STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255344	A. BUILDING _____ B. WING _____	09/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUITMAN COUNTY HEALTH & REHAB LLC	350 GETWELL DRIVE MARKS, MS 38646

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at from 09/20/2021 to 09/23/2021. During the survey, the SA determined that the facility was not in compliance with the requirments of participation in Medicare and Medicaid. The SA cited F-880 infection control. The facility was licensed for 60 beds and had a census of 41 at the time of the 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 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:	F 880		11/12/21

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

Electronically Signed | 10/20/2021

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F 880	Continued From page 1 (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 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:	F 880		

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F 880	Continued From page 2 Based on observation, staff interview, facility policy review, and record review, the facility failed to perform medication administration in a manner to prevent the likelihood of the spread of infection, as evidenced by failure to disinfect a plastic tray barrier and stethoscope, and to perform hand hygiene appropriately between residents during medication administration observations for three (3) of six (6) residents observed during medication administration. Findings include: Record review of the facility policy titled "Administering Medications" revised December 2012 revealed "Medications shall be administered in a safe ...manner ... 22. Staff shall follow established facility infection control procedures (e.g. handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable." Record review of the facility policy titled "Administering Medications through an Enteral Tube" revised March 2015 revealed " ...Steps in the Procedure 1. Wash your hands ...34. Wash your hands" ..." Record review of the facilities "Infection Control Guidelines for All Nursing Procedures" revised May 2021 revealed " ... General Guidelines 3. Employees must wash their hands using antimicrobial or non-antimicrobial soap and water under the following conditions: a. Before and after direct contact with residents ....d. After removing gloves .... 4. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95%	F 880	• Nurse LPN#1 was counseled and educated on proper hand hygiene, infection control practices and reusable equipment cleaning during medication administration by the Director Of Nursing (DON) on 10/13/2021. Resident A and resident B were assessed by DON on 10/15/2021 for signs and symptoms of infection with no negative findings related to this deficient practice. All residents that received medications by LPN #1 on 9/20/2021 were assessed for signs and symptoms of infection on 10/15/2021 with no negative findings related to the deficient practice by DON. • All residents receiving medications have the potential to be affected by this deficient practice. All residents that were administered medications by LPN#1 have the potential to be affected by this deficient practice. • On 10/13/2021, the facility Quality Assurance Performance Improvement Committee including Administrator, Medical Director, Infection Control Preventionist, Director of Nursing, Charge Nurse, and Housekeeping Supervisor, was held and developed a Root Cause Analysis for infection control and hand hygiene practices. On 10/15/2021, the Administrator-In-Training updated and completed the “Infection Prevention and Control Assessment Tool for Long-term Care Facilities” per Centers for Disease Control and Prevention/Department of Health & Human Services. On 10/15/2021, the DON and Infection	

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F 880	Continued From page 3 ethanol or isopropanol for all the following situations: a. Before and after direct contact with residents; ... d. Before preparing or handling medications; ... g. After contact with a resident's intact skin; ... i. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident j. After removing gloves." On 09/20/21 at 4:30 PM, an observation of Licensed Practical Nurse (LPN) #1 administering medications to the Unsampled Resident A revealed LPN #1 did not wash her hands or use hand sanitizer before preparing medications. LPN #1 removed a plastic tray from the drawer of the medication cart and placed it on top of the medication cart. LPN #1 prepared the medications, placed the medications on the plastic tray and entered the resident's room. LPN #1 placed the plastic tray on the counter by the sink and then placed it on the bedside table without prior sanitation to either area. LPN #1 brought in a box containing a stethoscope. LPN #1 placed the box on the bed of the resident, she opened the box and removed the stethoscope. The Percutaneous Endoscopic Gastrostomy (PEG) tube placement was checked with the stethoscope by placing the stethoscope on the resident's abdomen. The stethoscope was replaced in the box and was not cleaned prior to checking placement or after returning the stethoscope to the box. The plastic tray that contained the medications and the stethoscope box were returned to the medication cart and placed on top of the medication cart. The stethoscope box and plastic tray were then placed in the medication cart drawer without being cleaned and sanitized. LPN #1 did not wash her hands or use hand sanitizer prior to	F 880	Control Preventionist began a mandatory training of all staff on the CDC Infection Control Preventionist Modules #1 Infection Prevention & Control Program that consisted of standard precautions to prevent transmission of infectious agents in healthcare settings. Proper hand hygiene techniques were gives as well as use of gloves and gowns that included donning/doffing, and #7 Hand Hygiene that included the process of cleaning your hands by using antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis to protect both staff and residents.; and the CMS YouTube video “Keep COVID-19 Out!” to be completed by 10/24/2021. After completion of Module 1 and Module 7 staff completed a test and received certificates. On 10/15/2021, mandatory in-service for all staff on appropriate infection control practices (to include hand hygiene, infection prevention and barrier use/cleaning of reusable equipment) when providing care with competency check offs was initiated by the Director of Nursing. These competencies will be completed by 10/24/2021. Nursing staff is in-serviced on date of hire, quaterly and as needed for infection control & prevention to ensure proper policy and procedures are followed to ensure no residents will be negatively affected. • The DON or Infection Control Preventionist will monitor hand hygiene, use of disposable tray and cleaning of reusable equipment/stethoscope during medication pass five (5) times a week for	

