STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255278	A. BUILDING _____ B. WING _____	08/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILLCREST NURSING CENTER, LLC	**1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111**

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 -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews, record reviews and facility policy review, the facility failed to follow the COVID-19 Infection Control Guidance to prevent the spread of the COVID-19 virus, as evidenced by, the facility ' s failure to change disposable gowns when going between COVID-19 positive residents' room, to residents' rooms who were pending and/or negative for COVID-19, failure to remove gloves and wash hands before exiting resident rooms, and failure to separate COVID-19 positive residents from COVID-19 pending residents and COVID-19 negative residents, which potentially affected all residents in the facility and likely led to the death of 18 of 91 residents, who had not been outside the facility, Resident #9, #12, #13, # 14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, # 27 and #28. The State Agency (SA) identified an Immediate Jeopardy (IJ) on [DATE], and determined the IJ existed on [DATE], when the facility had eight (8) deaths related to COVID-19 and 74 positive residents for COVID-19. The facility had a total of 18 deaths related to COVID-19 and a total of 91 residents positive for COVID-19 on [DATE]. Prior to all the residents' deaths, none had been hospitalized or left the facility prior to their [DIAGNOSES REDACTED]. The IJ existed at: 42 CFR(s): 483.80(a)(1)(2)(4)(f)-Infection Prevention and Control (F880) The facility submitted an acceptable Removal Plan on [DATE], in which the facility alleged all corrective actions were completed and the IJ removed on [DATE]. The State Agency (SA) validated the facility's Removal Plan and the IJ was determined to be removed on [DATE] prior to exit. Therefore, the scope and severity for 42 CFR(s): 483.80(a)(1)(2)(4)(a)(f)-Infection Prevention and Control (F880), was lowered from a L to a scope and severity of a F while the facility develops and implements a plan of correction and monitors the effectiveness of the systematic changes to ensure the facility sustains compliance with the regulatory requirements. Findings include: A review of the facility's, Infection Prevention and Control Program policy, dated ,[DATE], revealed, the facility had developed and maintained an infection prevention and control program that provided a safe, sanitary and comfortable environment to help prevent the development and transmission of infection. Review of the facility's, Emergency Preparedness-Emerging Infectious Disease or Infectious Disease policy, with a revision date of ,[DATE], revealed, the facility would implement appropriate infection control policies and procedures in order to protect the health and safety of residents and staff. A review of the facility's, Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) policy, with a revision date of ,[DATE], revealed: It is the policy of the facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to Transmission-Based Precautions, including the use of eye protection. Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and to adhere to requirements. The policy further revealed, if co-horting must occur, co-hort positive with positive, and co-hort pending with pending. Review of the facility's Removing Personal Protective Equipment PPE policy, dated ,[DATE], revealed, disposable gowns, mask, gloves etc., should be used and discarded in either the trash or used linen receptacle before you are leaving the resident's room. A record review of the COVID-19 testing census, dated [DATE], revealed Resident # 1 was negative for COVID-19, and she was in the room with Resident #2 whose was positive for COVID -19. On [DATE] at 11:30 AM, in an interview with Registered Nurse (RN) #1/Nurse Case Manager, revealed, she stated, in the beginning they tried to group all positive residents together. RN #1 stated they now have some positive and negative residents in the same room. She stated they were told to treat everybody as if they were positive. RN #1 revealed management told them to treat everybody as if they were positive. On [DATE] at approximately 11:35 AM, in an interview with the Administrator, he revealed the facility had 74 residents positive for COVID-19, and they did not have a separate COVID-19 unit. On [DATE], at approximately 11:45 AM, the State Agency (SA) made observations of the West Hall with Registered Nurse (RN) #1/Nurse Case Manager, which revealed, Certified Nursing Assistant (CNA) #1, exited Resident #1's room with gloves on to get a black bag. Wearing the same gloves, she went back into the room to get the resident's lunch tray. CNA #1 put