STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255339	A. BUILDING _____ B. WING _____	12/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOCTAW RESIDENTIAL CENTER	135 RESIDENTIAL CENTER RD CHOCTAW, MS 39350

(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 A COVID-19 Focused Infection Control Survey was conducted by the State Agency (SA) on 12/16/10. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 and was cited F-880. The census at the time of the survey was 81.	F 000		
F 880 SS=E	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,	F 880		1/24/21

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

Electronically Signed | 01/13/2021

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F 880	Continued From page 1	F 880		

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 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.

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F 880	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to socially distance four (4) of five (5) residents sitting across from the nurse's station and ensure proper mask wearing for three (3) of six (6) residents observed out of their rooms and failed to perform proper hand hygiene and sanitizing of equipment to prevent the likelihood of the spread of COVID-19 for four (4) of seven (7) observations made during the facility tour. Findings include: A review of the facility's policy titled, "COVID -19 Prevention and Control Of", revised March 2020, revealed the facility follows current guidelines and recommendations for the prevention and control of COVID-19. This facility will follow the Center for Disease Control (CDC) recommendations to assist in the prevention of respiratory germs into the facility in relation to COVID -19. Staff will perform hand hygiene frequently, including before and after all resident contact. Review of the facility's policy titled, "Cleaning and Disinfection of Resident-Care Items and Equipment", revised July 2014, revealed, "Policy Statement, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection...Policy Interpretation and Implementation...3. Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident." Review of the facility's policy titled, "Categories of	F 880	480.30 * For resident's #1 colorful tape was placed on the floor and signs posted to remind residents and staff the residents to be spaced 6 feet apart. Resident will be reminded to keep mask in place at all times. Resident will be moved per staff if seen sitting in a group closer than recommended. Resident #2 colorful tape was placed in the area that were sitting to remind the staff and resident that they must social distance when sitting together. Sign was also posted to remind them to social distance and to wear their mask appropriately. Resident #3 colorful tape and a sign was posted to remind the staff and the resident that they must social distance when sitting in the hallway and to wear their mask appropriately at all times. Resident #4 colorful tape was placed on the floor and sign posted to remind residents and staff to social distance at all times and to wear their mask appropriately at all times. LPN #1 was given a disciplinary action on 1/12/2021 for not following appropriate infection control practices. Therapist #1 was given a disciplinary action on 1/8/2021 for not following infection control practices. CNA#1 was given a disciplinary action on 1/5/2021 related to their break in infection control practices. Housekeeper #1 was given an in service on 12/17/2020 on not taking any equipment from room to room without proper sanitization. Signage was placed throughout the facility to remind staff and residents of the need for social	

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Transmission-Based Precautions", revealed under D. Resident Transport (2) Someone who is on airborne precautions, should wear a mask when leaving the room or coming into contact with others. Under f. (2) Resident-care equipment: The policy revealed if the use of common items is unavoidable then adequately clean and disinfect them before use for another resident.

An observation, on 12/16/20 at 10:45 AM, revealed five (5) residents sitting across from the nurse's desk. Resident #1, #2, #3 and #4 were not socially distanced, sitting within one (1) to two (2) feet of each other and Resident #1 and #4 had their mask below their nose.

An observation, on 12/16/20 at 10:55 AM, revealed Licensed Practical Nurse (LPN) #1 adjusted Resident #4's mask. LPN #1 placed her fingers inside the resident's mask to pull it up and went to the nurse's desk and started writing in a notebook. She did not wash hands or use hand sanitizer.

An interview, on 12/16/20 at 11:00 AM, LPN #1 confirmed she should have washed her hands after she adjusted the resident's mask. She stated that she would use some hand sanitizer now.

An observation, on 12/16/20 at 11:10 AM, revealed Certified Nursing Assistant (CNA) #1 push Resident #6 out of his room in a wheelchair and down the hallway approximately 40 feet. Resident #6 did not have a mask on.

An interview, on 12/16/20 at 11:11 AM, with CNA #1 revealed it was her responsibility to get the

distancing and to wear mask at all times. Staff has been informed that if residents are sitting to close grouped together to immediately separate them to acceptable distances.