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F 880	Continued From page 4 entering the resident's room, after administering the medications, before exiting room or returning to the medication cart. On 09/20/21 at 4:50 PM an observation of LPN #1 administering medications to Unsampled Resident B revealed LPN #1 did not wash her hands or use hand sanitizer before preparing the medications. LPN #1 then entered the resident's room and administered the medications to the resident. LPN #1 did not wash her hands or use hand sanitizer after the medications were administered, before exiting room or returning to the medication cart. On 09/20/21 at 4:55 PM an observation of LPN #1 administering a medication to a resident while she was in the dining room revealed LPN #1 did not wash her hands or use hand sanitizer before preparing the medications. LPN #1 entered the dining room and administered the medication to the resident. LPN #1 did not wash her hands or use hand sanitizer after the medication was administered, before exiting the dining room or returning to the medication cart. 09/20/21 at 5:00 PM an interview with LPN #1 confirmed she did not clean the plastic tray or stethoscope after administering PEG medications to Unsampled Resident A. The interview also confirmed that she did not wash her hands or use hand sanitizer after administering the PEG medications for Unsampled Resident A, before or after administering by mouth (PO) medications to Unsampled Resident B and before or after administering PO meds to the resident in the dining room. LPN #1 confirmed that she should have cleaned the plastic tray and stethoscope box prior to using it and she should have	F 880	two (2) weeks, then one (1) time a week for four (4) weeks for compliance and document. Monitoring to begin on 10/25/2021. Disposable trays were implemented on 10/20/2021. Any issues of noncompliance with infection control practices will be addressed immediately and reviewed in weekly Quality Assurance Performance Improvement Committee meeting beginning 10/25/2021 for six (6) weeks and followed up with a Quality Assurance meeting on 11/12/2021. • Corrective actions will be completed by 11/12/2021	

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F 880	Continued From page 5	F 880		

sanitized the plastic tray and stethoscope box after the medication administration prior to placing it back in the medication cart. LPN #1 confirmed that she should have washed her hands or used hand sanitizer prior to entering and exiting the resident rooms and that her failure to do this could spread infection and germs and LPN #1 confirmed that she has had in-services related to infection control and stated, "I was just nervous."

09/20/21 at 5:25 PM, an interview with the Director of Nursing (DON) confirmed that plastic barrier trays used during medication administration should be cleaned and disinfected before and after use, stethoscopes should be cleaned and disinfected before and after use and hand hygiene should be done by staff before and after direct contact with residents.

Record review of LPN #1's COVID-19 Orientation/Infection Control dated 9/14/21 and signed and checked off by LPN #1 and the DON revealed guidance "1. Oriented to infection control procedure. 2. Proper hand hygiene performed. 3. Standard precautions orientation. 4. Location of PPE (Personal Protective Equipment)..."