the lunch tray in the bag, took the gloves off, washed her hands and exited the room with the bag. On [DATE] at 1:24 PM, during an interview with CNA #1, she revealed, that she came out of the room into the hallway to get a bag for the lunch tray. She stated, she had just put the gloves on, went to get the bag so that she could put the tray in it. CNA #1 stated when she put the gloves on, she walked right back out to get the garbage bag for the trays. she stated when she got back in the room, she took them off and put them in the garbage bag. CNA #1 stated she forgot to take gloves off. She stated she haven't had an in-service since COVID-19 has been going on. CNA #1 revealed, she knew that they are supposed to follow infection control rules. A review of the facility's sign sheets for in-services on Infection Control, revealed, CNA #1 was in attendance on [DATE], [DATE] and [DATE]. During an interview, on [DATE] at 1:40 PM, with Licensed Practical Nurse (LPN) #1, Infection Control Nurse (ICN), with CNA #1 present, LPN #1 stated, staff was not supposed to wear gloves in the hall and that it was an infection control issue. She stated that she does in-services on Infection Control weekly. LPN #1 stated they have not had an in-service in the last week, due to she had to work on the floor. She stated that she stays over to in-service all shifts. On [DATE] at 3:45 PM, in an interview with the Administrator, he revealed Resident #1's pending results came in Sunday night ([DATE]). The Administrator stated he was just reviewing them when he was told the Mississippi State Department of Health (MSDH) was at the facility for an Infection Control Survey. He stated he was looking at them (results) to see where they were going to move Resident #1. The Administrator stated he was going to move Resident #1 today. He stated Resident #1 not being moved and not being moved quickly, could cause her to get COVID-19. He stated the facility had 74 positive residents in the building and had five (5) residents in the hospital with COVID-19, and one resident hospitalized for [REDACTED].#2, she revealed that they were told to treat all residents as if they were positive. She stated that she didn't know which resident rooms were positive, negative or pending. She stated, I guess I should change gowns when I go from a positive room to a negative or pending room. I do not have a list to know who is positive or negative. I have not been told who is positive, negative or pending. There is nothing on the door telling me who is positive, negative or pending. During an interview, on [DATE] at 4:30 PM, with CNA #3, revealed, she was told to treat everybody as if they were positive. She stated she changed her gown, but sometimes she would forget. CNA #3 stated that she did not know which residents were positive, negative or pending for COVID-19. She stated there was nothing on the door to tell them if the residents were positive, negative or pending. On [DATE] at 5:00 PM, an interview with the Administrator, revealed, Resident #1 had been moved to another room. Review of the facility's in-service sign sheets revealed CNA #2, CNA #3 and RN #5 were in attendance on [DATE] for an in-service related to staff wearing PPE. A review of the facility's sign sheet, for an in-service on Infection Control practices, dated [DATE], revealed CNA #2 was in attendance. Review of the facility's sign sheet, for an in-service on Infection Control, dated [DATE], revealed, the Administrator and DON was in attendance. On [DATE] at 9:45 AM, during an observation, Housekeeping Staff (HS) #1 was observed in the doorway of Resident #34's room. HS #1 went back into Resident #34's room and started cleaning and mopping. She placed a wet floor sign in Resident #34's room, left out and went into Resident #31's room and begin cleaning, HS #1 did not change gowns between the two rooms. On [DATE] at 10:48 AM, during an interview with HS #1, she revealed, that she was not told to change disposable gowns between rooms. She revealed of not being told which

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255278	A. BUILDING _____ B. WING _____	08/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILLCREST NURSING CENTER, LLC	1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111

