure that infection control is followed on at least five residents one time a week times four weeks then one time a month times three months or until compliance is met. The Quality Assurance Committee will address concerns identified from the reviews monthly for four months and make recommendations or changes as needed. The Quality Assurance Committee will meet July 27,2023 and then monthly thereafter for four months to review monitoring of processes and policies to ensure compliance until resolved.	

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F 880	Continued From page 4 revealed the resident was admitted to the facility on 4/12/18 with medical diagnoses that included Type 2 Diabetes Mellitus with diabetic neuropathy unspecified, Diabetes with neurological manifestations type 2 or unspecified type, uncontrolled and Pressure ulcer of sacral region, stage 4. Record review of Resident #3's Minimum Data Set with an Assessment Reference Date of 6/13/23 revealed under Section C a Brief Interview for Mental Status (BIMS) of 05, which indicates the resident is severely cognitively impaired and in Section M that the resident had an unhealed Stage 4 Pressure Ulcer.	F 880		