

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER MYRTLES NURSING CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1018 ALBERTA AVENUE COLUMBIA, MS 39429	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interviews, facility policy reviews and record reviews, the facility failed to prevent the spread of infection, as evidenced by, the Housekeeping staff wearing gloves in the hallway and not wearing disposable gowns on the COVID-19 Observation Unit, for one (1) of fifteen (15) residents, Resident # 1. Finding Include: A review of the facility's, Housekeeping Infection Control, revision date 11/18, revealed, step one (1), wash hands with soap and water and put on Personal Protective Equipment (PPE) prior to entering a room. Step two (2), remove PPE and place in trash bag prior to leaving the room. Wash your hands with soap and water. On 9/21/2020 at 1:35 PM an observation, of the Observation Unit, with the Director of Nursing (DON) revealed housekeeping in the hallway with gloves on and no disposable gown on. Observation revealed that housekeeping came to the cart to get a cleaning item off the housekeeping cart and went into Resident # 1 room to continue cleaning wearing the same gloves. On 9/21/2020 at 2:15 PM in an interview with Housekeeping # 1, stated I started working here two (2) weeks ago, and I watched videos and had in-services on Infection Control before I started. We are not supposed to wear gloves in the hall. We are supposed to take them off before we enter the hall. Usually, I take gloves off. I was nervous today. I don't know what I was thinking. I have been told not to wear gloves in the hall. That was also on the videos I watched. Wearing gloves in the hallway can cause contamination and spread infection. I forgot to put a gown on. I use a gown to not spread infection in observation unit. I should have put a gown on before entering the resident's room, but I forgot to put the gown on. On 9/21/2020 at 11:00 AM in an interview with the Director of Nursing (DON) she stated the observation unit, is for residents who have completed 14 days in the COVID-19-unit, new admissions, residents discharged from the hospital, residents that leave the facility for medical appointments, [MEDICAL TREATMENT] residents and residents that are seen in the emergency room. There are fifteen (15) residents on observation unit. If a resident in the facility develops signs and symptoms of COVID-19 we notify Nurse Practitioner (NP) and move resident to the observation unit. PPE is available on the observation unit, as well as entrance of the unit. On 9/21/2020 at 2:26 PM in an interview with DON she stated she had noticed Housekeeping #1 did not have a gown on. DON stated housekeeping wearing gloves in the hallway and not having on a gown on the observation unit, can cause cross contamination and can cause infection to spread. The DON stated that Housekeeping #1 had watched videos on Infection Control. On 9/21/2020 at 2:35 PM in an interview with DON stated Resident #1 was positive for COVID-19 on 8/28/2020. Resident #1 was moved to the observation unit on 9/18/2020 due to the Resident #1 going out of the facility to [MEDICAL TREATMENT] three (3) days a week. A review of Housekeeping #1 orientation checklist revealed orientation video on Infection Control was signed by Housekeeping #1 on 9/7/2020. A review of the in-services revealed the last in-service was done on 9/4/20 on Infection Control Proper use of mask and PPE. A review of the sign in sheets from in-service revealed they are done monthly. A review of Resident #1 face sheet revealed a [DIAGNOSES REDACTED].</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.