STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255140	A. BUILDING _____ B. WING _____	09/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD VICKSBURG, MS 39180

(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 Centers for Medicare & Medicaid Services (CMS) on September 8-9, 2020. The facility was not in substantial compliance with Medicare regulations at 42CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. The following deficiencies resulted in the facility's non-compliance for failure to follow the CMS and Centers for Disease Control and Prevention (CDC) recommended practices, during a COVID-19 pandemic. The census was 83.	F 000		
F 880 SS=F	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;	F 880		10/8/20

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

Electronically Signed | 10/02/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 §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 transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §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, staff interviews, and the facility protocol entitled, "COVID-19: Screening Checklist - for Visitors and Staff," the facility failed to screen accordingly one (1) of one (1) visitor, who entered the facility and had potential access to 83 of 83 residents, and facility staff. The failure occurred during a COVID-19 pandemic. The findings include: During a concurrent observation and interview on 09/08/2020 at 3:29 p.m., Hospitality Aide (HA) #1 allowed visitor access into the building, and did not screen according to the facility's protocol. Review of the facility screening protocol revealed, the HA was supposed to screen if the visitor had worked in facilities or locations with recognized COVID-19 cases. The HA stated, "It was an oversight on my part." The HA acknowledged an awareness of the COVID-19 pandemic and the importance of screening accordingly. During an interview on 09/08/2020 at 3:35 p.m., the Director of Nursing stated she expected each question to be asked per the COVID-19 screening protocol. Review of the facility records provided by the facility, revealed, there were four (4) residents confirmed positive for COVID-19. Review of the facility's protocol revealed, several screening questions were to be completed by the	F 880	Preparation and submission of this plan of correction by Bluffs Rehabilitation and Healthcare Center, Vicksburg MS does not constitute and an admission of agreement by the provider of the truth or facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is submitted and prepared solely pursuant to the requirements under federal and state laws. F880 F Infection Prevention and Control Hospitality Aide/Door Screener one(1)was observed to be in violation of the facility□s policy on COVID-19 Screening Checklist for Visitors and Staff and was immediately in-serviced by Director of nurses on September 8,2020 and followed up again on September 9,2020 on Screening Visitors and Staff who enter the facility by asking each question on screening form in entirely including question 3B which read, Ask if they have worked in facilities or locations with recognized COVID-19 cases? If yes, ask if they worked with person(s) with confirmed COVID-19? 83 residents in the facility at the time of survey September 8,2020. There were four(4)COVID positive residents in addition to thirty-five(35)past positive.	

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F 880	Continued From page 3 screener; to include question 3B which read, "...Ask if they have worked in facilities or locations with recognized COVID-19 cases? If yes, ask if they worked with a person(s) with confirmed COVID-19?..."	F 880	In-services with return demonstration were started immediately on Facility COVID-19 Screening process including Stopping Visitors who enter facility by use of complete Screen Checklist, asking all questions, reporting symptoms, ensure visitors use proper hand hygiene/donning and doffing of personal protective equipment/ wearing of mask by DON/SDC, and or ICP until all door screeners are in-serviced. The viewing of the Centers for Disease Control Modules 1 on Infection Prevention and Control Programs and Module 4 on Infection Surveillance were initiated on September 29,2020 and will be ongoing until all staff complete both modules and obtain certificates of completion. Modules Completion date October8, 2020. Facility Quality Assurance Performance Improvement Committee completed Root Cause Analysis on the suggested Long-Term Care Facility-Infection Control self-assessment, findings were completed on September 30, 2020. On September 30, 2020, a Quality Assurance Performance Improvement Committee was held to review the Root Cause Analysis and the Facility Infection Control self-assessment findings. The committee also reviewed/adopted/implemented a new facility policy entitled, Infection Control Program Oversight and Coordination on September 30,2020. The new policy requires the Medical Director, Director of Nursing and Infection Preventionist to be available to answer questions from staff and staff will be in serviced on this policy	

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F 880	Continued From page 4	F 880	by October 8, 2020. The Quality Assurance Performance Improvement Committee meeting held on September 30, 2020 was attended by the Medical Director, Director of Nursing, Staff Development Coordinator, Administrator, and Infection Preventionist. A plan for facility monitoring of compliance with infection control prevention and surveillance was created and implemented. Beginning September 9, 2020, the Director of Nursing or the Infection Preventionist will monitor Visitor Screening Process to include Questions, personal protective equipment, and hand hygiene by observing five (5) facility visitors/staff two (2) times a week for four (4) weeks, then one (1) time a week for four (4) weeks, then monthly thereafter for three (3) months. A report will be submitted to the Quality Assurance Performance Committee monthly by the Infection Preventionist for further recommendations. Any changes and revisions deemed necessary after review for monitoring/compliance will be initiated through the Quality Assurance Performance Improvement Committee.	