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 -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 1) residents were positive, negative or pending for COVID-19. She stated there was not anything on the residents' door to tell her the resident's status. During an observation, on [DATE] at 10:05 AM, LPN #2 went into Resident #9's room and administered medications. While in the room, she assisted the resident and leaned over to fix the covers on the bed. LPN #2 took her gloves off and sanitized her hands at the medication cart. Upon hearing a beeping noise in the hallway, she went into the room occupied by Resident #3 and #4 room, then into the room occupied by Resident #5 and #6, then into Residents #1 and #2's room, and finally into Residents #7 and #8's room, where she discovered a feeding pump beeping. She stopped the pump from beeping, washed her hands and returned to the cart. LPN #2 did not change gowns between any of the rooms she entered and exited. On [DATE] at 10:15 AM, in an interview with LPN #1 Infection Control Nurse, she revealed, that she tries to in-service all newly hired staff prior to them working the floor. She stated they also must watch an 8-hour video in-service on policy and rules. On [DATE] at 10:57 AM, in an interview LPN #2, she revealed, that she didn't know who was positive, negative or pending. LPN #2 stated she was not told to change gowns when entering positive, negative and pending rooms. She stated she was told if she left the unit, take off PPE and put clean PPE on when returning. LPN #2 revealed, today was literally her first day back working at the facility. She stated she used to work there before and have not had any in-service prior to starting today. LPN #2 stated they told her to treat everybody as if they were positive. During an interview, on [DATE] at 11:22 AM, RN #3 stated, the last in-service on Infection Control was done last week. She stated they have in-services weekly. On [DATE] at 9:51 AM, during a phone interview with the Medical Director (MD), he revealed that he attended all Quality Assurance (QA) meetings. The MD revealed he had no concerns related to residents and COVID-19. The MD stated he was diagnosed with [REDACTED]. He stated he did not remember any Infection Control issues. The MD stated he communicated with the facility by phone in most of July, when he tested COVID-19 positive. During an interview, on [DATE] at 11:30 AM, the DON revealed, she did not have all death certificates at this time. She stated the eighteen resident deaths had been due toCOVID-19. A review of the COVID-19 death report from the facility revealed they had eighteen (18) related to COVID-19. A review of the COVID-19 lab results for Residents #9, Residents #12, and Resident # 28 revealed they tested positive for COVID-19, while not leaving the facility and residing at the facility. A review of the death certificates for Residents #9, Resident #12, Resident #13, Resident #14, Resident #15 and Resident #16 revealed their deaths were caused by COVID-19. Resident #18, Resident #21 and Resident #26's death certificates revealed the cause of death was COVID-19. A review of the Quality Assurance (QA) meeting, dated [DATE], revealed, Infection Control was discussed. A review of the QA meeting, dated [DATE], revealed, COVID-19 was discussed. Review of the QA meeting dated [DATE] revealed, Infection Control and COVID-19 was discussed. A review of the QA meeting notes, dated [DATE], revealed, COVID-19 was discussed. Review of the QA meeting notes, dated [DATE], revealed, the QAA Committee discussed Infection Control, Co-horting, Use of PPE for COVID-19, and Infection Control transmitting. A review of the facility's census, dated [DATE], revealed, Resident #30 was co-horting with Resident #31. Resident #30 was positive for COVID-19 on [DATE]. On [DATE], Resident #31 tested negative for COVID-19. Review of the facility's census and laboratory results, dated [DATE], revealed Resident #29 was positive for COVID-19 on [DATE], and was co-horting with Resident #10, whose results were negative on [DATE]. A review of the facility's census, dated [DATE], and laboratory results, revealed, Resident #2's COVID-19 test was not detected on [DATE]. Resident #2 was co-horting with Resident #1, who was COVID-19 positive on [DATE]. Review of the facility's census, dated [DATE], and laboratory results, revealed Resident #32 was positive for COVID-19 on [DATE]. Resident #32 was co-horting with Resident #33, who was COVID-19 positive on [DATE]. Resident #9 tested positive for COVID-19 on [DATE] and expired on [DATE]. A review of Resident #9's death certificate, revealed, the cause of death was COVID-19. A review of Resident #12's death certificate, revealed, the cause of death as COVID-19. Resident #13 tested positive for COVID-19 on [DATE] and expired on [DATE]. A review of Resident #13's death certificate, revealed, the cause of death as COVID-19. Resident #14 tested positive for COVID-19 on [DATE] and expired on [DATE]. A review of Resident #14's death certificate, revealed, the cause of death as COVID-19. Resident #15 tested positive for COVID-19 on [DATE] and expired on [DATE]. A review of Resident #15's death certificate, revealed the cause of death as being COVID-19. Resident #16 tested positive for COVID-19 on [DATE] and expired on [DATE]. A review of Resident #16's death