* All residents that sit together closer than 6 feet and do not properly wear their mask could potentially be effected by this alleged deficient practice. All residents brought out of their room with out a mask could potentially be effected by this alleged deficient practice. All resident that have the housekeeping cart taken from room to room without proper sanitization has the potential to be effected by this alleged deficient practice.

* All staff employed with the facility was given in services on handwashing, proper use of mask, cleaning of equipment between rooms and proper PPE precautions on 1/6/2021 by the Staff Development Director. All staff employed with the facility has watched training in service from CDC on Infection Control Practices and Handwashing. The CDC training began on 1/4/2021 and ended on 1/14/2021. The Administrator ensured that all staff completed the CDC training.

* A monitoring tool was developed to monitor for infection control practices to include social distancing, wearing of mask, equipment being cleaned, proper hand hygiene is being preformed, and housekeeping carts are not taken room to room. The monitor will be completed by the infection control nurse 3 times a week

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F 880	Continued From page 4 resident a mask but, that she just forgot because she was busy. An interview, on 12/16/20 at 11:15 AM, with Resident #6 revealed that he was aware that he was supposed to wear a mask when he leaves his room. He demonstrated that he had masks folded inside his wallet. An observation, on 12/16/20 at 11:35 AM, revealed Therapist #1 in resident Room 117 with a walker. He exited the room without disinfecting the walker or performing hand hygiene. He carried the walker through the facility to the two hundred hall nurse's station, obtained a pair of gloves and took the walker into Room 232. After being in the Room 232 for approximately 30 minutes, he came out and took the walker back to room 117 and leaned it up against the furniture. He then went across the hall to room 116. He stood inside the room, holding onto the door handle, and talked to the resident. Therapist #1 then went back to room 117. Therapist #1 did not use hand sanitizer between resident rooms. An observation, on 12/20/20 at 11:50 AM, revealed Housekeeper #1 pushed her housekeeping cart inside Room 118. After cleaning in Room 118, she pushed the cart into Room 116 to clean the room. Housekeeper #1 did not disinfect the cart between rooms. An interview, on 12/16/20 at 2:45 PM, with Therapist #1, revealed that all equipment was to be disinfected between each resident. He stated he should disinfect any equipment taken in a room even if not used. Therapist #1 stated that he knew to use good hand hygiene and to disinfect the walker but he just did not.	F 880	for 4 weeks, 2 times a week for 4 weeks, 1 time a week for 4 weeks and then monthly for 4 months and will be submitted to the Director of Nursing or Assistant Director of Nursing weekly. The Director of Nursing/Assistant Director or Nursing shall report the findings of the monitoring of infection control practices monthly for 3 months and then quarterly at the Quality Improvement/Performance Improvement meetings to determine if staff is following infection control practices or if any changes of monitoring needs addressing. At the QA meetings it will be discussed and determined if the correct infection control practices are being maintained and if not corrective actions will be put into place by the Director of Nursing or Assistant Director of Nursing.	

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F 880	Continued From page 5 An interview, on 12/16/20 at 3:15 PM, with Gay Flake the Administrator (ADM), confirmed the staff should make sure residents are properly wearing their masks or encourage them to. She stated that the residents should be socially distanced to help prevent the spread of the virus. The ADM stated that she spoke with Housekeeper #1 concerning taking the housekeeping cart into the resident's rooms. She stated that she has seen carts sitting in the hallway but, Housekeeper #1 confirmed she took the cart in the rooms. The ADM stated that they know better than that. The ADM stated that therapy knew they should follow hand hygiene and sanitize equipment between resident rooms and should only take what they need into each room. She stated that they were going to have to do more in-service education and staff monitoring. Record review of "New Employee Orientation", dated 10/19/20, revealed that CNA #1 had received training on "Infection Control in Long-Term Care, Protect Your Residents, Protect Yourself" and COVID-19 to include the proper use of face masks. Record review of "INSERVICE TRAINING, Topic: COVID -19, Cleaning, Infection Control, Handwashing", dated 9/26/20, revealed that PT #1, and Housekeeping #1 attended.	F 880		