

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER CLINTON HEALTHCARE LLC - SNF		STREET ADDRESS, CITY, STATE, ZIP 1251 PINEHAVEN ROAD CLINTON, MS 39056	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a proper infection control program related to not wearing a face mask properly for one (1) of four (4) tours of the facility. Findings include: On 08/03/2020 at 11:20 AM, Housekeeping Staff #1 was observed to pull his face mask below his chin while talking with this surveyor in the hallway outside of Resident #1's room. During the interview, Housekeeping Staff #1 stated that he had been in-serviced on wearing a face mask and COVID-19. Housekeeping Staff #1 was observed to repeatedly pull his mask up and down at least three (3) more times while stating, She tells me all the time to keep my mask on. I don't pull my mask down; it stays right here. During an interview, on 08/03/2020 at 11:15 AM, with Resident #1 at the doorway to his room, he stated that the staff sometimes pull their mask away from their faces while in the hallway. Resident #1 was sitting in his doorway while this surveyor was talking with Housekeeping Staff #1 and he stated, that's what I mean. During an interview, with Registered Nurse #1 (RN #1), on 08/03/2020 at 11:25 AM, she revealed that all staff had been in-serviced on wearing face masks, were reminded frequently to wear them, and if they felt the need to take them off, they should go outside. On 08/03/2020 at 12:50 PM, in an interview with Licensed Practical Nurse (LPN) #1, he stated that all staff had been in-serviced on face masks to include proper don/doff procedures, that the mask should always be worn and that it should cover the nose and mouth. He stated staff should keep their hands off their face as much as possible and if they do touch their mask, they should wash their hands immediately. LPN #1 stated, We want to prevent droplets from becoming airborne to prevent the spread of infection to others. COVID-19 is easy to spread. If you touch your face and touch a doorknob or other high touch surface, then somebody else has it. During an interview, with Housekeeping Staff #2, on 08/03/2020 at 1:07 PM, she stated, I have in-serviced all my staff on the Emergency Response Plan. I remind my staff constantly about wearing masks and handwashing. This COVID is nothing to play around with, it's serious. Record review of the facility's In-service titled, COVID-19 Education, presented by Housekeeping Staff #2 on 04/24/2020, revealed Housekeeping Staff #1 was in attendance. Record review of the facility's In-service titled, How to Properly Don A PPE Mask, presented by LPN #1 on 04/07/2020, revealed Housekeeping Staff #1 attended. A review of the facility's Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) policy, not dated, revealed: It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and a Epidemiologic Risk for COVID-19 and adhere to Federal and State/local recommendations (to include, for example, Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection). Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.