certificate, revealed, COVID-19 as the cause of death. Resident #17 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #18 tested positive for COVID-19 on [DATE] and expired on [DATE]. A review of Resident #18's death certificate, revealed, the cause of death as COVID-19. Resident #19 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #20 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #21 tested positive for COVID-19 on [DATE] and expired on [DATE]. Review of Resident #21's death certificate, revealed, COVID-19 as the cause of death. Resident #22 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #23 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #24 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #25 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #26 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #27 tested positive for COVID-19 on [DATE] and expired on [DATE]. Resident #28 tested positive for COVID-19 on [DATE] and expired on [DATE]. The facility submitted an acceptable Removal Plan on [DATE], in which the facility alleged all corrective actions were completed and the IJ removed on [DATE]. 1. On [DATE] and [DATE], an immediate jeopardy and substandard quality of care was identified during observations on the day shift, facility failed to follow infection control guidelines by not co-horting known Covid-19 positive residents, pending with pending, and negative with negative residents. On [DATE] Resident #1 was symptomatic pending Covid-19 test results co-horted with Resident #2 a known Covid-19 positive. On [DATE], Resident #3 had a negative Covid-19 test co-horted with Resident #4 an asymptomatic resident pending Covid-19 test result. On [DATE], Resident #5 had a negative Covid-19 test co-horting with Resident #6 a known Covid-19 positive. As of [DATE], sixty active residents were positive for COVID-19. All sixty active resident care plans were updated as of [DATE] by facility Registered Nurse Case Manager. Facility failed to change Personal Protective Equipment between resident care from a positive Covid-19 resident to a pending Covid-19 resident. On [DATE] Housekeeper #1, Licensed Practical Nurse #1 and Certified Nursing Assistant #1 failed to change personal protective equipment when entering room of Resident #1 and Resident #2. On [DATE] state agency notified Nursing Facility Administrator at 4:55 p.m. of immediate jeopardy due to facility failure to follow Center for Disease Control and Center for Medicare and Medicaid Services guidelines of infection control practices during the COVID-19 pandemic. 2. Facility Quality Assurance Committee Meeting was held on Tuesday, [DATE] at 12:59 pm, with the committee consisting of facility Medical Director, Nursing Facility Administrator., Director of Nursing, Staff Development Coordinator/ Infection Control Preventionist, Facility Nurse Practitioner, Registered Nurse Case Manager, Registered Nurse Supervisor, Licensed Practical Nurse Assessment Nurse and Assistant Director of Nursing. Topics discussed: Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) and procedures and Infection Control Program and practices. Quality Assurance Committee also reviewed and approved current co-horting/zoning areas and corrective action plan. Tracking and Trending of COVID positive with positive, pending with pending and negative with negative will be reviewed in daily stand-up meeting. Director of Nursing, Assistant Director of Nursing and Infection Preventionist began observing donning/doffing of personal protective equipment at least five times weekly. Quality Assurance Committee reviewed current infection control policy and procedures with no recommended changes. 3. Facility Staff Development Coordinator (SDC)/Infection Preventionist #1 immediately initiated in-services on [DATE], on policies for Infection Control latest revision ,[DATE], Gloves latest revision ,[DATE], Removing Personal Protective Equipment per Center for Disease Control guidelines, Donning Personal Protective Equipment per Center for Disease Control guidelines and Interim Policy for suspected or Confirmed Coronavirus (COVID-19) latest revision ,[DATE] with emphasis on setting up zone for patient placement. In-service initiated on [DATE] to include all staff consisting of nine of nine Registered Nurses, twenty-one of twenty-one Licensed Practical Nurses, thirty-six of thirty-six Certified Nursing Assistants, eleven of eleven Dietary staff, six of six Housekeeping staff, six of six Laundry staff, four of four Therapy staff and one of one Maintenance staff. No staff will be allowed to work until participation of the in-services for Infection Control latest revision ,[DATE] and Interim Policy for suspected or Confirmed Coronavirus (COVID-19) latest revision ,[DATE]. 