

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>255288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKE SIDE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>191 HIGHWAY 511 EAST QUITMAN, MS 39355</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, staff interview, and facility policy review, the facility failed to prevent the likelihood of the spread of Coronavirus (COVID-19) and other infectious diseases as evidenced by the lack of proper Personal Protective Equipment (PPE) use for one (1) of two (2) dietary tours and the lack of proper hand hygiene measures one (1) of two (2) facility tours. Findings include: Review of the facility's Coronavirus (COVID-19) Precaution Plan policy, revealed, the Center COVID-19 Response Team has been activated and will utilize this COVID-19 guidance to minimize/prevent an outbreak in the Center. Healthcare providers working in facilities located in areas with moderate to substantial community transmission: wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. Review of the facility's policy titled, Hand Hygiene, revealed, handwashing/hand hygiene shall be regarded by this Center as a means of preventing the spread of infections. An observation in the dietary department, on 09/08/2020 at 7:15 PM, revealed, Dietary Staff #1 cleaning dishes and placing them in the sink. She was not wearing face or eye protection. When Dietary Staff #1 noticed this surveyor observing her, she removed a surgical grade mask from her pocket and put it on. During an interview, on 09/08/2020 at 7:17 PM, Dietary Staff #1 removed her mask to speak to this surveyor and stated, that she was a big girl and has trouble breathing with a mask on. She stated that she had asthma when she was a child and used to use an inhaler. She stated, when working in the dietary department, she should be wearing a surgical mask and if she goes out on the floor, she should wear an N-95 mask. Dietary Staff #1 confirmed she should be wearing a mask all the time to prevent the spread of germs. An observation, on 09/08/2020 at 7:15 PM, revealed, Dietary Staff #2 at the sink in the dietary department washing dishes with no face or eye protection on. An observation, on 09/08/2020 at 7:18 PM, revealed, Dietary Staff #2 standing at an opened refrigerator, reaching in and moving items around. Dietary Staff #2 was not wearing any face or eye protection. An interview, on 09/08/2020 at 7:19 PM, with Dietary Staff #2, confirmed she should be wearing a mask. She stated that she has trouble breathing with it on. She stated she should go in the office and take it off for a break. She confirmed she was not in the office and stated, My bad. Dietary #2 stated that not wearing mask could cause her or others to get infected. An observation, on 09/08/2020 at 7:25 PM, revealed, Certified Nursing Assistant (CNA) #1 push a wheelchair bound resident to room [ROOM NUMBER]. She then walked across the hallway to the doorway of room [ROOM NUMBER] and put a glove on her right hand. CNA #1 then went to the soiled closet, got a linen and garbage container, and then got a pink pad from the clean linen and took it into room [ROOM NUMBER]. She exited room [ROOM NUMBER] and placed gloves in the trash can. She then proceeded to get a clean gown and enter room [ROOM NUMBER]. CNA #1 placed the gown on the overbed table in room [ROOM NUMBER] and assisted the resident, then picked up the gown and took it into Room # 9. CNA #1 did not wash her hands or use hand sanitizer at any time during this period of time. An interview, on 09/08/2020 at 7:30 PM with CNA #1, confirmed she should have washed her hands or used hand sanitizer when leaving resident rooms and when removing gloves. She stated that she took the gown into room [ROOM NUMBER]. CNA #1 confirmed that taking things from one room to another could spread germs. She stated she usually uses hand sanitizer all the time but doesn't know why she didn't tonight. An interview, on 09/08/2020 at 7:45 PM, with the Administrator (ADM), revealed, all staff should be wearing N-95 masks and goggles or face shield to protect themselves from each other and to protect the residents. An interview, on 09/09/2020 at 9:20 AM, with Dietary Staff #3, the Director of Culinary Services, revealed, all dietary staff should be wearing a N-95 mask and goggles or a face shield at all times. She stated this was to protect the residents and the employees, and not spread [MEDICAL CONDITION] and cause illness. She stated her staff had attended meetings to be informed of Personal Protective Equipment (PPE) to wear and have been informed when changes were made. An interview, on 09/09/2020 at 1:30 PM, with the Administrator (ADM), revealed, she felt the staff had no excuse for not wearing proper PPE and they knew to wash their hands or use hand sanitizer between each resident contact. She stated they had done so well but, felt the staff had gotten lax. She stated they were going to have to come up with a way to monitor them better. Review of the facility's in-service records, revealed, CNA #1 had received education regarding COVID Update/ Infection Control on 08/20/2020. This education included handwashing instructions for before and after resident or resident belongings contact. Review of the facility's in-service records, revealed, Dietary Staff #1 and #2 received education regarding proper PPE on 08/20/2020 and 08/27/2020.</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.