

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 255233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
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NAME OF PROVIDER OF SUPPLIER AZALEA GARDENS NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP 530 HALL ST WIGGINS, MS 39577
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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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
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Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

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 prevent the spread of infection by co-horting residents with COVID-19 with residents with only signs and symptoms of COVID-19 for four (4) out of sixty-seven (68) residents observed, Resident #1, Resident #5, Resident #7 and Resident #9. Findings Include: A review of the facility's Infection Prevention and Control Program, dated January 2020, revealed the infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection. The elements of the infection prevention and control program consist of coordinator/oversight, policies procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. A review of the facility's Emergency Plan for COVID-19 Pandemic Outbreak, dated of May 2020, revealed the facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. Identification of one (1) positive COVID-19 case will trigger the facility's emergency plan for handling the COVID-19 Pandemic outbreak Emergency plan. This plan noted the facility would place a resident in a private room, with a private bathroom and a closed door, if they have a suspicion or notification of a COVID-19 positive test result. On 8/10/20 at 2:55 PM during a tour of the facility, with the DON, revealed residents who are COVID-19 positive share a room with a resident that has signs and symptoms of COVID-19. The curtain separates the two (2) residents. Observed staff changing gowns between the roommates. Observed all staff on the COVID-19 Unit had PPE. All the COVID-19 rooms had droplets precautions on the door. The last testing was done on 7/30/20. Six (6) residents are on the COVID-19 Unit with signs and symptoms. The residents with signs and symptoms were negative on 7/30/20. These residents have not been retested. The residents wear a face mask if they come out of their room. All residents eat in their room. Residents do face time with family. The resident in the room will not wear a mask. We have tried to get them to keep it on. A review of the census dated 8/10/20, revealed the COVID-19 positive residents are housed in the rooms with residents that have signs and symptoms on the COVID-19 Unit. Resident #1, with sign and symptoms of COVID-19 shares a room with Resident #2 who is positive for COVID-19. Resident # 5 has signs and symptoms of COVID-19 and shares a room with Resident #6, who is positive. Resident #7 has signs and symptoms of COVID-19 and shares a room with Resident #8, who is positive. Resident #9 has signs and symptoms of COVID-19 and shares a room with a Resident #10, who is positive. On 8/10/20 at 11:30 AM in an interview with Registered Nurse (RN) Infection Control Nurse revealed 68 Residents on the census. Two residents are in the hospital. One of residents in the hospital is Covid-19 positive the other one has signs and symptoms of Covid-19. The first facility wide testing was 5/18/20. All residents were negative on 5/18/20 and two staff were positive for Covid-19. The second testing was 7/30/20 at that time twenty-one residents were positive. The staff was not tested on [DATE]. On the 7/16, 7/17, 7/20 one (1) staff was positive. On 7/23/20 one (1) staff was positive, on 7/27/20 two (2) staff was positive, one (1) staff was positive 7/28/20 and three (3) staff was positive on 7/29/20. On 7/31/20, one (1) staff was positive. On 8/1/20, there was three (3) staff positive. On 8/3/20, two (2) staff was positive, 8/5/20, two (2) staff was positive and 8/7/20, two (2) staff was positive. The COVID-19 Unit was created on 8/4/20. There are 26 residents on the COVID-19 Unit as of today. Twenty-one positive residents and five (5) residents with signs and symptoms are in the COVID-19 Unit. An in-service was completed on 8/4/20 for handwashing and donning Personal Protective Equipment (PPE). In-services have been completed two (2) times each month prior to the first resident testing positive. An in-service was completed on 7/16/20 due to a staff member being positive. There was an in-service on 8/4/20 in reference to opening of the COVID-19 Unit. The in-service was for the use of barriers, proper handwashing and the use of PPE. The residents with mild to moderate illness, who are not severely immune compromised, are kept on the COVID-19 Unit for 10 days. They are returned to their regular rooms after 24 hours of being afebrile. The residents that are severe to critical illness and severely immune compromised are kept on the COVID-19 Unit for 20 days. They are returned to their rooms after 24 hours of being afebrile. The staff with mild to moderate COVID-19 and not severely immune compromised must stay home for 10 days and are afebrile for 24 hours then they can return to work. Staff with severe to critical COVID-19 illness and who are severely immune compromise must isolate for 20 days and then they can return to work when they afebrile for 24 hours and no signs and symptoms. The staff temperature is done once daily prior to clock in and a health questionnaire. The resident's full vital signs and respiratory evaluation is done on every shift by Medication Cart Nurse. On 8/10/20 at 11:55 AM in an interview with the Administrator, revealed the COVID-19 Unit has a barrier that separates it from the main facility. The Administrator stated the facility has made changes in biohazard, medication cart, and oxygen since opening the COVID-19 Unit. The Administrator stated dietary brings the food to the plastic barrier and the COVID-19 staff takes it in the unit and we use disposable dishes for the COVID-19 Unit. The Administrator stated the laundry from the COVID-19 Unit is put in separate closet area and the closet area contains a bin with a lid and the Certified Nursing Assistant (CNA) puts the linen in closet at the end of their shift. The Administrator stated then the laundry staff picks it up and takes it to the laundry area and the laundry staff has PPE on when doing this. The Administrator confirmed the COVID-19 staff has their own dining area, so they don't have to leave the building and the COVID-19 staff enters and exits out of one (1) door. The COVID-19 staff uses a sign-in sheet in the unit. They do not come in the building to clock in. The COVID-19 team consists of two (2) CNA's and one (1) nurse. The CNAs and nurses work 8-hour shifts. The Administrator stated the facility cohorts all positive resident together on the COVID-19 Unit. Residents with signs and symptoms are put on the COVID-19 Unit. The COVID-19 areas have their own PPE supply area. The Administrator stated the facility had a Quality Assurance and Assessment (QAA) meeting was held monthly prior to the COVID pandemic but now we have QAA meetings weekly and for adverse events. During the meetings we discuss COVID-19 interventions. On 8/10/20 at 3:30 PM in an interview with the Director of Nursing (DON) revealed a positive COVID-19 resident can spread COVID-19 to their roommate who has signs and symptoms only. The DON stated she has no rational for rooming a resident with signs and symptoms only with COVID-19 positive residents. The DON confirmed there is a chance that a resident with signs and symptoms of COVID-19 can convert to a positive COVID-19. The DON confirmed the staff should change PPE from one (1) Resident to another Resident. On 8/11/20 at 3:44 PM in an interview with RN #1/Infection Control Nurse stated we should not have put them in the same room together. RN#1 confirmed it would increase the resident's chance of getting COVID-19. RN#1 stated the Interdisciplinary Team met and made the decision to put residents with signs and symptoms of COVID-19 together with residents that are positive for COVID-19. RN#1 stated the team consisted of the Administrator, DON, Social Service and me. RN#1 stated, this was not thought thru right, we should have shifted and put residents with signs and symptoms together. RN#1 stated, Resident #5 and Resident #10 was moved this past weekend in the room together and Resident #8 was moved 8/7/20. On 8/11/20 at 3:52 PM in an interview with Licensed Practical Nurse (LPN) #1 revealed he works 300, 400 and 200 halls. LPN #1 confirmed a positive COVID-19 resident can cause a negative COVID-19 resident on the unit to become positive. On the 8/11/20 at 4:02 PM in an interview with the Administrator, revealed the residents with signs and symptoms of COVID-19 could become positive. The Administrator stated the interdisciplinary team decides where we are going to move

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>residents. The Administrator stated the residents with signs and symptoms of COVID-19 now have not been tested since 7/30/20 and they were negative at that time.</p>		