4. Resident #1 COVID-19 testing results were received as COVID negative on [DATE]. Resident #1 was moved to room [ROOM NUMBER]B on [DATE] by the facility Maintenance Supervisor #1. Resident #4 COVID-19 testing results were received as COVID-19 positive on [DATE]. Resident #3 was the room mate of Resident #4 therefore, Resident #3 was moved to room [ROOM NUMBER]B on [DATE] by the facility Maintenance Supervisor #1. Resident #6 COVID-19 testing results were received on [DATE] which were COVID-19 positive. Resident #5 was the room mate of Resident #6. Resident #5 was offered a room change on [DATE] and exercised her Resident Right to remain with a Covid-19 positive resident. Resident #5 has a BIMS score of 15 and is her own responsible representative. Eighty of Eighty in house residents were monitored by Nursing Facility Administrator on [DATE] for appropriate co-horting/zoning. All known Covid-19 positive residents, pending with pending, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255278	A. BUILDING _____ B. WING _____	**08/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILLCREST NURSING CENTER, LLC	**1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111**

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 -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 2) negative with negative residents were co-horted/zoned appropriately. Resident #1, Resident #3 and Resident #5 were monitored daily by facility assigned medication licensed practical nurses for signs and symptoms of COVID-19. 5. Facility Administrator #1 was in-serviced by Regional Director #1 on [DATE] on Interim Policy for suspected or Confirmed Coronavirus (COVID-19) latest revision ,[DATE] with emphasis on Set-up Zone for Patient Placement (page 2 of 10 and page 3 of 10.) 6. Facility Quality Assurance Committee Meeting was held on Thursday, [DATE] at 1:00 pm, with the committee consisting of facility Medical Director, Nursing Facility Administrator, Director of Nursing, Staff Development Coordinator/ Infection Control Preventionist and Assistant Director of Nursing. Topics discussed: Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) and procedures and Infection Control Program and practices and recent exit of facility survey. Facility updated Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) on [DATE]th to comply with current Centers for Disease Control guidance. 7. An additional Quality Assurance Committee Meeting was held on Wednesday, [DATE] at 5:57 pm, with the committee consisting of facility Medical Director, Nursing Facility Administrator, Director of Nursing, Licensed Practical Assessment Nurse, Medical Records and Assistant Director of Nursing. Topics discussed: Infection Control Co-horting, Use of Personal Protective Equipment per Center for Disease Control guidelines and Infection Control. Policies and Procedures including Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) and Infection Control Program were reviewed with no recommended changes. 8. Facility staff will not be allowed to work until in-serviced. An additional in-service for all staff was initiated on [DATE] by facility Staff Development Nurse /Infection Preventionist on Interim Guidance for Suspected or Confirmed Coronavirus specifically on co-horting/zoning, Donning/Doffing Personal Protective Equipment, Gloves and Infection Control prevention. 9. Facility alleges that the Immediate Jeopardy was removed on [DATE]. The SA validated the facility's Removal Plan and determined the facility took the corrective actions to correct the IJ through observation, interview, record review and in-service sign in sheets. 1. The SA validated through observations that no further issues noted with staff not wearing PPE (gloves) in the hall. 2. The SA validated through record review and observation that all residents were co-horting as follows COVID-19 positive with positive, negative with negative and pending with pending. 3. The SA validated a Quality Assessment and Assurance Committee meeting was held on [DATE], [DATE], and [DATE] was held by interview and sign in sheets. 4. The SA validated through interviews, observation and sign in sheets that in service was done in reference to wearing gloves in the hall and hand washing. 5. The SA validated through interviews, observation and sign in sheets that in-service was done in reference to changing disposable gowns from COVID-19 positive, negative and pending residents. 6. The SA validated through interviews, and sign in sheets that in service was done on [DATE] in reference to Infection Control and COVID-19 by Corporate. 7. The SA validated that all corrective actions listed were accomplished by [DATE]. 8. The SA validated through interviews and record reviews that staff were not allowed to work until in serviced. 9. The SA validated that all corrective actions were completed as of [DATE], and the IJ was removed prior to exit.